1

| State of Ohio,) | 2 | |
|------------------------------------|---|-----|
| County of Cuyahoga.) | Doe. | 102 |
| - | | |
| IN THE COURT | OF COMMON PLEAS | |
| - | - - | |
| DEWEY GLEN JONES, et al., |) | |
| Plaintiffs, |)) | |
| V. |) Case No. 306012) Judge Lillian Greene | |
| MERIDIA HURON HOSPITAL, et al., |))) | |
| Defendants. |) | |

THE DEPOSITION OF ADRIAN A. CARACIONI, M.D. MONDAY, MARCH 31, 1997

The deposition of ADRIAN A. CARACIONI, M.D., a Defendant herein, called for examination by the Plaintiffs, under the Ohio Rules of Civil Procedure, taken before me, Lauren I. Zigmont-Miller, Registered Professional Reporter and Notary Public in and for the State of Ohio, pursuant to notice, at Meridia Huron Hospital, 13951 Terrace Road, East Cleveland, Ohio, commencing at 12:05 p.m., the day and date above set forth.

_ _ _

| L APPEARANCES: | Page 2 Page 4 |
|--|--|
| 2 On behalf of the Plaintiffs: | 1 (Thereupon, Plaintiffs' Exhibits 1 and 2 |
| 3 JACK LANDSKRONER, ESQ. | 2 to the deposition of Adrian A. Caracioni, |
| PAUL GRIECO, ESQ. Landskroner 6 Phillips Co., L.P.A. | 3 M.D., were marked for purposes of |
| 55 Public Square, suite 1040 Cleveland, Ohio 44113-1904 | 4 identification.) |
| | 5 |
| 7 On behalf of the Defendant Meridia Huron Hospital: | 6 ADRIAN A. CARACIONI, M.D., |
| JAMES S. CASEY, ESQ. | 7 a Defendant herein, called for examination by the |
| Reminger & Reminqer The 113 St. Clair Building | 8 Plaintiffs, under the Rules, having been first duly |
| Cleveland, Ohio 44114 | 9 sworn, as hereinafter certified, deposed and said as |
| | 0 follows: |
| On behalf of the Defendant Beverly O'Neill, M.D: | 1 CROSS-EXAMINATION |
| WILLIAM MEADOWS, ESQ. B Reminger & Reminger | 2 BY MR. LANDSKRONER: |
| The 113 St. Clair Building L Cleveland, Ohio 44114 | 3 Q. Doctor, my name is Jack Landskroner. I'm |
| 2 | 4 one of the attorneys representing Dewey Jones and his |
| 5 On behalf of the Defendant Winston Ho, M.D., and | 5 family. I'm going to ask you some questions today. I |
| Lakeland Medical Group: | 6 want to make sure that your responses are verbal so she |
| STEPHEN WALTERS, ESQ. Reminger & Reminger | 7 can take down everything you say. Nods of the head |
| The 113 St. Clair Building B Cleveland, Ohio 44114 | 8 don't work real well, she can't record that, so make |
|) | 9 sure you verbalize your responses. |
| | 0 If I ask you a question that you don't |
| , | 1 understand, stop me. I'm going to assume if you answer |
| ALSO PRESENT: | 2 the question that you understood it, okay. 1'11 |
| Keith E. McGregor - Videographics 4 | 23 rephrase the question. If you want me to rephrase it |
| 5 | ²⁴ because you don't understand it or it doesn't make |
| | 25 sense, if I go too quickly, stop me. I'll be glad to |
| | Page : Page 5 |
| 1 INDEX | 1 do it, you just got to let me know that, okay? |
| 2 PAGES | 2 A. Okay. |
| 3 | 3 Q. Also, if you need to take a break at any |
| 4 CROSS-EXAMINATION BY | 4 time, let me know. We'll go off the record and take a |
| 5 MR. LANDSKRONER 5 | 5 break |
| 6 MR. WALTERS | 6 A. Okay. |
| | |
| 1 | 7 Q. State your full name and spell it for the |
| 1 8 | 7 Q. State your full name and spell it for the 8 court option for the record. |
| | 7 Q. State your full name and spell it for the |
| 8 | Q. State your full name and spell it for the 8 court option for the record. 9 A. Adrian, A-D-R-I-A-N, middle name .0 A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. |
| 8 9 | 7 Q. State your full name and spell it for the 8 count option for the focular 9 A. Adrian, A-D-R-I-A-N, middle name |
| 8 9 0 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East |
| 8 9 0 1 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. |
| 8 9 0 1 2 PLAINTIFFS' EXHIBITS MARKED | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? |
| 8 9 0 1 2 PLAINTIFFS' EXHIBITS MARKED | 7 Q. State your full name and spell it for the 8 Controporter for the record. 9 A. Adrian, A-D-R-I-A-N, middle name 0 A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. 1 Q. Doctor, what s your professional address? 2 A. 13951 Terrace, T-E-R-R-A-C-E, Road, East 3 Cleveland, Ohio, 44112. 4 Q. If you can, where were you born, sir? 5 A. Romania. |
| 8 9 0 1 2 PLAINTIFFS' EXHIBITS MARKED 3 1 and 2 4 4 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? A. Romania. Whild you come to the States? |
| 8 9 0 1 2 PLAINTIFFS' EXHIBITS MARKED 3 1 and 2 4 4 | 7 Q. State your full name and spell it for the 8 Controporter for the record. 9 A. Adrian, A-D-R-I-A-N, middle name 0 A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. 1 Q. Doctor, what s your professional address? 2 A. 13951 Terrace, T-E-R-R-A-C-E, Road, East 3 Cleveland, Ohio, 44112. 4 Q. If you can, where were you born, sir? 5 A. Romania. |
| 8 9 0 1 2 PLAINTIFFS' EXHIBITS MARKED 3 1 and 2 4 4 5 6 | 7 Q. State your full name and spell it for the 8 Controported for the foreign 9 A. Adrian, A-D-R-I-A-N, middle name 9 A. Adrian, A-D-R-I-A-N, middle name 0 A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. 1 Q. Doctor, what s your professional address? 2 A. 13951 Terrace, T-E-R-R-A-C-E, Road, East 13 Cleveland, Ohio, 44112. 4 Q. If you can, where were you born, sir? 15 A. Romania. 16 Q. Wh d d you come o the States? 17 A. 1990. 18 Q. Car you tel me about your :ducation |
| 8 9 0 1 1 2 PLAINTIFFS' EXHIBITS MARKED 3 1 and 2 4 4 4 4 5 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? A. Romania. Q. WF d you come o the States? T. A. 1990. |
| 8 9 9 9 1 2 PLAINTIFFS' EXHIBITS MARKED 3 4 4 6 7 8 OBJECTIONS BY | 7 Q. State your full name and spell it for the 8 Controported for the foreign 9 A. Adrian, A-D-R-I-A-N, middle name 9 A. Adrian, A-D-R-I-A-N, middle name 0 A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. 1 Q. Doctor, what s your professional address? 2 A. 13951 Terrace, T-E-R-R-A-C-E, Road, East 13 Cleveland, Ohio, 44112. 4 Q. If you can, where were you born, sir? 15 A. Romania. 16 Q. Wh d d you come o the States? 17 A. 1990. 18 Q. Car you tel me about your :ducation |
| 8 9 0 1 1 2 PLAINTIFFS' EXHIBITS MARKED 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 7 Q. State your full name and spell it for the 8 Controported for the foreign. 9 A. Adrian, A-D-R-I-A-N, middle name 0 A-L-E-X-A-N-D-R-U, last name C-A-R-A-C-I-O-N-I. 1 Q. Doctor, what s your professional address? 2 A. 13951 Terrace, T-E-R-R-A-C-E, Road, East 13 Cleveland, Ohio, 44112. 4 Q. If you can, where were you born, sir? 15 A. Romania. 16 Q. Wr d d you come o the States? 17 A. 1990. 18 Q. Car you tel me about your :ducational 19 background? Dic, you (c medical solid in Romania?) 10 A. Right. 21 Q. Take me through your educational |
| 8 9 0 1 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? A. Romania. Q. Wh d you come o the States? A. 1990. Q. Car you tel me about your :ducations Background? Dic, you (c medical sold of in Romania?) A. Right. Q. Take me through your educational 2 background beginning with your university studies up |
| 8 9 0 1 2 PLAINTIFFS' EXHIBITS MARKED 3 1 and 2 4 4 6 7 8 OBJECTIONS BY 9 MR. CASEY 13, 29, 47, 48, 60 0 MR. MEADOWS 28, 29 1 MR. WALTERS 28 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? A. Romania. Q. Wr d you come o the States? A. 1990. Q. Car you tel me about your education background? Dic. you (c medical s(-) l in Romania? A. Right. Q. Take me through your educational background beginning with your university studies up through medical school and your residency. |
| 8 9 0 1 | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? A. Romania. Q. Wh d you come o the States? A. 1990. Q. Car you tel me about your :ducations Background? Dic, you (c medical sold of in Romania?) A. Right. Q. Take me through your educational 2 background beginning with your university studies up |
| 8 9 0 1 2 2 PLAINTIFFS' EXHIBITS MARKED 3 1 and 2 4 4 5 6 7 8 8 OBJECTIONS BY 9 MR. CASEY 13, 29, 47, 48, 60 0 MR. MEADOWS 28, 29 1 MR. WALTERS 28 23 - - | Q. State your full name and spell it for the A. Adrian, A-D-R-I-A-N, middle name A-L-E-X-A-N-D-R-U. last name C-A-R-A-C-I-O-N-I. Q. Doctor, what s your professional address? A. 13951 Terrace, T-E-R-R-A-C-E, Road, East Cleveland, Ohio, 44112. Q. If you can, where were you born, sir? A. Romania. Q. Wr d you come o the States? A. 1990. Q. Car you tel me about your education background? Dic. you (c medical s(-) l in Romania? A. Right. Q. Take me through your educational background beginning with your university studies up through medical school and your residency. |

HOFFMASTER COURT REPORTERS

| | Pagn 6 | | | Page 8 |
|---|---|--|--|---|
| 1 | graduating high school in 1981 I started a six-year | 1 | Α. | A period of externship. |
| 2 | program in medicine, general medicine. I graduated in | 2 | Q. | How long was that? |
| 3 | 1987. I had a three-year residency in Romania rotating | 3 | Α. | It was around 40 days. |
| 9 | with a focus though on internal medicine. I came over | 4 | | And that was done at Meridia Huron |
| | at the completion of that residency. | 5 Ho | - | |
| 6 5 | | 6 | | Yes. |
| - | - | _ | | |
| | you came to the States to be allowed to practice medicine here? | 7 | | Under whose supervision? |
| | | 8 | | Dr. West. |
| 9 | | 9 | | Who is Dr. West? |
| 0 | | 10 | ********* | The chairman of the Department of |
| 1 | | 11 Me | | |
| 2 | Examiners. | 12 | Q. | After that 40-day externship what was |
| 13 | Q. Did you pass that on the first time? | 13 nex | | |
| 14 | A. Yes. | 14 | Α. | A residency in internal medicine. |
| 15 | Q. Was there an examination you had to take | 15 | Q. | How long was your residency for? |
| 16 | to establish language proficiency? | 16 | Α. | Three years. |
| 17 | A. Yes, it was. | 17 | Q. | And that was begun in 1992? |
| 18 | ~ | 18 | 0000000 | Correct. |
| 19 | | 19 | 0. | I assume you completed that residency? |
| 3 | few possibilities to take my exam at. I chose NBME, | 20 | | Correct. |
| | that was at my carliest convenience. So I had to take | 21 | ****** | Wow, as we sit here you are an attending |
| 1 3 | the English language at a different time since they do | | | an at Meridia Huron Hospital? |
| 1 3 | | 22 pily 23 | | Correct. |
| | not administer English with the NBME, which is mainly | | | |
| | given to U.S. grads. | 24 | | Do you hold any staff positions here at |
| 25 | Q. So you took a separate exam for English | 25 the | nos | pital besides just attending physician? |
| | | | | |
| | Page 7 | | | Page 9 |
| 1 | | 1 | | Page 9 MR. CASEY: Do you |
| 1 2 | Page 7 proficiency? | 1 2 | | |
| | Page 7 proficiency? A. Right, due to logistical. | - | А. | MR. CASEY: Do you |
| 2 | Page 7 proficiency? A. Right, due to logistical. | 2 | | MR. CASEY: Do you understand? |
| 2 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. | 2 3 4 | Q. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the |
| 2 3 4 5 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the | 2 3 4 5 hos | Q. pita | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman |
| 2 3 4 5 6 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Surc. Q. Did you tell me the name of the institution where you had your medical studies? | 2 3 4 5 hos | Q. pita inyt | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? |
| 2 3 4 5 6 7 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. | 2 3 4 5 hos 6 or a | Q. pita myt A . | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. |
| 2 3 4 5 6 7 8 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe = in Romania is that located? | 2 3 4 5 hos 6 or 3 7 3 | Q. pita anyt A. Q. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you 1e on. |
| 2 3 4 5 6 7 8 9 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe z in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. | 2 3 4 5 hos 6 or 3 7 3 9 | Q. pita myt A. Q. A. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance |
| 2 3 4 5 6 7 8 9 0 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe € in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own | 2 3 4 5 hos 6 or a 7 3 9 10 Co | Q. pita myt A. Q. A. nmi | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Tell me what committees you is on. I serve on the Quality Assurance ittee, on the Infectious Diseases Committee, on the |
| 2 3 4 5 6 7 8 9 0 1 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe t in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? | 2 3 4 5 hos 6 or 3 7 3 9 10 Co 11 Em | Q. pita anyt A. Q. A. nmi erge | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional |
| 2 3 4 5 6 7 8 9 0 1 2 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe : in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. | 2 3 4 5 hos 6 or 3 7 3 9 10 Co 11 Em 12 Re | Q. pita myt A. Q. A. nmi erge | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee. |
| 2 3 4 5 6 7 8 9 0 1 2 3 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe ∈ in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you | 2 3 4 5 hos 6 or 3 7 3 9 10 Con 11 Em 12 Re 13 | Q. pita myt A. Q. A. nmi erge sean Q. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Tell me what committees you ie on. I serve on the Quality Assurance attee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional tech & Review Committee. Anything else? |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whet is in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. Iow do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re 13 14 | Q. pita anyt A. Q. A. numi erge sean Q. A. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee. and the Institutional rch & Review Committee. No other committee. |
| 2 3 4 5 6 7 8 9 0 1 2 3 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe : in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. | 2 3 4 5 hos 6 or 3 7 3 9 10 Cos 11 Em 12 Re 13 14 15 | Q. pita anyt A. Q. A. numi erge sean Q. A. Q. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional rch & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe : in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? | 2 3 4 5 hos 6 or 3 7 3 9 10 Con 11 Em 12 Re 13 14 15 16 tho | Q. pita anyt A. Q. A. numi erge sean Q. A. Q. se c | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance attee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional rch & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of ommittees? |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe is in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re: 13 14 15 16 tho 17 | Q. pita anyt A. Q. A. mmi erge sean Q. A. Q. se c A. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance attee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional reh & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of ommittees? No. |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe : in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re: 13 14 15 16 tho 17 18 | Q. pita anyt A. Q. A. numi erge sean Q. A. Q. sse c A. Q. Sse c A. Q. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional reh & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of onmittees? No. Any other positions held, formal |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Nhe ∈ in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re: 13 14 15 16 tho 17 18 | Q. pita anyt A. Q. A. C. Seau Q. A. Q. se c A. Q. Se c A. Q. Se c | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance attee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional rch & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of ommittees? No. Any other positions held, formal strative positions, at the hospital? |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe is in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. Iow do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re: 13 14 15 16 tho 17 18 | Q. pita anyt A. Q. A. C. Seau Q. A. Q. se c A. Q. Se c A. Q. Se c | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional reh & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of onmittees? No. Any other positions held, formal |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Nhe ∈ in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. | 2 3 4 5 hos 6 or 3 7 3 9 10 Con 11 Em 12 Re 13 14 15 16 tho 17 18 19 adr | Q. pita anyt A. Q. A. Q. A. Q. Se c A. Q. A. Q. nini A. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance attee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional rch & Review Committee. Anything else? No other committee. Do you hold any formal positions on any of ommittees? No. Any other positions held, formal strative positions, at the hospital? |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 5 6 7 8 9 0 1 1 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Whe is in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. Iow do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. Q. Did you come here and then you had to wait | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re: 13 14 15 16 tho 17 18 19 adr 20 | Q. pita anyt A. Q. A. Q. See c A. Q. se c A. Q. Se c A. Q. A. Q. Se c | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional reh & Review Committee. Anything else? No other committee: Do you hold any formal positions on any of ommittees? No. Any other positions held, formal strative positions, at the hospital? Yes. |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 5 6 7 8 9 0 1 1 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q Whe t in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. Iow do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. Q. Did you come here and then you had to wait to take your exams for a period of time before you could start your practice? | 2 3 4 5 hos 6 or 3 7 3 9 10 Con 11 Em 12 Re 13 14 15 16 tho 17 18 19 adr 20 21 22 | Q. pita anyt A. Q. A. C. A. Q. A. Q. A. Q. A. Q. A. Q. A. A. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the d? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional tech & Review Committee. No other committee. Do you hold any formal positions on any of ommittees? No. Any other positions held, formal strative positions, at the hospital? Yes. What arethose? |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 9 0 1 2 5 6 7 8 9 9 0 1 2 1 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 5 7 8 9 9 0 1 1 2 2 5 7 8 9 9 0 1 2 3 4 5 7 8 9 9 0 1 2 2 5 7 8 9 9 0 1 2 2 5 7 8 9 9 0 1 2 2 5 7 8 9 9 0 1 2 2 5 7 8 9 9 0 1 2 2 5 7 8 9 9 0 1 2 2 3 4 5 7 8 9 9 0 1 2 2 3 4 5 7 8 9 9 0 1 2 2 3 4 5 9 9 0 1 1 2 2 3 4 5 7 8 9 9 0 1 1 2 3 4 5 8 9 9 9 0 1 2 3 4 5 8 9 9 9 9 1 2 2 3 8 9 9 1 2 2 5 1 1 2 2 1 2 2 1 2 1 2 1 2 1 2 2 1 2 1 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q. Where in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. Q. Did you come here and then you had to wait to take your exams for a period of time before you could start your practice? A. That's correct. | 2 3 4 5 hos 6 or 3 7 3 9 10 Con 11 Em 12 Re 13 14 15 16 tho 17 18 19 adr 20 21 22 | Q. pita anyt A. Q. A. nimi erge scan Q. A. Q. se c A. Q. a. Q. A. Q. A. D. Se c A. Q. A. D. Se c A. Q. A. D. Se c A. D. Se c A. Se c Se c A. Se c Se c Se c Se c Se c Se c Se c Se c | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional reh & Review Committee. May thing else? No other committee. Do you hold any formal positions on any of ommittees? No. Any other positions held, formal strative positions, at the hospital? Yes. What arethose? I'm medical director of the Outpatient |
| 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 1 2 5 6 7 8 9 0 1 1 2 5 7 8 9 1 1 2 5 7 8 9 1 1 2 8 9 1 1 2 9 1 1 2 9 1 1 2 1 1 1 1 2 1 1 1 2 1 1 1 1 | Page 7 proficiency? A. Right, due to logistical. Q. Did you pass that on the first attempt? A. Sure. Q. Did you tell me the name of the institution where you had your medical studies? A. D-I-M-I-S-O-A-R-A Medical School, Romania. Q Whe ϵ in Romania is that located? A. City called D-I-M-I-S-O-A-R-A. Q. low do you pronounce that just for my own edification? A. Dimisoara. Q. When you came to the States where did you start your training here? A. At this institution. Q. Meridia Huron Hospital? A. Right. Q. What year was that? A. It was 1991. Q. Did you come here and then you had to wait to take your exams for a period of time before you could start your practice? A. That's correct. | 2 3 4 5 hos 6 or : 7 3 9 10 Coi 11 Em 12 Re 13 14 15 16 tho 17 18 19 adr 20 21 22 23 De 24 | Q. pita anyt A. Q. A. Q. See c A. Q. See c A. Q. See c A. Q. A. Q. See c A. Q. A. Q. See c A. Q. A. Q. A. Q. A. A. A. A. A. A. A. A. A. A. A. A. A. | MR. CASEY: Do you understand? I don't understand the question. Are you on any committees here at the al? Do you hold you know, are you a chairman hing like that of a department? Yes. Iell me what committees you ie on. I serve on the Quality Assurance ttee, on the Infectious Diseases Committee, on the ency Preparedness Committee, and the Institutional reh & Review Committee. Anything else? No other committee: Do you hold any formal positions on any of ommittees? No. Any other positions held, formal strative positions, at the hospital? Yes. What arethose? I'm medical director of the Outpatient tment. |

1-

| Page 10 | Page 12 |
|--|--|
| A. Give medical input to administration and | 1 Q. who was your supervisor through your |
| 2 take care of different medical issues that arise in the | 2 residency program? |
| 3 Outpatient Department. | 3 MR. CASEY. I think he told |
| 4 Q. How long have you held that position? | 4 you that. |
| 5 A. Since January since spring '95. | 5 BY MR. LANDSKRONER: |
| 6 Q. Are you presently board certified | 6 Q. That was through the externship program. |
| 7 A. Yes. | 7 Is that the same? |
| 8 Q in any area of medicine? What area of | 8 A. The same, Dr. West. |
| 9 medicine are you board certified in? | 9 Q. Doctor, have you published any articles, |
| A. Internal medicine, general internal medicine, | 10 treaties, anything of the sort, research already? 11 A. A poster, an abstract poster, yes. |
| 2 Q. When did you become board certified? | 12 Q. What was the subject matter of that? |
| 3 A. 1995. | 13 A. It was extramedullary hematopoiesis. |
| 4 Q. Did you have to sit for board | 14 Q. What is |
| 5 examinations? | 15 MR. CASEY: YOU may have to |
| 6 A. Yes. | 16 help her with that one. Say that slower |
| 7 Q. What qualifications make you board | 17 so that she can write it down. |
| 8 eligible in your area of expertise? | 18 A. Extramedullary hematopoiesis. |
| 9 A. Completion of a residency program in | 19 MR. CASEY: Spell it. |
| 0 internal medicine. | 20 A. H-E-M-A-T-O-P-O-I-E-S-I-S. |
| 1 Q. And you completed that in what year? | 21 Q. Wha s that in laymen's terms? |
| 2 A. In 1994. | 22 A. Patients with sickle need to |
| 3 Q. Then did you sit for, I assume, your | 23 build a lot of blood, so the bone marrow isn't |
| 4 itten exam fil Is there two parts : v many | 24 sufficient to do that job, therefore other sites in the |
| 5 parts to your board certification examinations arc | 25 body sort of kick in. |
| | |
| Page 11 | Page 13 |
| Page 11 1 there? | Page 13 1 Q. Have you published anything else? |
| there? A. Basically one part, two days. | Q. Have you published anything else? A. No. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral 4 part? | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a 4 defendant in a lawsuit? |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a 4 defendant in a lawsuit? 5 A. Yes. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. s it just a writ en exam? | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a 4 defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral 4 part? A. No. Q. s it just a writ en exam? A. Correct. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area 13 that you specialize in? | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area that you specialize in? A. No. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ in exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area that you specialize in? A. No. Q. I understand that pulmonary is a division | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. J. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area 13 that you specialize in? A. No. Q. I understand that pulmonary is a division 16 of internal medicine. Is that an area that you hold | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ in exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area that you specialize in? A. No. Q. I understand that pulmonary is a division | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area that you specialize in? A. No. Q. I understand that pulmonary is a division of internal medicine. Is that an area that you hold yourself out as a specialist in? A. No. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? MR. CASEY: objection. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area 13 that you specialize in? A. No. Q. I understand that pulmonary is a division of internal medicine. Is that an area that you hold yourself out as a specialist in? A. No. Q. Just general internal medicine is your | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? MR. CASEY: objection. |
| there? A. Basically one part, two days. Q. Is that divided into a written and an oral part? A. No. Q. it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area that you specialize in? A. No. Q. I understand that pulmonary is a division of internal medicine. Is that an area that you hold yourself out as a specialist in? A. No. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? MR. CASEY: objection. You can answer, if you know. A. I don't know. |
| 1 there? A. Basically one part, two days. Q. Is that divided into a written and an oral 4 part? A. No. Q. it just a writ in exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area 13 that you specialize in? A. No. Q. I understand that pulmonary is a division 16 of internal medicine. Is that an area that you hold 17 yourself out as a specialist in? A. No. Q. Just general internal medicine is your Q area of expertise? | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? MR. CASEY: objection. You can answer, if you know. A. I don't know. |
| 1 there? A. Basically one part, two days. Q. Is that divided into a written and an oral 4 part? A. No. J. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area 13 that you specialize in? A. No. Q. I understand that pulmonary is a division 16 of internal medicine. Is that an area that you hold 17 yourself out as a specialist in? A. No. Q. Just general internal medicine is your Q area of expertise? A. Yes. | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? MR. CASEY: objection. You can answer, if you know. A. I don't know. Q. What year was your deposition taken? |
| 1 there? A. Basically one part, two days. Q. Is that divided into a written and an oral 4 part? A. No. J. s it just a writ en exam? A. Correct. Q. Did you pass that on the first sitting? A. Yes. Q. That was in 1995? A. Yes. Q. In internal medicine is there any area 13 that you specialize in? A. No. Q. I understand that pulmonary is a division 6 of internal medicine. Is that an area that you hold 17 yourself out as a specialist in? A. No. Q. Just general internal medicine is your area of expertise? Q. As part of your education and your | Q. Have you published anything else? A. No. Q. Have you ever been a plaintiff or a defendant in a lawsuit? A. Yes. Q. Iell me on what occasion that was. A. As a resident I gave Bactrim to a patient who proved later to be allergic to Sulfa drugs and developed a skin reaction self-limited. Q. Were you deposed in that instance? A. Yes. Q. Did that go to trial? A. No. Q. Was that something that resolved out of court? A. Yes. Q. Was there a settlement involved in that? MR. CASEY: objection. You can answer, if you know. A. I don't know. Q. What year was your deposition taken? A. I think it was '96. |

| 1 in? 2 A. No. | 1 that was inaccurately reported to the best of your2 recollection? |
|--|---|
| 2 A. NO. | 2 recollection? |
| 2 O House you over been deneged begides that | 1 I I'm com I did and and and |
| 3 Q. Have you ever been deposed besides that 4 case and this case? | A. I'm sorry, I did not understand. Q. Is there anything that was inaccurate in |
| 5 A. No. | 5 the chart that you saw based on your recollection of |
| 6 Q. Have you ever testified as an expert in | 6 the treatment of Mr. Jones? |
| 7 any medical-legal proceedings? | 7 A. No. |
| 8 A. No. | 8 Q. Was there anything missing from the chart |
| 9 Q. Did you ever testify in court? | 9 that you would liked to have reviewed that you didn't |
| | 10 have a chance to review? |
| | A. No. Q. Have you had a chance to talk to any of |
| | 13 the other care providers that have been involved in the |
| | 14 care of Mr. Jones? |
| 5 Q. Do you have a private practice outside the | 15 A. No. |
| | 16 Q. Back in 1994 in October you were in your |
| | 17 third year of your residency? |
| | A. That's correct. Q. How many other residents were there at the |
| · · · · · · · · · · · · · · · · · · · | 19 Q. How many other residents were there at the 20 time in your area of internal medicine? |
| | 21 A. I don't know. |
| 2 revoked, suspended or diminished in any way? | 22 Q. More than ten? |
| | A. Probably. O. How many physicians were on staff at that |
| | Q. How many physicians were on staff at that 25 time? |
| Page 15 | Page 17 |
| 1 A. No. | 1 A. I don't know. |
| 2 Q. Prior to your deposition today did you | 2 Q. More than five attendings? |
| 3 have a chance to review the medical chart of Mr. Jones? | 3 A. On staff where? |
| 4 A. My consult, the consult I wrote. | 4 Q. At Meridia Huron, when you were a |
| 5 Q. Outside of back when you were involved in | 5 resident. |
| 6 the treatment of Mi. Jones, did you have a chance to | 6 A. Yes. |
| 7 review the chart before you came in for the deposition | 7 Q. How many who specialize in the area of |
| 8 today? 9 A. I'm sorry, I didn't understand the | 8 pulmonary? 9 MR. CASEY: If you know. |
| | 10 A. I do not know. |
| - | 11 Q. We know Dr. O'Neill specialized in the |
| | 12 area of pulmonary. Anybody else that you can <i>think</i> of |
| - , | 13 that specialized in that area back in 1994? |
| * | 14 A. Yes. |
| 5 A. A part of it. | 5 Q. Who else? |
| · · · · · | |
| | |
| | 19 you have the opportunity to work with each of those |
| 0 A. Dr. O'Neill's deposition. | 20 doctors? |
| | 21 A. I did. |
| | 22 Q. Do you recall anything about Mi. Dewey |
| | 23 Jones aside from what you charted in your records?24MR. CASEY:Do you |
| | 24MR. CASEY:Do you25understand? |
| 6 Q. Okay, Just the part relating to your 7 care? 8 A. Correct. 9 Q. Did you review any other documents? 0 A. Dr. O'Neill's deposition. 1 Q. Anybody else's deposition? | A. Dr. Edward Sivak, Dr. Glenn Madden, Dr. Donald Epstein. Q. And in the course of your residency did you have the opportunity to work with each of those doctors? A. I did. |

(

< l

| Page 18 | D 20 |
|---|---|
| - | e e |
| 1 THE WITNESS: I do. | 1 after, your only involvement with him was on the 19th; |
| 2 A. Extremely limited recollection. | 2 is that correct? |
| 3 Q. I guess what I'm asking is, besides what | 3 A. To the best of my recollection and |
| 4 you put in your paperwork here, what else do you recall | 4 documents I've been provided with. |
| 5 about Mr. Jones? | 5 Q. What was the purpose of your consultation |
| 6 A. I recall vaguely seeing him and I learned 7 that he had an arrest in the operating room. | 6 with M1. Jones? 7 A. Sleep apnea. |
| 8 Q. Is everything the type recall from seeing | 8 Q. Who requested that consultation? |
| 9 Mr. Jc (s and l i olve in his care reflected in | 9 A. Per this exhibit, Dr. Badri. |
| 0 your record, in your chart, or is there additional | 10 Q. Do you have a recollection other than this |
| 1 information besides that that you recall about him? | 11 exhibit of anybody else who requested that |
| 2 A. No, nothing additional. | 12 consultation? |
| 3 Q. Did you ever meet with Mr. Jones' family? | 13 A. No. |
| 4 A. No. | 14 Q. Can you explain to me what sleep apnea is? |
| 5 Q. Do you know how it is how is it that | 15 MR. WALTERS: Doctor, I think |
| 6 you became involved in Mr. Jones' care? | 16 you just got paged. |
| 7 A. I was the pulmonary resident at the time | 17 MR. LANDSKRONER: Let's go off |
| 8 of the consult. | 18 the record. |
| 9 Q. Did someone call you in or were you | 19 (Thereupon, there was a brief recess.) |
| :0 assigned to the case? How is it that you became | 20 BY MR. LANDSKRONER |
| 1 involved? | 21 Q. Doctor, can you please explain to me what |
| A. I do not recall the exact logistics, exact | 22 sleep apnea is? |
| 3 steps. | 23 A. A condition when the patient has periods |
| .4 Q. How long had you been the resident in the | 24 of decreased frequency and/or episodes of breathing |
| 2.5 pulmonary area at that time, in October of 1994? | 25 during the night during sleep. |
| Page 19 | Page 21 |
| A. Probably from the beginning of the month | 1 Q. How do you go about diagnosing sleep |
| 2 up to that date. | 2 apnea? |
| 3 Q. How long were your, I guess, shifts in | 3 A. After suspecting it you have to confirm it |
| | |
| 4 each division of internal medicir ? | 4 with polysomnography. |
| 5 A. The block rotations are one month per | 5 Q. What is polysomnography? |
| 5 A. The block rotations are one month per 6 specialty. It starts either on the 1st or the 3rd. I | 5 Q. What is polysomnography? 6 A. It's a multi-channel study done during the |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. 1 7 think it was the 3rd that it started. | 5 Q. What is polysomnography? 6 A. It's a multi-channel study done during the 7 patient's sleep that tracks a few parameters, among |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that | 5 Q. What is polysomnography? 6 A. It's a multi-channel study done during the 7 patient's sleep that tracks a few parameters, among 8 which are mentioned respiratory rate, the chest wall |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? | 5 Q. What is polysomnography? 6 A. It's a multi-channel study done during the 7 patient's sleep that tracks a few parameters, among 8 which are mentioned respiratory rate, the chest wall 9 movements, the air flow, the pulse oximetry, the heart 10 rate, EEG, et cetera. |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the consultation I wrote for Dewey Jones. | 5Q. What is polysomnography?6A. It's a multi-channel study done during the7patient's sleep that tracks a few parameters, among8which are mentioned respiratory rate, the chest wall9movements, the air flow, the pulse oximetry, the heart10rate, EEG, et cetera.11Q. Is that the only way to confirm sleep12apnea?13MR. CASEY: Do you14understand the question?15THE WITNESS: I understand16the question.17A. I don't know exactly. Probably, yes. I18do not know exactly.19MR. CASEY: Don't guess. |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the consultation I wrote for Dewey Jones. Q. That's dated 10-19-94? | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I do not know exactly. MR. CASEY: Don't guess. I've told you don't guess at this stuff. |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the consultation I wrote for Dewey Jones. Q. That's dated 10-19-94? A. That is correct. | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I MR. CASEY: Don't guess. I've told you don't guess at this stuff. I know you're not a pulmonologist. |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the consultation I wrote for Dewey Jones. Q. That's dated 10-19-94? A. That is correct. Q. That's the only time that you saw | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I do not know exactly. MR. CASEY: Don't guess. I've told you don't guess at this stuff. I know you're not a pulmonologist. A. I'm not a pulmonologist. I don't know. |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the consultation I wrote for Dewey Jones. Q. That's dated 10-19-94? A. That is correct. Q. That's the only time that you saw Mr. Jones? | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I do not know exactly. MR. CASEY: Don't guess. I've told you don't guess at this stuff. I know you're not a pulmonologist. Q. What are the signs of sleep apnea; what |
| A. The block rotations are one month per specialty. It starts either on the 1st or the 3rd. I think it was the 3rd that it started. Q. Do you know when the first time is that you saw Mr. Dewey Jones? A. I'm sorry? Q. Do you know when the first time is that you saw Mi. Dewey Jones? Please, utilize the records if you need to. A. I did see him only one time. Q. I have two exhibits marked here. This one reflects, I think, a consultation. That's been marked Exhibit 1. Can you identify that for me? A. It seems to be a Xerox copy of the consultation I wrote for Dewey Jones. Q. That's dated 10-19-94? A. That is correct. Q. That's the only time that you saw | Q. What is polysomnography? A. It's a multi-channel study done during the patient's sleep that tracks a few parameters, among which are mentioned respiratory rate, the chest wall movements, the air flow, the pulse oximetry, the heart rate, EEG, et cetera. Q. Is that the only way to confirm sleep apnea? MR. CASEY: Do you understand the question? THE WITNESS: I understand the question. A. I don't know exactly. Probably, yes. I do not know exactly. MR. CASEY: Don't guess. I've told you don't guess at this stuff. I know you're not a pulmonologist. A. I'm not a pulmonologist. I don't know. |

.-

| Fige 22 Page 24 2 Q. Anything else? 3 A. The belifoom partner noticing a bit of seizing of breaths. 4 A. The belifoom partner noticing a bit of seizing of breaths. 5 Q. Are there predisposing factors for sleep of partner noticing a bit of seizing of breaths. 5 Q. Are there predisposing factors for sleep of partner noticing a bit of seizing of breaths. 7 A. The belifoom partner noticing a bit of seizing of breaths. 7 A. The belifoom partner noticing a bit of seizing of breaths. 7 A. Charter tailure since 1987. Tell ne if 1m correct. 1'll 7 A. The belifoom since 1987. Tell ne if 1m correct. 9 MR. CASEY You mater the seize tailor tailor the seize tailor tailor tailor the seize tailor the seize tailor tailor the seize tailor | JONES VS. MERIDIA HUKON HUSPITAL MUI | -Page ADRIAN A. CARACIUNI, M.D., 3-31-97 |
|--|---|---|
| 2 Q. Anything else? 2 A. Hub rotation pattien noticing a Dirt of A. Carrett 3 A. The bodroam pattien noticing a Dirt of A. Carrett 3 Q. Your history and exam revealed 4 by the carret of the carrett of the ca | Fage 22 | - |
| A. The bedfoom partner motions a bit of 4 setting of breaths. 3 Q. Your history and exam evented 4 setting of breaths. 3 Q. Your history and exam evented 4 setting of breaths. 4 hypertension since 1987. Tell me if True correct. I'll 5 just run through his. 6 pmc. 6 m. 6 m. 6 m. 7 At There ares. 6 m. 6 m. 6 m. 8 Q. What arethose? 8 A. Correct. 8 A. Correct. 9 mR CASEV 9 Q. OSA, what's that? 10 he's not asking you about this patient, in 11 Q. That's a question mark? 11 Q. It as patient with seep apne. 11 Q. That's a question mark? 12 A. Yes. 13 Q. Why do you have a question mark? 13 Q. Is a patient with sleep apne. 13 Q. Why do you have a question mark ther? 14 Q. Is a patient with sleep apne. 11 B. Stated the polysomography? 15 Q. Is a patient with sleep apne. 12 performed at Bedford Hospital? 16 the stated his hed sleep studies does? A. Bedford. 2 A. Pros. 19 with LANDERKOMER: 2 Q. Daid you ever review those studies? A. Was is underneach that? 2 A. Be stated his hed sleep studies does of the state studies wee at the you were going to go look for. 3 A. Q. Only y | 1 | |
| 4 seriency of breaths 4 hypertension since 1987. Tell me if 1'm correct. 1'll 5 Q. Are there precisionsing factors for sleep 5 just ran through this. 6 M. Caster 7 Q. What arethose? 9 Q. Wat arethose? 8 A. Cherrainly. 10 he's not asking you about this patient, in 9 Q. CosA, what's that? 11 general. 11 Q. That's a question mark? 12 THE WITNESS Right. 12 A. It's a multitude of factors, so it depends 13 A. It's a multitude of factors, so it depends 13 Q. Wh, do you lave a question mark? 14 A. Yest. 14 A. Yest. 15 Q. Is obsity a predisposing factor? 15 information le gaverine. 16 a triak for postoperative acute airway obstruction? 16 Q. It says times two years and then you note 17 Q. Is a patient with sleep apnea syndrome at 16 occreet. 18 risk of postoperative acute airway obstruction? 19 A. Lidon't Know. 21 BY MR. LANDSRENTER: 19 Q. Did you ever review those studies? 21 lever had the polysomography? 22 A. I don't Know. 23 Q. What's underneath that? 2 Q. Obstay is noted. Was M. Jones a 3 morbidly obese man? 3 morbidly obese man? 4 Q. Did you ever review those studies? 1 A. Yest. 5 Q. Doy us know if any testing was done | 2 Q. Anything else? | 2 A. I did a history and physical exam. |
| 5 0. Are there predisposing factors for sleep 5 just run through this. 6 no Correct. 7 A. There are. 7 8 Q. What arethose? 8 9 MR. CASEY YOU understand 10 he's not asking you about this patient, in 1 11 general. 0 12 THE WITNESS Right. 13 Q. Usa (A Mat's duction mark? 14 a on the patient really. 1 15 Q. Is obesity a predisposing factor? 13 16 A. Yes. 13 17 Q. Is a patient with sleep apnea syndrome at 18 risk of postoperative acute airway obstruction? 19 MR. CASEY: Trmissed that 20 Q. Bid poil you ever find out what studies were 21 BY MK, LANDEKKORER: 22 Q. Did you ever reive whose studies? 3 A. Yes. 2 A. Ho's a uptient with sleep apnea syndrome at 18 rik for postoperative acute airway, obstruction? 23 Q. Flat's woy cant ago? 24 | 3 A. The bedroom partner noticing a bit of | 3 Q. Your history and exam revealed |
| 6 pmc1 6 A: Certainly, 7 X. There are: 7 Compestive heart failure since 1987? 8 X. Correct: 7 Compestive heart failure since 1987? 9 MR. CASEY You understand 9 Q. Cas, what's that? 10 he's not asking you about this patient, in 11 Q. That's a question mark? 12 THE WITNESS Right. 11 Q. That's a question mark? 13 A. It's a multitude of factors, so it depends 11 Q. That's a question mark? 14 Q. Is obesity a predisposing factor? 13 O. Why, do you lave a question mark there? 14 N. The patient wasn't clear about the? 14 A. The patient wasn't clear about the? 15 A. It's a patient with sleep apne a syndrome at 16 O. That's super meant about the? 17 Q. Is a patient with sleep apne asyndrome at 17 18 Correct. 16 performed at Bedford Lospital? 12 A. The's undermath that? 17 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's undermeath that? 18 Yes. LawDescovers? 2 A. The's study lop is disep st | 4 seizing of breaths. | 4 hypertension since 1987. Tell me if I'm correct. I'll |
| 7 Q. What are house? 7 Q. Congestive heart failure since 1987? 8 Q. What are house? 8 X. Correct: 9 MR.CASEY You understand 10 he's not asking you about this patient, in 11 Q. That's a question mark? 11 general. 11 Q. That's a question mark? 12 and the paines control of factors, so it depends 13 Q. Why do you lace a question mark there? 14 A. The's a multifuide of factors, so it depends 14 A. The painer ways 't clear about thie 15 Q. Is a patient with sleep apnea syndrome at 16 Q. It says times two years and then you note 17 Q. Is a patient with sleep apnea syndrome at 18 Risk of postoperative acute airway obstruction? 18 risk of postoperative acute airway obstruction? 18 A. Correct 19 MR.CASEY Imissed that 20 O. Did you ever find out what studies were 21 performed at Bedford Hospital? 22 A. Not 22 A. Not 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? Parc 25 2 A. Trestatid he had sleep sth | 5 Q. Are there predisposing factors for sleep | |
| 8 Q. What arcthose? 8 A: Correct: 9 MR.CASEY YOU understand 9 Q. OSA, what's that? 11 general. 9 Q. OSA, what's that? 12 THE WITNESS: Right. 11 Q. That's a question mark ? 13 A. It's a multitude of factors, so it depends: 11 Q. Why do you have a question mark there? 14 on the patient really. 13 Q. Why do you have a question mark there? 16 A. It's a multitude of factors, so it depends: 13 Q. Why do you have a question mark there? 16 A. Yos: 11 Q. That's tar question the gazerome. 16 17 Q. Is a patient with sleep apnea syndrome at risk of postoperative acute airway obstruction? 18 18 correct? 18 or guestion. 20 0. Doil you ever find out what studies were 21 performed at Bedford Hospital? 22 Q. Fair enough. Do you know wif Mi. Jones 23 Q. What's underneath that? 24 A. Cansbut, wound; GSW. 23 Q. Fair enough. Do you know what obesity r A. Test stardiant's that? 29 Q. Doctor, do you know what obesity r A. Max CASEY. He wighed 3< | 6 pne ⁷ | |
| 9 MR. CASEY YOU understand 9 Q. GSA, What's that? 10 he's not asking you about this patient, in 11 Q. Bobsiturizive Steep apnect. 11 general. 11 Q. That's a question mark? 12 THE WITNESS: Right. 12 A. It's a multifude of factors, so it depends: 13 A. It's a multifude of factors, so it depends: 13 Q. Why do you have a question mark? 14 O. Is observed a predisposing factor? 13 Q. Why do you have a question mark there? 14 A. The saitent with sleep apnea syndrome at 15 information he gave: noc: 15 not be patient value: 10 O. It says times two years and then you note 17 Q. Is a patient with sleep apnea syndrome at 13 Q. Uid you ever find out what studies were 20 Q. Dat patient with sleep apnea syndrome at 24 A. Too "throw. 24 24 A. If don 't know. 22 A. No 23 Q. That's wo years ago? 23 1 ever had the polysomnography? 24 A. Idon 'throw. 25 Q. That's wo years ago? 24 A. Thes side bic bad sleep stratides done at <td< td=""><td>7 A. There are.</td><td></td></td<> | 7 A. There are. | |
| 10 he's not asking you about this patient, in 10 A: Obstructive: sleep apnea; 11 general. 11 0. That's a question mark? 12 THE WITNINS: Right. 11 0. That's a question mark there? 13 A. It's a multitude of factors, so it depends 11 0. That's a question mark there? 14 D. is obstive a predisposing factor? 12 A: The patient wash's clear about the? 14 A. Yes: 16 A: Yes: 16 15 A. Star patient with sleep apnea syndrome at risks of postoperative acute airway obstruction? 18 18 10 O. Is ays times two years and then you note 18 risk of postoperative acute airway obstruction? 18 20 O. Did you ever find out what studies were 21 0. O Did you ever find out what studies were 12 Fish of postoperative acute airway, obstruction? 23 Q. What's underneath that? 23 Q. What's underneath that? 24 A. He stated he had sleep studies done at 22 Q. Did you ever review thos studies? 24 A: Gurshot wound, GSW 25 Q. Fair enough. Do you know what obesity 7 A: He stated he had sleep studies done at 22 Q. Obesity is noted. Was Mr. Jone | 8 Q. What arethose? | |
| 11 general. 11 Q. That's a question mark? 12 THE WITNESS. Right. 11 Q. That's a question mark? 12 A. I's a multitude of factors, so it depends. 11 Q. Why dy you have a question mark there? 14 M. The patient really. 13 Q. Why dy you have a question mark there? 15 Q. Is obsisty a predisposing factor? 14 K. The patient wasn't clear about the 17 Q. Is a patient with sleep apnea syndrome at 16 Q. Is ay stimes two years and then you note 18 risk of postoperative acute airway obstruction? 19 M. CASEY: Inissed that 20 question. 20 Q. Did you ever find out what studies were 21 21 NFM FANDSKNOPER: 22 A. Mod 22 A. Mod 23 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? Page 25 1 extra had the polysomography? 1 A. He stated he had sleep studies does at a sout site work? 3 morbidly obsee man? 4 Q. Did you ever review those studies? 7 A. Yes, Ie Yes, Ie Yes, Ie 3 Noticof yoou know what obesity | 9 MR. CASEY YOU understand | |
| 12 THE WITNESS: Right. 12 A. Yes: 13 A. It's a multitude of factors, so it depends: 13 Q. Why do you have a question mark there? 14 A. The patient wasn't clear about the: 15 15 Q. Is a batient with sleep apnee syndrome at 16 O. It says times two years and then you note 18 risk of postoperative acute airway obstruction? 18 Correct? 19 MR. CASIY: I missed that 20 O. Id you ever find out what studies were 21 BY MR, LANDSKROMER: 20 O. Did you ever find out what studies were 21 BY MR. LANDSKROMER: 22 Q. Mhat's underneath that? 24 A. Idon't know 23 Q. What's underneath that? 25 Q. Fair enough. Do you know if MI. Jones 23 Q. What's underneath that? 2 A. He'stated he had sleep studies done at 3 3 morbidly obeseman? 3 Bedford. 3 3 morbidly obeseman? 4 Q. Did you ever review those studies? 4 MR. CASEY. He weighed 5 A. Yes. 3 3 morbidly obeseman? 1 6 < | 10 he's not asking you about this patient, in | |
| 13 A. It's a multitude of factors, so it depends 13 0. Why do you have a question mark ther? 14 On the patient really. 14 A. The patient wasn't clear about the 15 O. So besity a predisposing facto? 16 0. It says times two years and then you note 17 Q. Is a patient with sleep apnea syndrome at 18 18 0. It says times two years and then you note 18 risk of postoperative acute airway obstruction? 19 M. CASEY: Imissed that 10 0. Did you ever find out what studies were 21 Proformed at Bedford Hospital? 20 0. Did you ever find out what studies were 21 21 YM R. LANDSKROMER: 21 Q. What's underneath that? 22 2 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? Page 25 1 ever had the polysomnography? 2 X. Yes. 9 Page 25 2 A. I don't know 2 A rest was. 3 mothdly obses man? 4 A. Ont do you know what obesity 7 A Yes. He weighed 5 3 Bedford. 3 about 310 pounds. If gured that's what 6 | 11 general. | |
| 14 on the patient really. 14 A. The patient wasn't clear about the 15 Q. Is obesity a predisposing factor? 15 information he gave mee. 16 A. Yess. 16 Q. It says times two years and then you note 17 Q. Is a patient with sleep apnea syndrome at 17 that sleep studies are done at Bedford Hospital, 18 risk of postoperative acute airway obstruction? 18 correct? 20 question. 20 Q. Did you ever find out what studies were 21 BY MR. LANDEKRONER: 20 Q. Did you ever find out what studies were 22 Q. Is a patient with sleep apnea syndrome at 18 correct? 18 risk for postoperative acute airwa, obstruction? 23 Q. What's underneath that? 24 A. I don't Know. 24 A. Ganishot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 23 Q. Obesity is noted. Was Mr. Jones a 3 motbidly obsee man? 3 morbidly obsee man? 4 Q. Did you ever review those studies? 5 about 310 pounds. If gured that's what 6 Q. Doctor, do you know what obesity 7 A. Yes, he was. 7 hypoventilation syndrome is? 8 Q. On the right you note there what 12 Q. How do you go about confirming whether or 10 bese have hypoventilation mainly at might. 12 Q. How do you go about confirming whether or 16 A. Yess. 13 et they have thi | 12 THE WITNESS: Right. | |
| 15 Q. Is obesity a predisposing factor? 15 information he gave mc. 16 A. Yes. 16 Q. It says times two years and then you note 17 Q. Is a patient with sleep apnea syndrome at 17 htt sleep studies are done at Bedford Hospital, 18 risk of postoperative acute airway obstruction? 19 M. CASEY: Tmissed that 20 question. 20 Q. Did you ever find out what studies were 21 BY MR, LANDERKONER: 21 performed at Bedford Hospital? 22 Q. Is a patient with sleep apnea syndrome at 23 Q. What's underneath that? 24 A Couristion wound, GSW 25 Q. That's two years ago? 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? 26 A. He stated he had sleep studies done at 3 morbidly obese man? 4 Q. Did you ever review those studies? 4 M. CASEY. He weighed 5 A. Yes. 8 Q. Oneity is noted. Was Mr. Jones a 3 morbidly obese man? 4 M. CASEY. He weighed 5 about 310 pounds. If figured that's what 9 6 | 13 A. It's a multitude of factors, so it depends | |
| 16 A. Yes: 16 Q. It says times two years and then you note 17 A. Sta patient with sleep apnea syndrome at 17 that sleep studies are done at Bedford Hospital, 18 risk of postoperative acute airway obstruction? 19 A. Correct? 19 M. CASEY: I missed that 20 Q. Did you ever find out what studies were 21 By MR, LANDERKONER: 22 A. I don't know. 23 Q. What's underneath that? 24 A. I don't know. 23 Q. That's two years ago? Page 23 1 ever had the polysonnography? Page 23 2 A. Yes. Page 23 1 ever had the polysonnography? 24 A. Yes. 29 O. Dokid you ever review those studies? 4 M. CASEY. He weighed 5 A. No. 3 morbidly obese man? 4 M. CASEY. He weighed 6 Q. Doctor, do you know what obesity 7 A. Yes. 8 Q. On the right you note the medications that 9 he was on? 7 A. Yes. 8 Q. On the right side you note three what 11 nedications he was taking? 13 A. Yes. | | ÷ |
| 17 Q. Is a patient with sleep apnea syndrome at 17 that sleep studies are done at Bedford Hospital, 18 risk for postoperative acute airway obstruction? 19 A. Correct. 20 Question. 20 Q. Did you ever find out what studies were 21 BY MR. LANDERKONER: 20 Q. Did you ever find out what studies were 28 A. I don't know. 24 A. Ion't know. 29 Q. Fair enough. Do you know if Mi. Jones 23 Q. That's two years ago? 29 Pair enough. Do you know if Mi. Jones 23 Q. That's two years ago? 21 ever had the polysomnography? 24 A. Gunstiot wound, GSW. 2 A. Te stated be had sleep studies done at 3 morbidly obese man? 4 Q. Did you ever review those studies? 4 M. CASEY. He weighed 5 A. No. 6 you were going to go look for. 7 7 hypownitilation mainly at night. 10 A. I'm sorry? 11 Q. On the right you note the medications that 9 9 Q. Can you tell me what it is? 7 A. Yes, We was 12 Q. On the right you note there what <td< td=""><td>15 Q. Is obesity a predisposing factor?</td><td>-</td></td<> | 15 Q. Is obesity a predisposing factor? | - |
| 18 risk of postoperative acute airway obstruction? 18 correct? 19 MR. CASEY: Imissed that 19 20 question. 20 21 BY MR. LANDERRORER: 20 Q. Did you ever find out what studies were 21 BY MR. LANDERRORER: 20 Q. Did you ever find out what studies were 22 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? 2 a. He stated be had sleep studies done at 2 Q. Obesity is noted. Was Mr. Jones a 3 Bedford. 2 Q. Obesity is noted. Was Mr. Jones a 4 Q. Did you ever review those studies? 5 about 310 pounds. I figured that's what 5 A. No. 5 about 310 pounds. I figured that's what 6 Q. Doctor, do you know what obesity 7 A. Yes, he was 7 A. Yes, he was 8 Q. On the right you note there what 12 O. Do you know if any testing was done for 10 A. I'm sorry? 14 Q. How do you go about confirming whether or 13 A. Yes. 16 Mr. Jones to confirm or rule out whether he had OIS? 14 Q. The majority of those medications are for 15 Q. Do you know if any testing was do | 16 A. Yes. | |
| 19 MR. CASEY: Imissed that 19 A. Correct. 20 question. 20 Q. Did you ever find out what studies were 21 BY MR. LANDSKRONER: 21 Q. What's underneath that? 22 Q. Fair enough. Do you know if Mi. Jones 23 Q. What's underneath that? 24 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. Obesity is noted. Was Mr. Jones a 3 Bedford. 3 morbidly obese man? 4 Q. Did you ever review those studies? 1 A. Yes. 5 A. No. 2 Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 a No. 5 about 310 pounds. I figured that's what 6 Q. Doctor, do you know what obesity 7 A. Yes, ite was. 8 9 Q. They oventilation mainly at night. 2 On the right you note there what 12 Q. How do you go about confirming whether or 3. I don't know. 11 Q. On the right further right you note 3H. 15 Q. Do you know if a | Q. Is a patient with sleep apnea syndrome at | |
| 20 question. 20 Q. Did you ever find out what studies were 21 BY MR. LANDSKRONER: 21 performed at Bedford Hospital? 22 Q. Is a patient with sleep apnea syndrome at 23 Q. What's underneath that? 24 A. I don't know. 23 Q. What's underneath that? 24 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi, Jones 25 Q. That's two years ago? 24 A. He stated he had sleep studies done at 2 Q. Obesity is noted. Was Mr. Jones a 3 Bedford. 3 morbidly obese man? 4 4 Q. Did you ever review those studies? 4 MR. CASEY. He weighed 5 5 A. No. 5 about 310 pounds. I figured that's what 6 6 Q. Doctor, do you know what obesity 7 A. Yes, ke was. 8 Q. On the right you note the medications that 9 Q. Can you tell me what it is? 9 be was on? 10 A. I'm sorty? 1 obese bave hypowentilation mainly at night. 11 Q. On the right you note there what 12 12 | 18 risk of postoperative acute airway obstruction? | |
| 21 BY MR. LANDSKRONER: 21 performed at Bedford Hospital? 22 Q. Is a patient with sleep apnea syndrome at 28 risk for postoperative acute airwa, obstruction? 23 Q. What's underneath that? 24 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? 7 Page 23 Page 23 1 ever had the polysomnography? 2 1 A. Yes. 2 A. He stated he had sleep studies done at 3 3 morbidly obese man? 4 G. Obctor, do you know what obesity 4 Q. Did you ever review those studies? 4 MR.CASEY. He weighed 5 5 A. No. 5 about 310 pounds. I figured that's what 6 6 Q. Dotor, do you know what obesity 7 A. Yes, he was. 8 8 A. Yes. 8 Q. On the right you note the medications that 9 Q. Can you tell me what it is? 7 A. Yes, he was. 8 10 O. How do you go about confirming whether or 13 A. Ten sorry? 13 A. Yes. 11 Onestwe thypowentilation mainl | 19 MR. CASEY: I missed that | |
| 22 Q. Is a patient with sleep apnea syndrome at 22 A. No. 23 Q. What's underneath that? 24 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? 24 A. He stated he had sleep studies done at 2 Q. Obsity is noted. Was Mr. Jones a 3 Bedford. 2 Q. Obesity is noted. Was Mr. Jones a 3 Bedford. 3 morbidly obese man? 4 Q. Did you ever review those studies? 4 M. CASEY. He weighed 5 A. No. 5 about 310 pounds. I figured that's what 6 Q. Dottor, do you know what obesity 7 A. Yes, he was. 8 9 Q. Can you tell me what it is? 7 A. Yes, he was. 8 9 Q. Can you tell me what it is? 10 A. I'm sorry? 11 10 O the right you note there what 12 medications he was taking? 13 A. I don't know. 14 Q. The majority of those medications are for 15 Q. Doy ou know if any testing was done for 16 A. Yes. | 20 question. | - |
| 2B risk for postoperative acute airway obstruction? 23 Q. What's underneath that? 24 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? Page 23 1 ever had the polysomnography? 1 A. Yes. Page 25 2 A. He stated he had sleep studies done at 3 morbidly obese man? 4 Q. Did you ever review those studies? 4 MR. CASEV. He weighed 5 A. No. 5 about 310 pounds. I figured that's what 6 Q. Doctor, do you know what obesity 7 A. Yes, he was. 7 h. Yes. 8 Q. On the right you note the medications that 9 Q. Can you utell me what it is? 9 he was on? 1 obes have hypoventilation mainly at night. 11 Q. On the right side you note there what 12 Q. How do you go about confirming whether or 13 A. Yes. 13 not the know. 14 Q. The majority of those medications are for 15 C. Do you know if any testing was done for 16 A. Yes. | 21 BY MR. LANDSKRONER: | |
| 24 A. I don't know. 24 A. Gunshot wound, GSW. 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? Page 23 Page 23 1 ever had the polysomnography? 1 A. Yes. 2 A. He stated he had sleep studies done at 3 Bedford. 3 Bedford. 2 Q. Obesity is noted. Was Mr. Jones a 4 Q. Did you ever review those studies? 4 MR. CASEY. He weighed 5 A. No. 5 about 310 pounds. I figured that's what 6 Q. Doctor, do you know what obesity 7 A. Yes. 8 Q. On the right you note the medications that 9 Q. Can you tell me what it is? 9 be was on? 10 A. I'm sorry? 1 a Loo's a syndrome by which patients who are 11 Q. On the right you note there what 12 12 Q. How do you go about confirming whether or 13 A. Yes. 14 Q. The majority of those medications are for 15 Q. Do you know if any testing was done for 16 A. Yes. 14 Q. The majority of those medications are for 15 | | |
| 25 Q. Fair enough. Do you know if Mi. Jones 25 Q. That's two years ago? Page 23 Page 23 1 ever had the polysomnography? A. He stated he had sleep studies done at Page 25 3 Bedford. 2 Q. Obesity is noted. Was Mr. Jones a 3 Bedford. 3 morbidly obese man? 4 Q. Did you ever review those studies? 4 MR. CASEY. He weighed 5 A. No. 6 you were going to go look for. 7 hypeventilation syndrome is? 7 A. Yes. 8 A. Yes. 8 Q. On the right you note the medications that 9 Q. Can you tell me what it is? 6 A. Yes. 10 obese have hypoventilation mainly at night. 11 Q. On the right you note the medications that 12 Q. How do you go about confirming whether or 13 A. Yes. 13 A. I don't know. 14 Q. The majority of those medications are for 15 Q. Doy you know if any testing was done for 16 A. Yes. 16 Mr. Jones to confirm or rule out whether he had OHS? 17 Q. On the right, further right you note 3H. | | |
| Page 23Page 231 ever had the polysomnography?1A. Yes.2A. He stated he had sleep studies done at33 Bedford.3morbidly obese man?4Q. Did you ever review those studies?45A. No.46Q. Doctor, do you know what obesity77 hypoventilation syndrome is?38A. Yes.9Q. Can you tell me what it is?60A. It's a syndrome by which patients who are1obese have hypoventilation mainly at night.12Q. How do you go about confirming whether or13not they have this condition?14A. I don't know.15Q. Do you know if any testing was done for16Mr. Jones to confirm or rule out whether he had OHS?17A. I don't know.18Q. Let's look at your note. Tell me in terms19of your involvement what you did for Mr. Jones.10MR. CASEY:11to read the note, is that what you're12asking him to do?23BY MR. LANDSKRONER:24Q. I'm asking what your involvement was. You25saw him for sleep apnea. Based on your note, can you26So I have it correctly where it says accepts. | 24 A. I don't know. | |
| 1 ever had the polysomnography? 1 A. Yes. 2 A. He stated he had sleep studies done at 3 Bedfford. 3 Bedfford. 3 morbidly obese man? 4 Q. Did you ever review those studies? 4 MR. CASEY. He weighed 5 A. No. 5 about 310 pounds. I figured that's what 6 Q. Doctor, do you know what obesity 7 A. Yes, he was. 7 h. Yes. 8 Q. On the right you note the medications that 9 Q. Can you tell me what it is? 7 A. Yes, he was. 8 A. Yes. 8 Q. On the right you note the medications that 9 Q. Can you tell me what it is? 10 A. I'm sorry? 11 obese have hypoventilation mainly at night. 11 Q. On the right side you note there what 12 Q. How do you go about confirming whether or 13 A. Yes. 13 not they have this condition? 14 Q. The majority of those medications are for 15 Q. Do you know if any testing was done for 16 A. Yes. 16 M. I don't know. 17 Q. On the right, f | 25 Q. Fair enough. Do you know if Mi. Jones | 25 Q. That's two years ago? |
| 2A. He stated he had sleep studies done at 3 Bedford.2Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man?4Q. Did you ever review those studies?4MR. CASEY. He weighed5A. No.5about 310 pounds. I figured that's what you were going to go look for.6Q. Doctor, do you know what obesity 7 hypoventilation syndrome is?7A. Yes, he was.8A. Yes.8Q. On the right you note the medications that 9 he was on?9Q. Can you tell me what it is? 9 Q. Can you tell me what it is?9No.0A. It's a syndrome by which patients who are 11 obese have hypoventilation mainly at night.10A. I'm sorry?11Q. On the right side you note there what12medications he was taking?12Q. How do you go about confirming whether or 13 not they have this condition?13A. Yes.14Q. The majority of those medications are for 1515Cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A Yes.17Q. On the right, further right you note 3H.1818Q. Let's look at your note. Tell me in terms 1919A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're 23asking him to do?2123BY MR. LANDSKRONER: 24Q. I'm asking what your involvement was. You 2523A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You 25< | | |
| 3Bedford.3morbidly obese man?4Q. Did you ever review those studies?4MR. CASEY.He weighed5A. No.5about 310 pounds. I figured that's what6Q. Doctor, do you know what obesity6you were going to go look for.7hypoventilation syndrome is?7A. Yes, he was.8A. Yes.8Q. On the right you note the medications that9Q. Can you tell me what it is?9he was on?0A. It's a syndrome by which patients who are10A. I'm sorry?1obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13A. Yes.13not they have this condition?14Q. The majority of those medications are for15Q. Do you know if any testing was done for15cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17Q. On the right, further right you note 3H.18What's that?18Q. Let's look at your note. Tell me in terms19A. SH.19of your involvement what you did for Mr. Jones.20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just23saw him for sleep ap | Page 23 | Page 25 |
| 4Q. Did you ever review those studies?4MR. CASEY. He weighed5A. No.5about 310 pounds. I figured that's what6Q. Doctor, do you know what obesity6you were going to go look for.7hypoventilation syndrome is?7A. Yes, the was.8A. Yes.8Q. On the right you note the medications that9Q. Can you tell me what it is?9he was on?0A. It's a syndrome by which patients who are10A. I'm sorry?1obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13A. Yes.13not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for16A. Yes.16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SHL19of your involvement what you did for Mr. Jones.19A. SHL20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no aleohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the ne | - | |
| 5A. No.5about 310 pounds. I figured that's what6Q. Doctor, do you know what obesity6you were going to go look for.7hypoventilation syndrome is?7A. Yes, he was.8A. Yes.8Q. On the right you note the medications that9Q. Can you tell me what it is?9he was on?0A. It's a syndrome by which patients who are10A. I'm sorty?11obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13not they have this condition?13not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for15cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SH.19of your involvement what you did for Mr. Jones.20Q. I'm sorry.21to read the note, is that what you're21A. Social history.22Q. And that was what?23A. Nonsmoker, no alcohol.23SH MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | 1 ever had the polysomnography? | 1 A. Yes. |
| 6Q. Doctor, do you know what obesity6you were going to go look for.7hypoventilation syndrome is?7A. Yes, he was.8A. Yes.8Q. On the right you note the medications that9Q. Can you tell me what it is?9he was on?0A. It's a syndrome by which patients who are10A. I'm sorty?11obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13not they have this condition?13not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for15cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SH.19of your involvement what you're21A. Social history.21to read the note, is that what you're23A. Nonsmoker, no alcohol.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at | A. Yes. Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? |
| 7hypoventilation syndrome is?7A. Yes, he was.8A. Yes.8Q. On the right you note the medications that9Q. Can you tell me what it is?9 he was on?0A. It's a syndrome by which patients who are10A. I'm sorry?11obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13A. Yes.13not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for16A. Yes.16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? 4 MR. CASEY. He weighed |
| 8A. Yes.8Q. On the right you note the medications that9Q. Can you tell me what it is?9he was on?0A. It's a syndrome by which patients who are10A. I'm sorry?11obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13not they have this condition?14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for16A. Yes.16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SH.19of your involvement what you did for Mr. Jones.20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? | A. Yes.Q. Obesity is noted. Was Mr. Jones amorbidly obese man?MR. CASEY.He weighedabout 310 pounds. I figured that's what |
| 9Q. Can you tell me what it is?9 he was on?0A. It's a syndrome by which patients who are10A. I'm sorry?11obese have hypoventilation mainly at night.11Q. On the right side you note there what12Q. How do you go about confirming whether or13 not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for15 cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SH.19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. |
| 0A. It's a syndrome by which patients who are10A. I'm sorry?110. On the right side you note there what12Q. How do you go about confirming whether or13not they have this condition?14A. I don't know.15Q. Do you know if any testing was done for16Mr. Jones to confirm or rule out whether he had OHS?17A. I don't know.18Q. Let's look at your note. Tell me in terms19of your involvement what you did for Mr. Jones.20MR. CASEY:20MR. CASEY:21to read the note, is that what you're22Q. And that was what?23BY MR. LANDSKRONER:24Q. I'm asking what your involvement was. You25saw him for sleep apnea. Based on your note, can you | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? | 1A. Yes.2Q. Obesity is noted. Was Mr. Jones a3morbidly obese man?4MR. CASEY. He weighed5about 310 pounds. I figured that's what6you were going to go look for.7A. Yes, he was. |
| 11obese have hypoventilation mainly at night.110. On the right side you note there what12Q. How do you go about confirming whether or13not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for16A. Yes.16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms19A. SH.19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? A. Yes. | 1A. Yes.2Q. Obesity is noted. Was Mr. Jones a3morbidly obese man?4MR. CASEY. He weighed5about 310 pounds. I figured that's what6you were going to go look for.7A. Yes, he was.8Q. On the right you note the medications that |
| 12Q. How do you go about confirming whether or12medications he was taking?13A. Yes.14A. I don't know.13A. Yes.15Q. Do you know if any testing was done for14Q. The majority of those medications are for16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms18What's that?19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? |
| 13 not they have this condition?13A. Yes.14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for15 cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms18What's that?19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.22Q. And that was what?23BY MR. LANDSKRONER:24Q. I'm asking what your involvement was. You25So I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are | 1 A. Yes. 2 Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 about 310 pounds. I figured that's what 6 you were going to go look for. 7 A. Yes, he was. 8 Q. On the right you note the medications that 9 he was on? 10 A. I'm sorry? |
| 14A. I don't know.14Q. The majority of those medications are for15Q. Do you know if any testing was done for15cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A17A. I don't know.16A18Q. Let's look at your note. Tell me in terms18What's that?19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.12asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are 11 obese have hypoventilation mainly at night. | 1A. Yes.2Q. Obesity is noted. Was Mr. Jones a3morbidly obese man?4MR. CASEY. He weighed5about 310 pounds. I figured that's what6you were going to go look for.7A. Yes, he was.8Q. On the right you note the medications that9he was on?10A. I'm sorry?11Q. On the right side you note there what |
| 15Q. Do you know if any testing was done for15 cardiac difficulties, correct?16Mr. Jones to confirm or rule out whether he had OHS?16A Yes.17A. I don't know.16A Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms18What's that?19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.12asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are 11 obese have hypoventilation mainly at night. Q. How do you go about confirming whether or | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? |
| 16Mr. Jones to confirm or rule out whether he had OHS?16A. Yes.17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms18What's that?19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or Inot they have this condition? | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? A. Yes. |
| 17A. I don't know.17Q. On the right, further right you note 3H.18Q. Let's look at your note. Tell me in terms17Q. On the right, further right you note 3H.19of your involvement what you did for Mr. Jones.18What's that?20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.22Q. And that was what?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. | 1 A. Yes. 2 Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 about 310 pounds. I figured that's what 6 you were going to go look for. 7 A. Yes, he was. 8 Q. On the right you note the medications that 9 he was on? 10 A. I'm sorry? 11 Q. On the right side you note there what 12 medications he was taking? 13 A. Yes. 14 Q. The majority of those medications are for |
| 18Q. Let's look at your note. Tell me in terms18What's that?19of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.22asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? A. Yes. Q. The majority of those medications are for cardiac difficulties, correct? |
| 19 of your involvement what you did for Mr. Jones.19A. SH.20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.22asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? | 1 A. Yes. 2 Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 about 310 pounds. I figured that's what 6 you were going to go look for. 7 A. Yes, he was. 8 Q. On the right you note the medications that 9 he was on? 10 A. I'm sorry? 11 Q. On the right side you note there what 12 medications he was taking? 13 A. Yes. 14 Q. The majority of those medications are for 15 cardiac difficulties, correct? 16 A Yes. |
| 20MR. CASEY:Do you want him20Q. I'm sorry.21to read the note, is that what you're21A. Social history.12asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | 1 ever had the polysomnography? A. He stated he had sleep studies done at 3 Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are 11 obese have hypoventilation mainly at night. Q. How do you go about confirming whether or 13 not they have this condition? A. I don't know. Q. Do you know if any testing was done for 16 Mr. Jones to confirm or rule out whether he had OHS? I. I don't know. | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? A. Yes. Q. The majority of those medications are for cardiac difficulties, correct? A Yes. Q. On the right, further right you note 3H. |
| 21to read the note, is that what you're21A. Social history.12asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? A. Yes. Q. The majority of those medications are for cardiac difficulties, correct? A. Yes. Q. On the right, further right you note 3H. What's that? |
| 12asking him to do?22Q. And that was what?23BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25saw him for sleep apnea. Based on your note, can you25so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms of your involvement what you did for Mr. Jones. | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? A. Yes. Q. The majority of those medications are for cardiac difficulties, correct? A Yes. Q. On the right, further right you note 3H. What's that? A. SH. |
| 23 BY MR. LANDSKRONER:23A. Nonsmoker, no alcohol.24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25 saw him for sleep apnea. Based on your note, can you25 so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms of your involvement what you did for Mr. Jones. MR. CASEY: Do you want him | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorry? Q. On the right side you note there what medications he was taking? A. Yes. Q. The majority of those medications are for cardiac difficulties, correct? A. Yes. Q. On the right, further right you note 3H. What's that? Q. I'm sorry. |
| 24Q. I'm asking what your involvement was. You24Q. If you'll read for me the next line just25 saw him for sleep apnea. Based on your note, can you24Q. If you'll read for me the next line just25 so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms of your involvement what you did for Mr. Jones. MR. CASEY: Do you want him to read the note, is that what you're | 1 A. Yes. 2 Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 about 310 pounds. I figured that's what 6 you were going to go look for. 7 A. Yes, he was. 8 Q. On the right you note the medications that 9 he was on? 10 A. I'm sorry? 11 Q. On the right side you note there what 12 medications he was taking? 13 A. Yes. 14 Q. The majority of those medications are for 15 cardiac difficulties, correct? 16 A Yes. 17 Q. On the right, further right you note 3H. 18 What's that? 19 A. SH. 20 Q. I'm sorry. 21 A. Social history. |
| 25 saw him for sleep apnea. Based on your note, can you25 so I have it correctly where it says accepts. | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms of your involvement what you did for Mr. Jones. MR. CASEY: Do you want him to read the note, is that what you're asking him to do? | 1 A. Yes. 2 Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 about 310 pounds. I figured that's what 6 you were going to go look for. 7 A. Yes, he was. 8 Q. On the right you note the medications that 9 he was on? 10 A. I'm sorry? 11 Q. On the right side you note there what 12 medications he was taking? 13 A. Yes. 14 Q. The majority of those medications are for 15 cardiac difficulties, correct? 16 A Yes. 17 Q. On the right, further right you note 3H. 18 What's that? 19 A. SH. 20 Q. I'm sorry. 21 A. Social history. 22 Q. And that was what? |
| | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity 7 hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or 13 not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms 9 of your involvement what you did for Mr. Jones. MR. CASEY: Do you want him to read the note, is that what you're asking him to do? BY MR. LANDSKRONER: | 1 A. Yes. 2 Q. Obesity is noted. Was Mr. Jones a 3 morbidly obese man? 4 MR. CASEY. He weighed 5 about 310 pounds. I figured that's what 6 you were going to go look for. 7 A. Yes, he was. 8 Q. On the right you note the medications that 9 he was on? 10 A. I'm sorry? 11 Q. On the right side you note there what 12 medications he was taking? 13 A. Yes. 14 Q. The majority of those medications are for 15 cardiac difficulties, correct? 16 A. Yes. 17 Q. On the right, further right you note 3H. 18 What's that? 19 A. SH. 20 Q. I'm sorry. 21 A. Social history. 22 Q. And that was what? 23 A. Nonsmoker, no alcohol. |
| | ever had the polysomnography? A. He stated he had sleep studies done at Bedford. Q. Did you ever review those studies? A. No. Q. Doctor, do you know what obesity hypoventilation syndrome is? A. Yes. Q. Can you tell me what it is? A. It's a syndrome by which patients who are obese have hypoventilation mainly at night. Q. How do you go about confirming whether or not they have this condition? A. I don't know. Q. Do you know if any testing was done for Mr. Jones to confirm or rule out whether he had OHS? A. I don't know. Q. Let's look at your note. Tell me in terms of your involvement what you did for Mr. Jones. MR. CASEY: Do you want him to read the note, is that what you're asking him to do? BY MR. LANDSKRONER: Q. I'm asking what your involvement was. You | A. Yes. Q. Obesity is noted. Was Mr. Jones a morbidly obese man? MR. CASEY. He weighed about 310 pounds. I figured that's what you were going to go look for. A. Yes, he was. Q. On the right you note the medications that he was on? A. I'm sorty? Q. On the right side you note there what medications he was taking? A. Yes. Q. The majority of those medications are for cardiac difficulties, correct? A Yes. Q. On the right, further right you note 3H. What's that? Q. I'm sorry. A. Settil Q. I'm sorry. A. Social history. Q. If you'll read for me the next line just |

| | Tage ADRIANA. CARACIONI, M.D., 5 51-97 |
|---|--|
| Page 26 | Page 28 |
| 1 A. Accepts having an interrupted sleep. No | Q. I mean, at least in his case would that be |
| 2 morning headaches. No shortness of breath. Snores. | 2 something you'd be concerned with based on the history |
| 3 Q. What is the significance of shortness of | 3 that you had? |
| 4 breath? | 4 MR. WALTERS: I'm going to |
| 5 MR. WALTERS: Didn't he say no | 5 object to a hypothetical. |
| 6 shortness of breath? | 6 MR. MEADOWS: I'm going to |
| 7 MR. LANDSKRONER: Yes. | 7 object. Is this in the context of a sleep |
| 8 BY MR. LANDSKRONER: | 8 apnea consult? |
| 9 Q. I'm just wondering what the significance | 9 Q. You saw the condition |
| 10 is of shortness of breath or no shortness of breath. | 10 MR. CASEY Do you |
| 11 What does that indicate to you? | 11 understand his question? Do you |
| 12MR. CASEY:That finding in13and of itself is what he wants to know. I | 12 understand? He's asking you to assume |
| | that everything on there was the same butthat he said, I have shortness of breath. |
| think that's why you re having trouble. A. It tells me that his lungs were doing | |
| 15A. It tells me that his lungs were doing16okay, his heart was functioning compensated. That's | |
| 10 okay, its heart was functioning compensated. That's 17 what it tells me. | of breath would change anything else. I mean, your note says he didn't have |
| 17 what it terts me. 18 Q. In a patient in Dewey Jones, if he | shortness of breath. I don't know if you |
| 19 presented with shortness of breath, would that indicate | 19 can answer that question or not. I don't |
| 20 to you that there might be a problem with his heart? | 20 know if one thing leads to another leads |
| 21 MR. CASEY: That in and of | 20 know it one thing reads to another reads 21 to another. |
| 22 itself? | 22 A. I already said I cannot answer it. |
| 23 Q. In his condition? | 23 Q. I just said, under the circumstances and |
| 24 A. No. | 24 given the condition you said that you would do further |
| 25 Q. What types of things would that indicate | 25 examination if he presented with shortness of breath? |
| Page 27 | Page 29 |
| 1 for you if he did have shortness of breath? | A. Correct. |
| 2 A. Again, I cannot take this isolated sign. | |
| A CONTRACTOR OF A DESCRIPTION OF A DESCRIPT | 2 O I want to know further examination would |
| | 2 Q. I want to know, further examination, would 3 that require a cardiac workup? |
| 3 I have to corroborate it with all the other facts. | 3 that require a cardiac workup? |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of | 3 that require a cardiac workup?4 MR. MEADOWS: show an |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you? | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 day time sleepiness, little cough, yellow sputum? |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 daytime sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 day time sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 daytime sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. 20 Q. And would one of the things that you'd be | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 day time sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. 20 Q. What's the significance of you indicating |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. 20 Q. And would one of the things that you'd be 21 attempting to examine to rule out would be cardiac | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 day time sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. 20 Q. What's the significance of you indicating 21 that he didn't have any chills and he didn't have any |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath. If he did present to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. 20 Q. And would one of the things that you'd be 21 attempting to examine to rule out would be cardiac 21 pr blems? | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 daytime sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. 20 Q. What's the significance of you indicating 21 that he didn't have any chills and he didn't have any 22 fever as f 1 s your exarn gces? |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. 20 Q. And would one of the things that you'd be 21 attempting to examine to rule out would be cardiac 23 A. on my | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 daytime sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. 20 Q. What's the significance of you indicating 21 that he didn't have any chills and he didn't have any 22 fever as f t s your exart gces? 23 A. There is no bronchitis, not a severe |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. 20 Q. And would one of the things that you'd be 21 attempting to examine to rule out would be cardiac 23 A. on my 24 findings. There's a lot that me examining the patient, | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 day time sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. 20 Q. What's the significance of you indicating 21 that he didn't have any chills and he didn't have any 22 fever is f i s your exaringces? 23 A. There is no bronchitis, not a severe 24 bronchitis at least. |
| 3 I have to corroborate it with all the other facts. 4 Q. I want you to. I mean, for the purpose of 5 the question I want you to take Dewey Jones as he was 6 here. And if he presented to you with shortness of 7 breath, what would that indicate to you? 8 MR. WALTERS: while resting 9 or on exertion? 10 BY MR. LANDSKRONER: 11 Q. The circumstances where you observed no 12 shortness of breath. If he did present to you with 13 shortness of breath, what would that indicate to you? 14 A. I need to go further in history and 15 examine him, so I cannot give you a specific answer. 16 Q. Okay. So based on the history that you 17 took of the patient, if he did have shortness of breath 18 you would need to do further examination? 19 A. Correct. 20 Q. And would one of the things that you'd be 21 attempting to examine to rule out would be cardiac 23 A. on my | 3 that require a cardiac workup? 4 MR. MEADOWS: show an 5 objection to form. 6 MR. CASEY: Same. 7 A. Again, I would start directing my history 8 and physical. 9 Q. And in doing that would one of the things 10 you'd be looking for would be concerns of cardiac 11 problems? 12 A. Among others. 13 Q. That's fair. The next line reads, no 14 daytime sleepiness, little cough, yellow sputum? 15 A. Correct. 16 Q. No chills/fever. What's that indicate to 17 you, no chills/fever; what's the significance of that? 18 A. I'm sorry, I don't understand the 19 question. 20 Q. What's the significance of you indicating 21 that he didn't have any chills and he didn't have any 22 fever as f t s your exart gces? 23 A. There is no bronchitis, not a severe |

| Page 301 | Page 32 |
|--|--|
| A. No. In the context of my examination, no. | 1 MR. CASEY Conf that |
| 2 Q. Okay, The next line, physical exam. If | 2 you didn't order the ABG's? |
| 3 you can, read that through for me. | 3 THE WITNESS: Yes, that was |
| 4 A. Obcsc male, no apparent distress, alert, | 4 the question, whether I ordered them. I |
| 5 oriented in three spheres. The vital signs are next. | 5 said no. |
| 6 Q. No apparent distress meaning that he was, | 6 BY MR. LANDSKRONER: |
| 7 he was not complaining of any problems at the time that | 7 Q. Doctor, what date were you relying on for |
| 8 you saw him; is that a fair statement? | 8 the readings for the ABG's? |
| 9 A. Yes. | 9 A. What date? |
| 10 Q. Let me jump back up to the top of the | 10 Q. What date were the ABG readings done that |
| 11 page, Doctor. Is it your understanding that Mi. Jones | 11 you relied on? |
| 12 was scheduled for a laparoscopic procedure to be done | 12 A. Let's look in the labs. |
| 13 on the 20th of October 1994? | 13 MR. MEADOWS: can we go off |
| 14 A. Correct. | 14 the record for a minute? |
| 15 Q. Where did you get that information from? | 15 (Thereupon, there was a brief recess.) |
| 16 A. I don't recall. | 16 MR. MEADOWS: I've got to |
| 17 Q. Dr. Badri sent you the referral. Would | 17 leave to go to another deposition. I |
| 18 that have come from Dr. Badri? | 18 didn't realize this deposition was going |
| 19 A. The exact channels of how the information | 19 to go as late as it has. It was scheduled |
| 20 got to me I do not recall. | 20 to start at 10:00 to 11:00. I just |
| 21 Q. Could have been the patient, could have | 21 reserve my right to question the witness |
| 22 been Dr. Badri? | 22 if necessary at a later date. |
| 23 A. Could have, correct. | 23 (Thereupon, there was a l |
| 24 Q. The next line, head, read that for me. | 24 Q. Doctor, I think the question was, the ABG |
| 25 A. Atraumatic normal cephaly, normal cephaly. | 25 results that you relied on were taken when? |
| | |
| age 11 | 33 |
| 1 Throat-enlarged tonsils. | 1 A. 10-18. |
| Throat-enlarged tonsils. 2 Q. Next line? | A. 10-18. Q. Did you request any other ABG's be done |
| Throat-enlarged tonsils. 2 Q. Next line? 3 A. Chest is clear. Heart is regular. | A. 10-18. Q. Did you request any other ABG's be done after that? |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to 9 Dr. O'Neill? |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. I. Q. How is it were you covering for |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gase | 1 A. 10-18. 2 Q. Did you request any other ABG's be done 3 after that? 4 A. No. 5 Q. Doctor, at the top of the page it notes, 6 to Dr. O'Neill, correct? 7 A. Yes. 8 Q. That was the referral from Dr. Badri to 9 Dr. O'Neill? 10 A. Yes. 11 Q. How is it were you covering for 12 Dr. O'Neill in this situation? |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. I. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas study? A. Again, there's a lot of information that you can learn from looking at them, but these are | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that you can learn from looking at them, but these are 16 normal. | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in the treatment of Mr. Jones? |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that you can learn from looking at them, but these are 16 normal. Q. Those were taken at the same time that you | 1 A. 10-18. 2 Q. Did you request any other ABG's be done 3 after that? 4 A. No. 5 Q. Doctor, at the top of the page it notes, 6 to Dr. O'Neill, correct? 7 A. Yes. 8 Q. That was the referral from Dr. Badri to 9 Dr. O'Neill? 10 A. Yes. 11 Q. How is it were you covering for 12 Dr. O'Neill in this situation? 13 A. I was seeing the patients for the 14 pulmonologist. 15 Q. So you were covering for her at least in 16 the treatment of Mr. Jones? 17 MR. CASEY |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that you can learn from looking at them, but these are 16 normal. Q. Those were taken at the same time that you 18 did your examination? | 1 A. 10-18. 2 Q. Did you request any other ABG's be done 3 after that? 4 A. No. 5 Q. Doctor, at the top of the page it notes, 6 to Dr. O'Neill, correct? 7 A. Yes. 8 Q. That was the referral from Dr. Badri to 9 Dr. O'Neill? 10 A. Yes. 11 Q. How is it were you covering for 12 Dr. O'Neill in this situation? 13 A. I was seeing the patients for the 14 pulmonologist. 15 Q. So you were covering for her at least in 16 the treatment of Mr. Jones? 17 MR. CASEY 18 asking him if he was covering like he was |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that you can learn from looking at them, but these are 16 normal. Q. Those were taken at the same time that you 18 did your examination? A. I don't know. | 1 A. 10-18. 2 Q. Did you request any other ABG's be done 3 after that? 4 A. No. 5 Q. Doctor, at the top of the page it notes, 6 to Dr. O'Neill, correct? 7 A. Yes. 8 Q. That was the referral from Dr. Badri to 9 Dr. O'Neill? 10 A. Yes. 11 Q. How is it were you covering for 12 Dr. O'Neill in this situation? 13 A. I was seeing the patients for the 14 pulmonologist. 15 Q. So you were covering for her at least in 16 the treatment of Mr. Jones? 17 MR. CASEY 18 asking him if he was covering like he was 19 the attending. He's not the attending. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that you can learn from looking at them, but these are normal. Q. Those were taken at the same time that you did your examination? A. I don't know. Q. Did you take the ABG's? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in the treatment of Mr. Jones? MR. CASEY Jack, you're asking him if he was covering like he was the attending. He's not the attending. Just a sloppily worded. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas 13 study? A. Again, there's a lot of information that you can learn from looking at them, but these are 16 normal. Q. Those were taken at the same time that you 18 did your examination? Q. Did you take the ABG'S? A. No. | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in the treatment of Mr. Jones? MR. CASEY Jack, you're asking him if he was covering like he was the attending. He's not the attending. Just a sloppily worded. BY MR. LANDSKRONER |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas study? A. Again, there's a lot of information that you can learn from looking at them, but these are normal. Q. Those were taken at the same time that you did your examination? A. I don't know. Q. Did you take the ABG's? A. No. D. Lid you order them? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in the treatment of Mr. Jones? MR. CASEY Jack, you're asking him if he was covering like he was the attending. He's not the attending. Just a sloppily worded. BY MR. LANDSKRONER O. lou made the consultation for LT. J'Net |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas study? A. Again, there's a lot of information that you can learn from looking at them, but these are normal. Q. Did you take the ABG's? A. I don't know. Q. Did you order them? A. I would say no since they are present at | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in the treatment of Mr. Jones? MR. CASEY Jack, you're asking him if he was covering like he was the attending. He's not the attending. Just a sloppily worded. BY MR. LANDSKRONER Q. ou made the consultation for Lr. D'Nei A. That's correct. |
| Throat-enlarged tonsils. Q. Next line? A. Chest is clear. Heart is regular. Q. What are those notations there? A. Those are the arterial blood gases. Q. What do those indicate? A. Nothing particularly. They are normal. Q. What do arterial blood gases indicate, 9 what do they show? A. A multitude of things. Q. What do you learn when you read, when you find out the readings from the arterial blood gas study? A. Again, there's a lot of information that you can learn from looking at them, but these are normal. Q. Those were taken at the same time that you did your examination? A. I don't know. Q. Did you take the ABG's? A. No. D. Lid you order them? | A. 10-18. Q. Did you request any other ABG's be done after that? A. No. Q. Doctor, at the top of the page it notes, to Dr. O'Neill, correct? A. Yes. Q. That was the referral from Dr. Badri to Dr. O'Neill? A. Yes. Q. How is it were you covering for Dr. O'Neill in this situation? A. I was seeing the patients for the pulmonologist. Q. So you were covering for her at least in the treatment of Mr. Jones? MR. CASEY Jack, you're asking him if he was covering like he was the attending. He's not the attending. Just a sloppily worded. BY MR. LANDSKRONER O. lou made the consultation for LT. J'Net |

HOFFMASTER COURT REPORTERS

~

| JONES VS. MERIDIA HORON HOSPITAL Muit | -Tage ADRIAN A. CARACIONI, M.D., 3-31-97 |
|---|---|
| Page 34 | Page 36 |
| 1 MR. CASEY: If you recall. | 1 Q. What did that indicate? |
| 2 A. I don't know. | 2 A. Soft, nontender to palpation. Bowel |
| 3 Q. Doctor, did Dr. O'Neill sign off on your | 3 sounds are present. |
| 4 note here? | 4 Q. Nontender, do you recall if you palpated |
| 5 A. It's cosigned. | 5 in the area of Mr. Jones' gallbladder? |
| 6 Q. Is that her signature or your signature? | 6 A. I don't recall. |
| 7 A. Both. | 7 Q. Generally where would you palpate when you |
| 8 Q. Do you know when she reviewed your note? | 8 were checking the abdomen? |
| 9 A. No. | 9 A. You would palpate the whole abdomen. |
| 10 Q. The second line down says, referring | 10 Q. And that would include the gallbladder |
| 11 physician requests, checked off it says, consultant | 11 area? |
| 12 follow patient with attending physician. Underneath | .2 A. Yes. |
| 13 that it says, consultant assumed management of this | 13 Q. The next sentence, the next part of that |
| 14 condition, that's also checked off. | 14 sentence, CXR? |
| 15 Was it your understanding that you were | 15 A. Chest x-ray-cardiomegaly. |
| 16 taking over the care of this patient at that time or | 16 Q. What does that mean? |
| 17 that the pulmonary service was? | 17 A. Big heart. |
| 18 A. No. | 18 Q. And after that? |
| 19 Q. What does it mean "consultant assume | 19 A. Some laboratory results. |
| 20 management of this condition"? | 20 Q. What do they indicate? |
| A. In Dewey Jones it meant assume management | |
| 22 of his sleep apnea after the acute events are over. | 22 missed the bilirubin level on the last |
| 23 Q. That was after the surgical procedure was | 23 line. |
| 24 performed? 25 A. Yes. | 24 BY MR. LANDSKRONER: |
| | 25 Q. Read through the laboratory results. |
| Page 35 | Page 37 |
| 1 Q. "Consultant follow patient with attending | A. Bilirubin, 3; alkaline phosphates, 132; |
| 2 physician, what does that mean? | 2 AST, 25. |
| 3 A. These are basically different degrees from | 3 Q. what's that? |
| 4 the rotations of the involvement of the consultant in | 4 A. Aspartate aminotransferase. |
| 5 the care of an inpatient. | 5 Q. What does that indicate? |
| 6 Q. In my copy it notes that both are checked. | 6 A. It's nonspecific. |
| 7 Yours, as well? | 7 Q. What is that a test for? |
| 8 A. Yes. | 8 A. It's part of the battery of tests. |
| Q. Why both; why would both be checked? A. I don't know. | 9 Q. I understand that. What specifically does |
| | 10 that tell you? |
| Q. Is that a normal policy you would just check one and that's the level of involvement that you | 11 A. As I mentioned a minute ago, it is not |
| 3 would have with the patient? | 12 specific. 13 Q. But, I mean, I don't understand what it |
| 4 A. I don't know. | 13 Q. But, I mean, I don't understand what it 14 tests. |
| 5 Q. Did you fill that out? | 15 MR. CASEY: Alkaline what? |
| 6 A. No. | 16 A. AST, aspartate aminotransferase. |
| .7 Q. Was it your understanding or strike | 17 Q. What is that in laymen's terms? I just |
| 8 that. | 18 don't understand, |
| 9 Were you requested in any way to clear | A. That's an enzyme that is containing all |
| ¹⁰ this tie for surger, from a pulmonary standpoint | 20 cells of our bodies, or most of them. |
| 11 A. No. | 21 Q. If there is a low reading, what does it |
| 2 Q. I think we left off at the chest notation, | 22 indicate? |
| ¹² the line that says chest. I think underneath that, | 23 A. Again, it is very nonspecific. |
| 24 what's the next line down? | 24 Q. I guess what I'm getting at is, what's the |
| 45 A. Abdomen. | 25 benefit of doing the test then? I want to know what |
| | 1 * |

HOFFMASTER COURT REPORTERS

| JOINES VS. MIERIDIA HORON HOSTITAL MUIU | -rage ADRIAN A. CARACIONI, M.D., 3-31-97 |
|--|--|
| Page 38 | Page 4C) |
| 1 the test shows and what are you looking for? | 1 your knowledge that Mr. Jones was going to be |
| 2 A. Depends on the clinical context of the | 2 undergoing a laparoscopic procedure on 10-20-94? |
| 3 patient. | 3 MR. CASEY He just told |
| 4 Q. Okay. In the case of Dewey Jones, what | 4 you he wasn't clearing the patient for |
| 5 does the test what are you looking for when you do | 5 surgery. |
| 6 an AST test? | 6 BY MR. LANDSKRONER: |
| 7 A. As I mentioned, it is nonspecific, so it | 7 Q. I know. I'm just wondering, with your |
| 8 can indicate a multitude of things. It has to be taken | 8 knowledge that he was going for a laparoscopic |
| 9 in the clinical context. To my knowledge, and let me | 9 procedure, is there any significance to the fact that |
| 10 confirm it through <i>the</i> numbers | 10 he had cardiomegaly? |
| 11 MR. CASEY: what are you | 11 MR. CASEY: Do you |
| 12 looking for, Doctor? | 12 understand? |
| 13 THE WITNESS: Laboratory. | 13 THE WITNESS: No. |
| 14 MR. CASEY YOU want the | ¹⁴ A. Please rephrase. |
| 15 CBC numbers? | 15 Q. Sure. You knew that Mr. Jones was going |
| 16 THE WITNESS: No, the Chem | 16 in for a surgical procedure the following day, correct? |
| 17 20's. | 17 A. Correct. |
| 18 MR. CASEY That's 11-4. | 18 Q. Is there any significance to the fact that |
| 19 You need to go back further. | 19 he had cardiomegaly to the fact that you had knowledge |
| 20 A. arc same are | 20 that he was having this procedure? |
| 21 the same probably. It's normal. | 21 MR. CASEY: Do you still |
| 22 Q. The AST is normal? | 22 understand do you understand the |
| 23 A. Kight. | 23 question? |
| 24 Q. Underneaththat? | A. No. Would you please |
| 25 A. Ultrasound of the galibladder. | 25 Q. Sure. I asked that very poorly. |
| Page 35 | Page 41 |
| 1 Q. And that | 1 Is there anything incumbent upon you |
| 2 A. Result, stones and normal common bile | 2 knowing that he was having a procedure, a laparoscopic |
| 3 duct. | 3 procedure, the next day that was significant about the |
| 4 Q. What's normal common bile duct mean, it | 4 fact that he had cardiomegaly to relate back to any |
| 5 means the stones aren't in the duct? | 5 other physicians? |
| 6 A. No, it means the duct is of normal size. | 6 MR. CASEY: I think he's |
| 7 Q. Okay. Underneaththat? | 7 asking, should you have run back to |
| 8 A. White blood cells, 9,000 with 64 percent | 8 Dr. Badri and told him that this guy had a |
| 9 neutrophils. | 9 big heart. |
| 10 Q. Is that a normal reading? | 10 I think that's what you're asking. |
| 1 A. Pretty much. | 11 MR. LANDSKRONER: I'll accept |
| Q. The cardiomegaly, it said the chest x-ray | 12 that inquiry. |
| ¹ 3 shows cardiomegaly. From a pulmonary perspective what | 13 A. No. |
| 14 does that mean, what is the significance of | 14 Q. And you didn't feel any duty or anything |
| 15 cardiomegaly? | 15 to run back to Dr. Badri or any other physician, |
| 16 A. Again, it has to be taken in the context | 16 Dr. O'Neill, and point out the fact that he had |
| 17 with all the other findings. Very nonspecific. | 17 cardiomegaly in spite of the fact he was having a |
| ¹ 8 Q. In the case of Mr. Jones what's the | 18 lapa oscopic procedure the next day? |
| 19 significance of it? | 19 A. I was evaluating the patient for sleep |
| 20 A. Makes one think he had congestive heart | 20 apnea. |
| 2 1 failure and hypertension. | 21 Q. The next line, on the left side it says |
| 22 Q. Does it have any significance of view of | 22 limbs. |
| 23 your exam for sleep apnea? | 23 A. Limbs, trace edema. |
| 24 A. No. | |
| | 24 Q. What does that mean? |
| 25 Q. Does it have any significance in terms of | 24 Q. What does that mean?25 A. That he had a small amount of swelling of |

~

| Page 42 | Page 44 |
|---|---|
| 1 his legs. | 1 Do you see that on the right lower corner? |
| 2 Q. Is there any significance to the trace | 2 A. Yes. |
| 3 edema for purposes of your review of sleep apnea, your | 3 Q. Where's Test #1? |
| 4 consult of sleep apnea? | 4 A. I don't know. |
| 5 A. Probably not. | 5 Q. Do you have any knowledge why that would |
| 6 Q. The next line, what is that? | 6 be marked Test #2? |
| 7 A. Assessment and plan. | 7 A. No. |
| 8 Q. What is that? | 8 Q. Did you see a Test #1 when you looked |
| 9 A. First address the problem that I was | 9 through the chart? |
| ¹⁰ seeing the patient for, obstructive sleep apnea by | 10 A. No. |
| 11 history. | 11 Q. Do you know if a Test #1 exists? |
| 12 Q. Okay. So you diagnosed him as having | 12 A. No. |
| 13 sleep apnea by history? | 13 Q. And this test was requested to check |
| 14 A. Correct. | 14 pulmonary function of Mr. Jones for the purposes of |
| 15 Q. The next line? | 15 sleep apnea or for any other purposes? |
| 16 A. Check overnight pulse oximetry. | 16 A. For the purposes of sleep apnea. |
| 17 Q. Pulse oximetry checks the oxygen levels in | 17 Q. You note on the page, it says the |
| 18 the blood? | 18 notation on the page says spice 4 y |
| 19 A. The oxygen saturation of the blood. | 19 A. Yes. |
| 20 Q. Was that something you were scheduling to | 20 Q. What is that? |
| 21 do that evening? | A. It's pulmonary function tests. |
| 22 A. Yes. | 2. Q. It's one of the tests that's requested? |
| 23 Q. The next line says, get sleep study from | 23 A. Yes. |
| 24 Bedford Hospital? | Q. It mentions Dr. Badri and Dr. O'Neill. |
| 25 A. Correct. | 25 Those are the two physicians involved in Mr. Jones' |
| | |
| Page 43 | - |
| 1 Q. Was that done, do you know? | 1 care, two attendings? |
| Q. Was that done, do you know? A. No, I don't know. | care, two attendings? A. I don't understand. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? | care, two attendings? A. I don't understand. Q. Those are the two attendings that are |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? | care, two attendings? A. I don't understand. Q. Those are the two attendings that are _ in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. | care, two attendings? A. I don't understand. Q. Those are the two attendings that are _ in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't tzy to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the device he was coughing? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the device he was coughing? A. That's what I read. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the device he was coughing? A. That's what I read. Q. There's some handwriting to the right. Do |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't tzy to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. | 1 care, two attendings? 2 A. I don't understand. 3 Q. Those are the two attendings that are 4 in Mr. Jones' care, Dr. Badri and Dr. O'Neill? 5 A. Yes. 6 Q. Underneath it says, comments, patient 7 coughed during every VC. What's a VC? 8 A. Vital capacity. 9 Q. Is that a point in time that a test I 10 mean, I don't understand how he could cough. Is that a 11 specific test that's done, vital capacity? 12 A. The patient blows air into a device. 13 Q. So every time he was blowing air into the 14 device he was coughing? 15 A. That's what I read. 16 Q. There's some handwriting to the right. Do 17 you know whose handwriting that is? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right | 1 care, two attendings? 2 A. I don't understand. 3 Q. Those are the two attendings that are 4 in Mr. Jones' care, Dr. Badri and Dr. O'Neill? 5 A. Yes. 6 Q. Underneath it says, comments, patient 7 coughed during every VC. What's a VC? 8 A. Vital capacity. 9 Q. Is that a point in time that a test I 10 mean, I don't understand how he could cough. Is that a 11 specific test that's done, vital capacity? 12 A. The patient blows air into a device. 13 Q. So every time he was blowing air into the 14 device he was coughing? 15 A. That's what I read. 16 Q. There's some handwriting to the right. Do 17 you know whose handwriting that is? 18 A. No. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right there? | 1 care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I 10 mean, I don't understand how he could cough. Is that a 11 specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the 14 device he was coughing? A. That's what I read. Q. There's some handwriting to the right. Do you know whose handwriting that is? A. No. Q. What's the significance of him coughing |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right there? A. Correct. | 1 care, two attendings? 2 A. I don't understand. 3 Q. Those are the two attendings that are 4 in Mr. Jones' care, Dr. Badri and Dr. O'Neill? 5 A. Yes. 6 Q. Underneath it says, comments, patient 7 coughed during every VC. What's a VC? 8 A. Vital capacity. 9 Q. Is that a point in time that a test I 10 mean, I don't understand how he could cough. Is that a 11 specific test that's done, vital capacity? 12 A. The patient blows air into a device. 13 Q. So every time he was blowing air into the 14 device he was coughing? 15 A. That's what I read. 16 Q. There's some handwriting to the right. Do 17 you know whose handwriting that is? 18 A. No. 19 Q. What's the significance of him coughing 20 during every VC? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right there? Q. That is also dated the 19th of October? | 1 care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient 7 coughed during every VC. What's a VC? 8 A. Vital capacity. 9 Q. Is that a point in time that a test I 10 mean, I don't understand how he could cough. Is that a 11 specific test that's done, vital capacity? 12 A. The patient blows air into a device. 13 Q. So every time he was blowing air into the 14 device he was coughing? 15 A. That's what I read. 16 Q. There's some handwriting to the right. Do 17 you know whose handwriting that is? 18 A. No. 19 Q. What's the significance of him coughing 20 during every VC? 21 A. I don't know. |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right there? A. Correct. Q. That is also dated the 19th of October? A. Correct. | 1 care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient 7 coughed during every VC. What's a VC? 8 A. Vital capacity. Q. Is that a point in time that a test I 10 mean, I don't understand how he could cough. Is that a 11 specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the 14 device he was coughing? A. That's what I read. Q. There's some handwriting to the right. Do 17 you know whose handwriting that is? A. No. Q. What's the significance of him coughing 20 during every VC? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER : Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right there? A. Correct. Q. That is also dated the 19th of October? Q. The same day as your consultation. | 1 care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the device he was coughing? A. That's what I read. Q. There's some handwriting to the right. Do you know whose handwriting that is? A. No. Q. What's the significance of him coughing during every VC? A. I don't know. Q. It says, patient almost passed out after last FVC. what's an FVC? |
| Q. Was that done, do you know? A. No, I don't know. Q. And the next line? A. Check pulmonary function tests. Q. What's the purpose of doing that? A. Evaluating his lung function. Q. Was that done? MR. CASEY: YOU have it marked as your next exhibit, so I won't try to leaf through my chart. BY MR. LANDSKRONER: Q. Yes, this is marked Exhibit 2. Tell me what that is. A. That's the spirometry. Q. Is that what you were referring to when you noted PFTS? A. Yes. PFT's, yes. Q. That's what you have in your hand right there? A. Correct. Q. That is also dated the 19th of October? A. Correct. | care, two attendings? A. I don't understand. Q. Those are the two attendings that are in Mr. Jones' care, Dr. Badri and Dr. O'Neill? A. Yes. Q. Underneath it says, comments, patient coughed during every VC. What's a VC? A. Vital capacity. Q. Is that a point in time that a test I mean, I don't understand how he could cough. Is that a specific test that's done, vital capacity? A. The patient blows air into a device. Q. So every time he was blowing air into the device he was coughing? A. That's what I read. Q. There's some handwriting to the right. Do you know whose handwriting that is? A. No. Q. What's the significance of him coughing during every VC? A. I don't know. Q. It says, patient almost passed out after |

1

Ľ,

| | D |
|---|--|
| Page 46 | 5 |
| | 1 compared to what? |
| 2 A. No. The patient takes a deep breath and 3 exhales forcefully. | 2 BY MR. LANDSKRONER: |
| | 3 Q. High risk as compared to a patient that |
| 4 Q. What's the significance to him almost 5 passing out after the last FVC? | 4 did not have a severe respiratory restriction or |
| 6 A. Anybody who takes frequent deep breaths | 5 pulmonary restriction. |
| \sim | 6 A. Nor does this patient positively have it. |
| 7 gets dizzy and ultimately passes out. | 7 It says there may be a severe restriction. |
| 8 Q. So there's no significance, at least in | 8 Q. Okay. Do you know if Mi . Jones, if it was |
| 9 Mr. Jones' case, there's no red flags that are raised | 9 ever determined whether or not Mr. Jones had a severe |
| ¹⁰ by the fact that he's almost passed out after the last \mathbb{H}_{-} FVC. | 10 restriction? |
| | 11 A. I do not know. |
| 12 A. No. | 12 Q. Was there any other testing done that |
| ¹³ Q. It says you were notified; does that sound | 13 you're aware of prior to his surgical procedure that |
| 14 correct? | 14 was undertaken on the 20th? 15 A. I'm not aware |
| _ | |
| 6 Q. Were you notified? 17 A. I do not recall. | 16 Q. Is there any testing at least in terms of |
| | 17 him undergoing a surgical procedure that you would 18 liked to have seen done prior to him having the |
| 8 Q. Underneath that it references, just under | 19 procedure undertaken on the 20th to either confirm or |
| 9 that section it says, there may be a severe 30 restriction. What does that mean? | 20 rule out the severe restriction? |
| A There is a possibility that this patient | |
| ¹ ¹ ² ¹ | 21MR. CASEY:object. He's22already told you he wasn't clearing this |
| | |
| 3 Q. A severe pulmonary restriction? 4 A. Yes. | 23 guy for surgery. 24 MR. LANDSKRONER: I know. |
| | |
| 2.5 Q. What does that indicate to you at least in | 25 A. I saw the patient prior to surgery. It |
| | |
| Page 47 | |
| 1 erms of his sleep apnea disorder? | 1 would have been after surgery, as well. The reason why |
| erms of his sleep apnea disorder? A. I'm sorry, I don't | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The |
| 1 erms of his sleep apnea disorder? 2 A. I'm sorry, I don't 3 MR CASEY: I il he | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so |
| 1 erms of his sleep apnea disorder? 2 A. I'm sorry, I don't 3 MR CASEY: 4 wants to know t that is all of test means | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him |
| 1 erms of his sleep apnea disorder? 2 A. I'm sorry, I don't 3 MR CASEY: I il he 4 wants to know t the al of test means 5 to you in lealing vith the sleep apnea. | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t the al of test means to you in lealing vith the sleep apnea. MR. LANDSKRONER: Yes | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. So you weren't |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t the all of test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. Ijust wanted a baseline for the patient | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q Sc you weren't A So this wasn't related in any means to his |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q So you weren't A So this wasn't related in any means to his preoperative, to the evaluation that goes on |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t the all of test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. So you weren't A. So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t the all of test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. So you weren't A. So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A. So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No: | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A. So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he igi have had a severe pulmonary restriction⁶ |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t the al of test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A. So this wasn't related in any means to his preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and | 1 would have been after surgery, as well. The reason why 2 we're consulted, it was a long-lasting disease. The 3 patient probably has it until the end of his life, so 4 it wouldn't make any difference whether I saw him 5 before or after the surgery. 6 Q. So you weren't 7 A So this wasn't related in any means to his 8 preoperative, to the evaluation that goes on 9 preoperatively. 10 Q. And just so I'm clear, it didn't raise any 11 red flags for you in terms of him going into surgery 12 that lie ig have had a severe pulmonary restriction' 13 A. No. 14 Q. Okay. The next page, or the next line |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No: Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? | 1 would have been after surgery, as well. The reason why 2 we're consulted, it was a long-lasting disease. The 3 patient probably has it until the end of his life, so 4 it wouldn't make any difference whether I saw him 5 before or after the surgery. 6 Q. Sc you weren't 7 A So this wasn't related in any means to his 8 preoperative, to the evaluation that goes on 9 preoperatively. 10 Q. And just so I'm clear, it didn't raise any 11 red flags for you in terms of him going into surgery 12 that he ig have had a severe pulmonary restriction' 13 A. No. 14 Q. Okay. The next page, or the next line 15 down it says bronchitis? |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t the al of test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? MR. CASEY: Understand he's | 1 would have been after surgery, as well. The reason why 2 we're consulted, it was a long-lasting disease. The 3 patient probably has it until the end of his life, so 4 it wouldn't make any difference whether I saw him 5 before or after the surgery. 6 Q. Sc you weren't 7 A So this wasn't related in any means to his 8 preoperative, to the evaluation that goes on 9 preoperatively. 10 Q. And just so I'm clear, it didn't raise any 11 red flags for you in terms of him going into surgery 12 that he ig have had a severe pulmonary restriction'. 13 A. No. 14 Q. Okay. The next page, or the next line 15 down it says bronchitis? 16 A. Yes. |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? MR. CASEY: Understand he's asking you to assume that and that alone. | 1 would have been after surgery, as well. The reason why 2 we're consulted, it was a long-lasting disease. The 3 patient probably has it until the end of his life, so 4 it wouldn't make any difference whether I saw him 5 before or after the surgery. 6 Q. Sc you weren't 7 A So this wasn't related in any means to his 8 preoperative, to the evaluation that goes on 9 preoperatively. 10 Q. And just so I'm clear, it didn't raise any 11 red flags for you in terms of him going into surgery 12 that lie ig have had a severe pulmonary restriction' 13 A. No. 14 Q. Okay. The next page, or the next line 15 down it says bronchitis? 16 A. Yes. 17 Q. What's after that? |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? MR. CASEY: Understand he's asking you to assume that and that alone. A. Depends on all the other factors, other | 1 would have been after surgery, as well. The reason why 2 we're consulted, it was a long-lasting disease. The 3 patient probably has it until the end of his life, so 4 it wouldn't make any difference whether I saw him 5 before or after the surgery. 6 Q. Sc you weren't 7 A So this wasn't related in any means to his 8 preoperative, to the evaluation that goes on 9 preoperatively. 10 Q. And just so I'm clear, it didn't raise any 11 red flags for you in terms of him going into surgery 12 that ls ig have had a severe pulmonary restriction' 13 A. No. 14 Q. Okay. The next page, or the next line 15 down it says bronchitis? 16 A. Yes. 17 Q. What's after that? 18 A. Continue with Unasyn. Check sputum |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? MR. CASEY: Understand he's asking you to assume that and that alone. A. Depends on all the other factors, other | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A. So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. Q. Okay. The next page, or the next line down it says bronchitis? A. Yes. Q. What's after that? A. Continue with Unasyn. Check sputum culture and sensitivity and gram stain. |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing vith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? MR. CASEY: Understand he's asking you to assume that and that alone. A. Depends on all the other factors, other Q. Would you say based on Mr. Jones' | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q Sc you weren't A So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. Q. Okay. The next page, or the next line down it says bronchitis? A. Yes. Q. What's after that? A. Continue with Unasyn. Check sputum culture and sensitivity and gram stain. Q. Did Mr. Jones have bronchitis? |
| 1 erms of his sleep apnea disorder? A. I'm sorry, I don't 3 MR CASEY: I il he 4 wants to know t th al il test means 5 to you in lealing rith the sleep apnea. 6 MR. LANDSKRONER: Yes 7 A. I just wanted a baseline for the patient 8 to see where he stands and how we'll address him in the 9 future. 10 Q. It doesn't raise any specific red flags to 11 you in terms of treating his sleep apnea? 12 A. No. 13 Q. Is a patient who has a severe pulmonary 14 restriction at high risk for a surgical procedure and 15 general anesthetic? 16 MR. CASEY: Understand he's 17 asking you to assume that and that alone. 18 A. Depends on all the other factors, other 19 Q. Would you say based on Mr. Jones' 11 condition that he was at high risk for a surgical | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. Q. Okay. The next page, or the next line down it says bronchitis? A. Yes. Q. What's after that? A. Continue with Unasyn. Check sputum culture and sensitivity and gram stain. Q. Did Mr. Jones have bronchitis? |
| 1 erms of his sleep apnea disorder? A. I'm sorry, I don't 3 MR CASEY: I il he 4 wants to know t that all test means 5 to you in lealing rith the sleep apnea. 6 MR. LANDSKRONER: Yes 7 A. I just wanted a baseline for the patient 8 to see where he stands and how we'll address him in the 9 future. 10 Q. It doesn't raise any specific red flags to 11 you in terms of treating his sleep apnea? 12 A. No. 13 Q. Is a patient who has a severe pulmonary 14 restriction at high risk for a surgical procedure and 15 general anesthetic? 16 MR. CASEY: Understand he's 17 asking you to assume that and that alone. 18 A. Depends on all the other factors, other 19 conditions the patient has. 20 Q. Would you say based on Mr. Jones' 21 condition that he was at high risk for a surgical 22 procedure under general. anesthetic because of his | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. Q. Okay. The next page, or the next line down it says bronchitis? A. Yes. Q. What's after that? A. Continue with Unasyn. Check sputum culture and sensitivity and gram stain. Q. Did Mr. Jones have bronchitis? A. Mild bronchitis. Q. And that was confirmed how? |
| 1 erms of his sleep apnea disorder? A. I'm sorry, I don't 3 MR CASEY: I l he 4 wants to know t th al d test means 5 to you in lealing rith the sleep apnea. 6 MR. LANDSKRONER: Yes 7 A. I just wanted a baseline for the patient 8 to see where he stands and how we'll address him in the 9 future. 10 Q. It doesn't raise any specific red flags to 11 you in terms of treating his sleep apnea? 12 A. No. 13 Q. Is a patient who has a severe pulmonary 14 restriction at high risk for a surgical procedure and 15 general anesthetic? 16 MR. CASEY: Understand he's 17 asking you to assume that and that alone. 18 A. Depends on all the other factors, other 19 conditions the patient has. 20 Q. Would you say based on Mr. Jones' 21 condition that he was at high risk for a surgical 22 procedure under general. anesthetic because of his 23 severe restriction? | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q Sc you weren't A So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. Q Okay. The next page, or the next line down it says bronchitis? A. Yes. Q What's after that? A. Continue with Unasyn. Check sputum culture and sensitivity and gram stain. Q Did Mr. Jones have bronchitis? A Mild bronchitis. Q And that was confirmed how? A. Clinically. |
| 1 erms of his sleep apnea disorder? A. I'm sorry, I don't 3 MR CASEY: I il he 4 wants to know t the allocitest means 5 to you in lealing rith the sleep apnea. 6 MR. LANDSKRONER: Yes 7 A. I just wanted a baseline for the patient 8 to see where he stands and how we'll address him in the 9 future. 10 Q. It doesn't raise any specific red flags to 11 you in terms of treating his sleep apnea? 12 A. No. 13 Q. Is a patient who has a severe pulmonary 14 restriction at high risk for a surgical procedure and 15 general anesthetic? 16 MR. CASEY: Understand he's 17 asking you to assume that and that alone. 18 A. Depends on all the other factors, other 19 conditions the patient has. 20 Q. Would you say based on Mr. Jones' 21 condition that he was at high risk for a surgical 22 procedure under general. anesthetic because of his 23 severe restriction? 24 MR. CASEY: Object. Again, | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q. Sc you weren't A. So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q. And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that like ig have had a severe pulmonary restriction' A. No. Q. Okay. The next page, or the next line down it says bronchitis? A. Yes. Q. Did Mr. Jones have bronchitis? A. Mild bronchitis. Q. And that was confirmed how? A. Clinically. Q. By the gram stain tests? |
| erms of his sleep apnea disorder? A. I'm sorry, I don't MR CASEY: I il he wants to know t th al il test means to you in lealing rith the sleep apnea. MR. LANDSKRONER: Yes A. I just wanted a baseline for the patient to see where he stands and how we'll address him in the future. Q. It doesn't raise any specific red flags to you in terms of treating his sleep apnea? A. No. Q. Is a patient who has a severe pulmonary restriction at high risk for a surgical procedure and general anesthetic? MR. CASEY: Understand he's asking you to assume that and that alone. A. Depends on all the other factors, other conditions the patient has. Q. Would you say based on Mr. Jones' condition that he was at high risk for a surgical procedure under general. anesthetic because of his | would have been after surgery, as well. The reason why we're consulted, it was a long-lasting disease. The patient probably has it until the end of his life, so it wouldn't make any difference whether I saw him before or after the surgery. Q Sc you weren't A So this wasn't related in any means to his preoperative, to the evaluation that goes on preoperatively. Q And just so I'm clear, it didn't raise any red flags for you in terms of him going into surgery that he ig have had a severe pulmonary restriction' A. No. Q Okay. The next page, or the next line down it says bronchitis? A. Yes. Q What's after that? A. Continue with Unasyn. Check sputum culture and sensitivity and gram stain. Q Did Mr. Jones have bronchitis? A Mild bronchitis. Q And that was confirmed how? A. Clinically. |

| TOTES VS. MERIDIA HORON HOSTITAL Mult | |
|--|--|
| Page 50 | |
| 1 cough and yellow sputum. | 1 probably had for the previous half of his life and will |
| 2 Q. That in and of itself means he has | 2 have to the end of his life. I had a very limited |
| 3 bronchitis? | 3 involvement with this patient. I addressed the problem |
| 4 A. Again, it depends on other findings in the | 4 I was asked to see him for, the sleep apnea. |
| 5 patient. | 5 Q. AP stands for? |
| 6 Q. I'm just asking you if you can tell me how | 6 A. Assessment and plan. |
| 7 you can tell me clinically that he had bronchitis? | 7 Q. In your plan you put in notations for |
| 8 A. He was coughing and had yellow phlegm. | 8 dealing with his morbid obesity, his hypertension and |
| 9 Q. And that's the basis for the determination | 9 his congestive heart failure. I'm just wondering in |
| 10 that he had bronchitis? | 10 terms of your involvement who you intended to have |
| 11 A. Yes. | 11 follow up with those items. |
| 12 Q. Anything else that was done to confirm | 12 A. I mentioned them as part of his problems. |
| 13 that diagnosis? | 13 MR. CASEY. Jack, |
| 14 A. Yes. | 14 assessment includes assessment, too. It |
| 15 Q. What else? | 15 doesn't just include plan. |
| 16 A. Chest x-ray. | 16 BY MR. LANDSKRONER: |
| 17 Q. And that confirmed the diagnosis of | 17 Q. As part of your assessment you didn't have |
| 18 bronchitis? | 18 any intention to have anybody follow up with these |
| 19 MR. CASEY: Hold on, | 19 conditions? |
| 20 Doctor. Let's look at the chest x-rays | 20 A. No, I didn't. Again, my assessment and |
| 21 first before you go talking about that. | 21 plan would have been as written, obstructive sleep |
| 22 A. Yes, it confirms bronchitis by ruling out | 22 apnea, period, perhaps bronchitis. If you want the |
| 23 pneumonia. Lung fields are clear. | |
| | 23 complete, it says resident. I was a resident at that |
| 24 Q. That's what date; what's the date of that | 24 point, so I was used to address many other things. The |
| 25 x-ray? | 25 consult was strictly for sleep apnea, period. |
| Page 51 | - |
| 1 MR. CASEY: 10-17 on the | 1 MR. CASEY: You were |
| 2 top of what I see. | 2 thorough. |
| 3 BY MR. LANDSKRONER: | 3 THE WITNESS: Yes. |
| 4 Q. Next line is morbid obesity? | 4 BY MR. LANDSKRONER: |
| 5 A. Yes. | 5 Q. You, of course, related all this |
| 6 Q. And then hypertension is the next line? | 6 information to Dr. O'Neill, including your full |
| 7 A. Yes. | 7 assessment and plan? |
| 8 Q. Then it says questionable CHF? | 8 A. Yes. |
| 9 A. Yes. | 9 Q. It says at the bottom of the page, see |
| 10 Q. That's congestive heart failure? | 10 dictated consult per Dr. Epstein. |
| 11 A. Yes. | 11 A, Yes. |
| 12 Q. The question mark ω s placed $e \in why?$ | 12 Q. D: 1 stei is motle pul nonologist: |
| A. It was a patient who gave me the diagnosis | 1 A. Yes. |
| 14 of congestive heart failure. I did not have objective | 1. Q. W Dr. stein sl in the care of |
| 15 proof thereof. | 15 Mr. ies? |
| Q. Now, was it your understanding what was | 16 MR. CASEY: If you recall. |
| 17 your understanding as to who was going to treat the | 17 A. I do not recall. |
| 18 condition for hypertension? | 18 Q. Can you point me to where the dictated |
| 19 A. I don't know. | 19 consult per Dr. Epstein is at in the record? |
| 20 Q. What about the questionable congestive | 20 MR. CASEY: I can't find it |
| 21 heart failure, do you know who was going to treat | 21 either. I mean, we went through this and |
| 22 what was your intention as to who was going to treat | 22 we tried to find it. I didn't find it. |
| 23 that? | 23 Q. So is it your understanding there is no |
| 24 A. I don't know. As I mentioned, I came in | 24 consult dictated from Dr. Epstein that's a part of this |
| 25 the case to see a patient for a condition that he | 24 consult dictated from D1. Epstein that's a part of this 25 record? |
| 125 the case to see a patient for a condition that he | 25 ICOIU; |
| HOFFMASTER COURT REPORTERS | Page 50 - Page 5. |

| Page 54 | Page 56 |
|--|---|
| 1 A. I do not know. | 1 stain was, of those tests? |
| 2 MR. LANDSKRONER: YOU looked for | 2 A. Yes. |
| 3 it? Did you look for it? | 3 Q. What are those results, those findings? |
| 4 MR. CASEY: I looked for it | 4 A. Normal respiratory flora. |
| 5 while I was sitting with him and I | 5 Q. So normal findings? |
| 6 couldn't find it. | 6 A. Normal findings. |
| 7 BY MR. LANDSKRONER: | 7 Q. Again, back to your note, your charting, |
| 8 Q. And you've never seen that report at least | 8 your orders. |
| 9 after did you ever see that report at all? | 9 A. Yes. |
| 0 A. I do not recall. | 10 Q. Anything else in there? |
| 1 Q. Doctor, in the progress notes did you | 11 A. No, that's I think here ends my |
| 2 chart anywhere in the physician orders or progress | 12 involvement with Dewey Jones. |
| 3 notes at all? | 13 Q. You never saw him again after the 19th? |
| 4 A. Physician orders, yes. | 14 A. No. |
| 5 MR. CASEY: on 10-19. It | 15 Q. Doctor, how do you normally communicate to |
| 6 starts at 14 or 1659. That has to be | 16 other doctors, through the chart, or do you talk to |
| 7 1459. The top of the page is 1450. | 17 them in person, or a combination? |
| 8 There's a little number 94 with a circle | 18 A. Combination. |
| 9 around it at the bottom. | 19 Q. In this case do you remember any specific |
| 20 Q. Just run through that with me, if you | 20 conversations you had with any other doctors that were |
| 21 will. | 21 involved in Mr. Jones' care? |
| 22 A. Certainly. | 22 A. I don't recall. |
| 23 Q. Please read it. | 23 Q. Doctor, did you review the echocardiogram |
| 24 A. 10-19, 1450, PFT's today please. | 24 or any echocardiograms at all from Mr. Jones? |
| 25 Q. What's that? | 25 A. I don't recall. |
| Page 55 | C I |
| 1 A. Pulmonary function tests. | 1 Q. Are you competent to read echocardiograms? |
| 2 Q. No. 40, what does that mean? | 2 MR. CASEY: Now or then? |
| 3 A. That's the way the assistants code their | 3 MR. LANDSKRONER: Back then. |
| 4 orders. | 4 BY MR. LANDSKRONER: |
| 5 Q. That's not your writing? | 5 Q. Were you qualified to read echocardiograms |
| 6 A. No. | 6 back then? |
| 7 Q. Number two? | 7 A. Would you please rephrase? |
| 8 A. Please get records from Bedford Hospital. | 8 Q. Sure. Did you feel comfortable reading |
| 9 See attached consent form. | 9 echocardiograms in your area of expertise or would you |
| 10 Q. And it says form faxes? |) defer to another expert to read those? |
| 11 A. Form faxed. | 11 A. I would defer reading echocardiograms to |
| 12 Q. Number three? | 12 an expert. |
| 13 A. Overnight oximetry tonight please, and | 13 Q. In your practice in internal medicine, do |
| 14 signed by me. | 14 you occasionally have to utilize the findings of an |
| 15 Q. Is that the only place that you've | 15 echocardiogram, request one to be done by another |
| 16 charted, anywhere else in the orders or notes? | 16 physician? |
| 17 A. Following two orders are mine, as well. | 17 A. Certainly. |
| 18 Q. Okay. If you'll run through that. 19 A. Same day. | 18 Q. And you utilize the results of that in 19 terms of your evaluation of a patient? |
| 19 A. Same day. 20 J. 1600 | 20 A. Yes. |
| 21 A. 1600. Incentive spirometry every hour | 20 A. Tes. 21 Q. You have no recollection of doing that, |
| 22 while the patient is awake preoperatively. Signed. | ? reviewing an echocardiogram in this case? |
| 23 The next order is, sputum, gram stain, culture and | 23 A. No. |
| 24 sensitivity. Signed. | 23 A NO. 24 Q. Would you as a matter of course for your |
| 25 Q. Do you know what the results of the gram | 25 evaluation of this patient for sleep appear have 17 Page 57 |
| | Page 54 - Page 57 |
| HOFFMASTER COURT REPORTERS | |

HOFFMASTER COURT REPORTERS

| Page 5 | Page C |
|--|--|
| 1 reviewed the echocardiogram? | 1 Q. What is the purpose of a Swan-Ganz |
| 2 A. No. | : cath from he standpoint of a pulmonologist? |
| 3 Q. If you reviewed it, would you have charted | 3 A. I'm sorry? |
| 4 it? | 4 Q. Why would a pulmonologist order a |
| 5 A. It would have been charted, yes. | 5 Swan-Ganz catheter for a patient? |
| 6 Q. I believe I asked you about obesity, | 6 A. In Dewey Jones? |
| 7 hypoventilation | 7 Q. Okay, in Dewey Jones. |
| 8 MR. CASEY: YOU did. | 8 A. At the time I saw him he didn't need any |
| 9 BY MR, LANDSKRONER | 9 Swan. |
| .0 Q. Were you made aware at any point in time | 10 Q. Why not? |
| 1 that Mr. Jones' oxygen saturation levels dropped to 87 | 11 A. Because he was he had no indication for |
| 2 percent on the evening of the 19th? | 12 a Swan at the time I saw Dewey Jones. |
| 3 A. No. | 13 Q. From the standpoint of sleep apnea or from |
| 4 Q. Were you aware that the morning of the | 14 the star ipo t 1 surgically? |
| 5 20th Mr. Jones had oxygen therapy? | 15 A. From the standpoint of sleep apnea he had |
| 6 A. No. | 16 no indication. |
| 7 Q. In the course of your practice, Doctor, do | 17 Q. Would you expect that surgically he would |
| 8 you treat patients with any regularity who have | 18 have had an indication strike that. |
| | |
| 9 cholecystitis? | 19 From the standpoint of a patient |
| 10 MR. CASEY: You're asking 11 him now? | 20 undergoing surgery in his condition, from a pulmonology |
| 21 him now? | 21 perspective would you expect that the patient would |
| 22 MR. LANDSKRONER Yes. | 22 have had a Swan-Ganz catheter? |
| 23 A. No. | 23 A. I do not know. |
| Q. Back at the time you were working as a | 24 MR. CASEY: object. He's |
| 1.5 resident in pulmonology, had you had experience | 25 not a pulmonologist. |
| | |
| Page 59 | |
| | |
| Page 59 | Page 61 |
| Page 59 1 treating patients with cholecystitis? | Page 61 1 MR. LANDSKRONER: He did a |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 14 A. I don't know. 2 Q. Have you ever ordered a Swan-Ganz catheter | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? .5 A. It's not diagnostic of a severe |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1. indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? .5 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you 19 were a resident or now since you've become | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? 19 A. I do not know. |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you 19 were a resident or now since you've become 20 an attending? | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? 19 A. I do not know. 20 Q. Did you see it anywhere in the charts, |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 14 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you 19 were a resident or now since you've become 20 an attending? 21 THE WITNESS: Both. | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? 19 A. I do not know. 20 Q. Did you see it anywhere in the charts, 21 further testing or any evidence that he either had or |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you 19 were a resident or now since you've become 20 an attending? 21 THE WITNESS: Both. 22 BY MR. LANDSKRONER | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? 19 A. I do not know. 20 Q. Did you see it anywhere in the charts, 21 further testing or any evidence that he either had or 22 did not have a severe restriction? |
| Page 59 1 treating patients with cholecystitis? 2 A. Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A. I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you 19 were a resident or now since you've become 20 an attending? 21 THE WITNESS: Both. 22 BY MR. LANDSKRONER 23 Q. Have you ever ordered a Swan-Ganz catheter | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? 19 A. I do not know. 20 Q. Did you see it anywhere in the charts, 21 further testing or any evidence that he either had or 22 MR. CASEY: If you know. |
| Page 59 1 treating patients with cholecystitis? 2 A Occasionally. 3 Q. You did back then? 4 A. (Witness nods.) 5 Q. How often would you see a patient with 6 cholecystitis back during your residency? 7 A. I don't know. 8 Q. More than one a week? 9 A. No. 10 Q. More than one a month? 11 A I don't know. 12 Q. Have you ever ordered a Swan-Ganz catheter 13 for a patient? 14 A. Yes. 15 Q. What type of patient did you order that 16 for; what was the purpose for ordering it? 17 A. I can't recall any particular patient. 18 MR. CASEY: was it when you 19 were a resident or now since you've become 20 an attending? 21 THE WITNESS: Both. 22 BY MR. LANDSKRONER | Page 61 1 MR. LANDSKRONER: He did a 2 residency, 3 MR. CASEY: He rotated 4 through for a month. 5 BY MR. LANDSKRONER: 6 Q. Doctor, did you ever find out if Dewey 7 Jones, in fact, had a severe restriction, severe 8 pulmonary restriction? 9 A. I don't recall. 10 Q. As you look through the chart can you tell 11 me if he did or did not have a severe restriction? 12 MR. CASEY: can you tell by 13 reading that, Exhibit 2, whether that 1 indicates a severe restriction? 15 A. It's not diagnostic of a severe 16 restriction. There may be. 17 Q. Can you tell me if it was ever do you 18 know if it was ever ruled out? 19 A. I do not know. 20 Q. Did you see it anywhere in the charts, 21 further testing or any evidence that he either had or 22 did not have a severe restriction? |

| | | Page | e 62 | | Page 64 |
|---|--|---|--|--|----------|
| 1 tł | ne pulmonary service in | tended to see Mr. Jones befor | re ⁱ | Doctor, thank you. I don't have anything | I uge of |
| | e went into surgery besi | | | else. | |
| $\begin{vmatrix} -1 \\ 3 \end{vmatrix}$ | A. I don't know. | | 3 | MR. CASEY: What's going to | |
| 4 | Q. Are you aware of | whether or not the | 4 | happen is they're going to have this typed | |
| | • • | sked to clear Mr. Jones prior | \cdot to $\frac{1}{2}$ | up. They're going to send it to me, I'll | |
| · ^ | urgery? | shed to creat Mill cones prior | | send it to you, you look it over, make any | |
| 7 | MR. CASEY: | He's already | 7 | changes that you need to make, send it | |
| 8 | told you that. | ite's anoualy | 4 | back to me and I'll send it back to the | |
| 9 | | monary service was not | ⁹ | 1 | |
| 1 (336) | sked to clear this patie | | 10 | | |
| | • | as the pulse oximetry test | | | |
| | • | med in the manner that you | 12 | | |
| 1 | equested it to be perform | - | 13 | | |
| 14 | THE WITNESS: | Do we have the | 14 | | |
| 15 | result | | 15 | | |
| 16 | MR. CASEY: | All we have is | 10 | | |
| 17 | these nurses | | 1 | ADRIAN A. CARACIONI, MD. (Date) | |
| 18 | THE WITNESS: | There's no | 1 | | |
| 19 | graph? | | 19 | | |
| 20 | MK. CASEY | There's no | 20 | | |
| 21 | graph. | | 21 | | |
| 22 | A. No. | | 22 | | |
| 23 | Q. How did you war | t it to be performed? | 23 | | |
| 24 | | that basically shows the | 25 | | |
| 3350 | | ent's oxygen saturation an | | | |
| 1 | | | | | |
| | | | | | D (5 |
| 1.15 | and rate throughout th | | 53 | STATE OF OHIO,) | Page 65 |
| 36666 | eart rate throughout th | e time it's looked at | 53 j | COUNTY OF CUYAHOGA.) SS: | Page 65 |
| 2 10 | espectively throughout | e time it's looked at t the night. | 53 j | COUNTY OF CUYAHOGA.) SS: CERTIFICATE | Page 65 |
| 2 П | espectively throughou Q. Is that a continuo | e time it's looked at t the night. us pulse ox? | 53 2 2 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE | Page 65 |
| 2 TC 3 4 | Q. Is that a continuo A. Yes, it is a cont | e time it's looked at t the night. us pulse ox? inuous pulse oximetry. | 53 1 2 3 | 2 COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I ZIGMONT-MILLER, Registered | Page 65 |
| 2 TC 3 4 5 | Q. Is that a continuo A. Yes, it is a cont Q. The one that was | e time it's looked at t the night. us pulse ox? | 53 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for | Page 65 |
| 2 TC 3 4 5 | Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? | e time it's looked at t the night. us pulse ox? inuous pulse oximetry. done, how did it vary | j3 2 4 2 4 2 4 2 4 4 2 4 4 2 4 4 2 4 4 2 4 4 2 4 4 2 4 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do | Page 65 |
| 2 10 3 4 5 , fi 7 | Q. Is that a continuo A. Yes, it is a cont Q. The one that was Com what you wanted? A. From what I see | time it's looked at t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the | j3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. | Page 65 |
| 2 r 3 4 5 , fi 7 8 p | cspectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim | t time it's looked at t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous | j3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the | Page 65 |
| 2 ro 3 4 5 , fi 7 8 p 9 c | cspectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin | time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous g it continuously recorded | | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly <i>worn</i> to tell the truth, the whole truth and nothing but the truth in the | Page 65 |
| 2 rd 3 4 5 , ft 7 8 p 9 c 10 | A. Yes, it is a continuo A. Yes, it is a continuo A. Yes, it is a continuo Q. The one that was come what you wanted? A. From what I see atient up to a pulse oximinarting, without havin Q. Will the results or pulse oximination of the second seco | t time it's looked at t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous g it continuously recorded f the continuous pulse | | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him | Page 65 |
| 2 rc 3 4 5 , fi 7 8 p 9 c .0 .1 o | cspectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin Q. Will the results o x play a role in the intra | time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous g it continuously recorded | | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly <i>worn</i> to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c :0 .1 o 12 p | c. Is that a continuo A. Yes, it is a continuo A. Yes, it is a continuo Q. The one that was com what you wanted? A. From what I see atient up to a pulse oximination of the pulse oximinatio oximination of the | t time it's looked at t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous g it continuously recorded f the continuous pulse | is 11 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly <i>worn</i> to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the | Page 65 |
| 2 rc 3 4 5 , fr 7 8 p 9 c :0 .1 0 12 p 13 | c. Is that a continuo A. Yes, it is a continuo A. Yes, it is a continuo Q. The one that was come what you wanted? A. From what I see atient up to a pulse oximination, without havining. Q. Will the results o x play a role in the intraatient? A. No. | t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous ig it continuously recorded f the continuous pulse toperative management of this | is 12 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwardstranscribed by me through the process of computer-aided transcription, and that the | Page 65 |
| 2 rc 3 4 5 , fi 7 8 p 9 c :0 .1 o 12 p 13 14 | A. Yes, it is a continuo Q. The one that was come what you wanted? A. From what I see atient up to a pulse oximination of the pulse oximination oximination oximination oximinatis oximination o | t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous g it continuously recorded to the continuous pulse coperative management of the ole in the postoperative | is 12 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwardstranscribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. | Page 65 |
| 2 rc 3 4 5 , fi 7 8 p 9 c :0 .1 o 12 p 13 14 | c. Is that a continuo A. Yes, it is a continuo A. Yes, it is a continuo Q. The one that was com what you wanted? A. From what I see atient up to a pulse oximination of the intra- c. Would it play a relation of this patie | t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous g it continuously recorded to the continuous pulse coperative management of the ole in the postoperative | is 14 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I. LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwardstranscribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition wass | Page 65 |
| 2 r 3 4 5 , fr 7 8 p 9 c 10 12 p 13 14 15 r 6 | cspectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin Q. Will the results o x play a role in the intraatient? A. No. Q. Would it play a ronanagement of this patie A. No. | t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? | is 12 12 14 14 15 16 16 17 17 | 2 COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition was taken at <i>the</i> time and place in the foregoing caption specified. | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 12 p 13 14 15 r 6 17 | c. Is that a continuo A. Yes, it is a continuo A. Yes, it is a continuo A. Yes, it is a continuo Q. The one that was come what you wanted? A. From what I see atient up to a pulse oximination of the intraatient? A. No. Q. Would it play a remanagement of this patien A. No. Q. Doctor, is there a | the time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded to be continuously recorded to be continuous pulse to perative management of the ole in the postoperative nt? | is 12 14 14 14 15 16 17 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 17 18 19 19 19 19 19 19 19 19 19 19 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I. LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do thereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that I am not a relative, | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 1 0 12 p 13 14 15 m 6 17 8 w | c. Is that a continuo A. Yes, it is a continuo A. Yes, it is a continuo A. Yes, it is a continuo Q. The one that was com what you wanted? A. From what I see atient up to a pulse oximination of the intra- A. No. Q. Would it play a relation of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom | t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? ssociated complications and respiratory intest? | is 12 14 14 14 14 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 15 14 14 14 14 14 14 14 14 14 14 14 14 14 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I. LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do thereby certify that the within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition was taken at the time and place in the foregoing caption specified. I do further certify that I am not a relative, employee or attorney of either party, or | Page 65 |
| 2 r 3 4 5 17 8 p 9 c 10 1 0 12 p 13 14 15 m 6 17 8 w 19 | cspectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin Q. Will the results o x play a role in the intraatient? A. No. Q. Would it play a ronanagement of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom A. I'm sorry, I dida | t the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? ssociated complications and respiratory intest? | is 12 14 14 15 16 17 16 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 18 17 19 19 19 19 19 19 19 19 19 19 | 2 COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition vass taken at <i>the</i> time and place in the foregoing caption specified. I do further certify that I am not a relative, employee or attorney of either party, or interested in the event of this action. | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 1 0 12 p 13 14 15 r 6 17 8 w 19 20 q | espectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin Q. Will the results o x play a role in the intra atient? A. No. Q. Would it play a rola anagement of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom A. I'm sorry, I didi | the time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? ssociated complications and respiratory in rest? i't understand the | is 12 14 15 16 17 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 16 17 17 17 17 17 17 17 17 17 17 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I. LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly <i>worn</i> to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that I am not a relative, employee or attorney of either party, or interested in the event of this action. INWITNESS WHEREOF, I have hereunto set my hand | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 .1 o 12 p 13 14 15 r 6 17 8 w 19 20 q 21 | cspectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin Q. Will the results of x play a role in the intraatient? A. No. Q. Would it play a reanagement of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom A. I'm sorry, I didn uestion. y. or a surgical pate | the time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? ssociated complications are and respiratory intest? n't understand the ient is there so ate | is 12 14 15 14 14 15 16 17 16 17 16 17 16 17 16 17 16 17 16 17 17 17 17 17 17 17 17 17 17 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I. LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition was taken at <i>the</i> time and place in the foregoing caption specified. I do further certify that I am not a relative, employee or attorney of either party, or interested in the event of this action. INWITNESS WHEREOF, I have hereunto set my hand | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 12 p 13 14 15 r 6 17 8 w 19 20 q 21 22 | espectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oximination, without havin Q. Will the results of x play a role in the intraatient? A. No. Q. Would it play a role anagement of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom A. I'm sorry, I diditionation. Q. or a surgical pate C. upl 1 with sleep | the time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? ssociated complications are and respiratory intest? n't understand the ient is there so ate | is 12 13 14 14 14 15 16 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 17 19 19 19 19 19 19 19 19 19 19 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly worn to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwardstranscribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that I am not a relative, employee or attorney of either party, or interested in the event of this action. INWITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 1 0 12 p 13 14 15 m 6 17 8 w 19 20 q 21 22 23 r 6 | espectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oxim harting, without havin Q. Will the results of x play a role in the intra atient? A. No. Q. Would it play a rola nagement of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom A. I'm sorry, I didi uestion. 2. or a surgical pate 2. upl 1 with sleep 2. espiratory arrest? | the time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded f the continuous pulse toperative management of this ole in the postoperative nt? ssociated complications are and respiratory intest? n't understand the ient is there so ate | j3 j4 j2 j4 j4 j4 j5 j6 j7 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j2 j1 j2 j1 j2 j1 j2 j1 j2 j1 j2 j1 j2 j1 j2 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j2 j1 j1 j1 j1 j1 j1 j1 j1 j1 j1 j1 j1 j1 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I, LAUREN I ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly <i>worn</i> to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition was taken at <i>the</i> time and place in the foregoing caption specified. I do further certify that I am not a relative, employee or attorney of either party, or interested in the event of this action. INWITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 30th day of April 1997. Lauren I. Zigmont-Miller, RPR, and Notary | Page 65 |
| 2 r 3 4 5 , fi 7 8 p 9 c 10 12 p 13 14 15 r 6 17 8 w 19 20 q 21 22 | espectively throughout Q. Is that a continuo A. Yes, it is a cont Q. The one that was com what you wanted? A. From what I see atient up to a pulse oximination, without havin Q. Will the results of x play a role in the intraatient? A. No. Q. Would it play a role anagement of this patie A. No. Q. Doctor, is there a with sleep apnea syndrom A. I'm sorry, I diditionation. Q. or a surgical pate C. upl 1 with sleep | the time it's looked at the night. us pulse ox? inuous pulse oximetry. done, how did it vary here, they hooked the eter without the continuous of it continuously recorded the continuously recorded toperative management of this operative management | is 12 13 14 14 14 15 16 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 16 17 18 17 19 19 19 19 19 19 19 19 19 19 | COUNTY OF CUYAHOGA.) SS: CERTIFICATE I. LAUREN I. ZIGMONT-MILLER, Registered Professional Reporter and Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that <i>the</i> within-named witness, ADRIAN A. CARACIONI, M.D., was by me first duly <i>worn</i> to tell the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by him was reduced to stenotypy in the presence of said witness, and afterwards transcribed by me through the process of computer-aided transcription, and that the foregoing is a true and correct transcript of the testimony so given by him as aforesaid. I do further certify that this deposition wass taken at <i>the</i> time and place in the foregoing caption specified. I do further certify that I am not a relative, employee or attorney of either party, or interested in the event of this action. INWITNESS WHEREOF, I have hereunto set my hand and affixed my seal of office at Cleveland, Ohio, on this 30th day of April 1997. | Page 65 |

C

Ĺ

| JOINES | vs. MERIDIA HUKUN HUSPITAL MUIT | |
|--------|---------------------------------|----------------|
| | Page 6 | |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| 5 | | |
| | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| | | |
| 0 | | |
| 1 | | |
| 2 | | |
| 3 | | |
| | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| | | |
| 8 | | |
| 9 | | |
| !0 | | |
| :1 | | |
| | | |
| :2 | | |
| :3 | | |
| :4 | | |
| :5 | | |
| :5 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ASTER COURT REPORTERS | Daga 66 Daga 6 |

Ć.

HOFFMASTER COURT REPORTERS INC. 1450 Leader Building Cleveland, Ohio 44114 (216) 621-2550 FAX (216) 621-3377

Doc 102 (fulldeps)

May 27, 1997

Jack Landskroner, Esq. Landskroner & Phillips Co., L.P.A. 55 Public Square, Suite 1040 Cleveland, Ohio 44113-1904

> Re: Dewey Glenn Jones vs. Meridia Huron Hospital, et al. Case No. 306012

Dear Mr. Landskroner:

Enclosed please find the signed signature page and errata sheet to the deposition of Adrian A. Caracioni, M.D. in the above-referenced case.

Very truly yours,

Janven J. miller

Lauren I. Miller Registered Professional Reporter

Enclosures

copy: James S. Casey, Esq. William Meadows, Esq. Stephen Walters, Esq. File

| 1 | Doctor, thank you. I don' | t have anything |
|----|-----------------------------------|------------------|
| 2 | else. | |
| 3 | MR. CASEY: | What's going to |
| 4 | happen is they're going to | have this typed |
| 5 | up. They're going to send | it to me, I'll |
| 6 | send it to you, you look i | t over, make any |
| 7 | changes that you need to ma | ake, send it |
| 8 | back to me and I'll send it | t back to the |
| 9 | court reporter. Okay? | |
| 10 | THE WITNESS: | Certainly. |
| 11 | MR. CASEY: | We're done. |
| 12 | | |
| 13 | (DEPOSITION CONCLUDED) | |
| 14 | | |
| 15 | | |
| 16 | 7 0, 10 | - |
| 17 | Adrian A. Caraci | /_ / _ / / / / |
| 18 | | |
| 19 | | . 2000 |
| 20 | | |
| 21 | | |
| 22 | | |
| 23 | | |
| 24 | | |
| 25 | | |
| | | |

-

w

١

| . | T • | LAWYER'S NOTES | |
|----------------|------------|---|---------|
| Page | Line | | |
| 7 | 7 | TIMISOARA MEDDEN "COULD", not "WOULD" | AC |
| i7 | اد | MEDAEN | R |
| <u>49</u> | Q | "COULD", not "WOOLD" | R |
| 49 52 52 | 21 | COULD HAVE BEEN WR | ITTER A |
| 52 | 22 - 23 | | |
| | | I THE INERTIT OF BEING . | 4 |
| | | L RESIDENT. | ₩ |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Multi-Page[™]

'95 - aspartate

| '95 [1] 1:10:5 | | |
|---------------------------------------|--------------------|---------|
| '96 [1] | | |
| 1:13:22 10-17 [1] | | |
| 1:51:1 | | |
| 10-18 [1] 1:33:1 | | |
| 10-19 [2] 1:54:15 | 1:54:24 | |
| 10-19-94 | | |
| 1:19:20 10-20-94 | [1] | |
| 1:40:2 | | |
| 1040 [1] 1:2:4 | | |
| 11-4 [1] | | |
| 1:38:18 113 [3] | | |
| 1:2:9 132 [1] | 1:2:13 | 1:2:18 |
| 1:37:1 | | |
| 13951 [2] 1:1:22 | 1:5:12 | |
| 1450 [2] 1:54:17 | 1:54:24 | |
| 1459 [1] | 1:54:24 | |
| 1:54:17 1600 [2] | | |
| 1:55:20 | 1:55:21 | |
| 1659 [1] 1:54:16 | | |
| 1981 [1] 1:6:1 | | |
| 1987 [3] | | |
| 1:6:3 1990 [1] | 1:24:4 | 1:24:7 |
| 1:5:17 | | |
| 1991 [1] 1:7:19 | | |
| 1992 [1] 1:8:17 | | |
| 1994 [5] | | |
| 1:10:22 1:18:25 | 1:16:16 1:30:13 | 1:17:13 |
| 1995 [2] 1:10:13 | 1:11:10 | |
| 1997 [2] | | |
| 1:1:14 19th [5] | 1:65:23 | |
| 1:20:1 | 1:33:25 1:58:12 | 1:43:21 |
| 1st [1] | 1.30.12 | |
| 1:19:6 20's [1] | | |
| 1:38:17 | | |
| 20th [4] 1:30:13 | 1:48:14 | 1:48:19 |
| 1:58:15 106012 [1] | | |
| 1:1:8 | | |
| 30th [1] 1:65:23 | | |
| 310 ⁻ [1] 1:25:5 | | |
| | | |
| ile:page:line | 1:97-68 | .txt |

| - | TATETET | 1 ugo |
|---|---------------|-------------------|
| 3rd [2] 1:19:6 40-day [1] | 1:19:7 | |
| 1:8:12 44112 [1] | | |
| 1:5:13 441 13-19 1:2:5 | 04 [1] | |
| 44114 [3] 1:2:9 | 1:2:14 | 1:2:19 |
| 9,000 [1] 1:39:8 | - [1] | |
| a-d-r-i-a-1 1:5:9 | | |
| a-l-c-x-a-i 1:5:10 | | |
| abdomen [1:35:25 | 3] 1:36:8 | 1:36:9 |
| | 1:32:24 | |
| abg's [4] 1:31:20 1:33:2 | 1:32:2 | 1:32:8 |
| above [1] 1;1:23 | | |
| abstract[1] 1:12:11 | | |
| abuse [2] | 1:14:25 | |
| accept [1] 1:41:11 | | |
| | 1:26:1 | |
| action [1] 1:65:20 | | |
| acute [3] 1:22:18 additional | | 1:34:22 |
| 1:18:10 | 1:18:12 | |
| address [4] 1:5:11 1:52:24 | 1:42:9 | 1:47:8 |
| addressed 1:52:3 | | |
| administer 1:6:23 | r [1] | |
| administra | ation[1] | |
| administra | ative[1] | |
| adrian [7] 1:1:13 | 1:1:16 | 1:4:2 |
| 1:4:6 1:65:6 | 1:5:9 | 1:64:17 |
| affixed [1] 1:65:22 | | |
| aforesaid [1:65:9 | 2] 1:65:14 | |
| afterwards 1:65:11 | 5[1] | |
| again [10] 1:27:2 | 1:29:7 | 1:31:14 |
| 1:37:23 1:50:4 | | 1:47:24 1:56:7 |
| 1:56:13 ago [2] | | |
| | | |

| | | '95 - | aspart |
|--|-------------------------|--------------------|--------|
| 1:24:25 | 1:37:11 | | |
| air [4] 1:21:9 1:45:25 | 1:45:12 | 1:45:13 | |
| airway [2] 1:22:18 | 1:22:23 | | |
| alcohol[2] 1:14:25 alert[1] | 1:25:23 | | |
| 1:30:4 | | | |
| alkaline [2] 1:37:1 | 1:37:15 | | |
| allergic [1] 1:13:8 | | | |
| allowed [1] 1:6:7 | | | |
| almost [3] 1:45:22 alone [1] | 1:46:4 | 1:46:10 | |
| 1:47:17 | e | | |
| aminotran 1:37:4 | 1:37:16 | | |
| among [2] 1:21:7 | 1:29:12 | | |
| amount [1] 1:41:25 | | | |
| anesthetic 1:47:15 | [2] 1:47:22 | | |
| answer [5] 1:4:21 | 1:13:19 | 1:27:15 | |
| 1:28:19 | 1:28:22 | 1,27,15 | |
| apnea [33] 1:20:7 | 1:20:14 | 1:20:22 | |
| 1:21:2 1:21:24 | 1:21:12 1:22:6 | 1:21:23 1:22:17 | |
| 1:22:22 1:28:8 | 1:23:25 1:34:22 | 1:24:10 1:39:23 | |
| 1:41:20 1:42:10 | 1:42:3 1:42:13 | 1:42:4 1:44:15 | |
| 1:44:16 1:47:11 | 1:47:1 1:52:4 | 1:47:5 1:52:22 | |
| 1:52:25 1:60:15 | 1:57:25 1:63:18 | 1:60:13 1:63:22 | |
| apparent [2 | 2] | 1.00.22 | |
| 1:30:4 appearanc | 1:30:6 es [1] | | |
| 1:2:1 april [1] 1:65:23 | | | |
| area [14] 1:10:8 | 1:10:8 | 1:10:18 | |
| 1:11:12 1:16:20 | 1:11:16 1:17:7 | 1:11:20 1:17:12 | |
| 1:17:13 | 1:18:25 | 1:36:5 | |
| 1:36:11 arise [1] 1:10:2 | 1:57:9 | | |
| arrest [3] 1:18:7 | 1:63:18 | 1,62.22 | |
| arterial [3] | | 1:63:23 | |
| 1:31:5 articles [1] 1:12:9 | 1:31:8 | 1:31:12 | |
| aside [1] | | | |
| 1:17:23 aspartate [2 1:37:4 | 2] 1:37:16 | | |
| L | | | |

1:97-68.txt ADRIAN A. CARACIQNI, M.D.

| assessment[7] 1:42:7 1:52:6 1:52:14 1:52:14 1:52:17 1:52:20 1:53:7 assigned[1] 1:52:20 assigned[1] 1:52:20 1:53:7 assigned[1] 1:18:20 assistants[1] 1:55:3 associated[2] 1:63:17 1:63:21 associated[2] 1:63:17 1:63:21 1:28:12 1:34:12 1:28:12 1:34:19 1:34:21 1:47:17 1:34:21 assumed[1] 1:34:13 1:38:13 1:38:13 | 1:23:3 1:24:17 1:24 1:42:24 1:55:8 bedroom [1] 1:22:3 beginning [2] 1:5:22 1:19:1 begun [1] 1:8:17 behalf [4] 1:2:2 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] 1:16:1 1:20:3 | brief [3] 1:20:19 1:32:15 bronchitis [11] 1:29:23 1:29:24 1:49:20 1:49:21 1:50:7 1:50:10 1:50:22 1:52:22 build [1] 1:12:23 building [3] 1:2:9 1:29 1:2:13 | 1:32:23 1:49:15 1:50:3 1:50:18 |
|---|---|---|---|
| 1:52:14 1:52:17 1:52:20 1:53:7 assigned [1] 1:18:20 assistants [1] 1:55:3 associated [2] 1:63:17 1:63:21 assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 assumed [1] 1:34:13 | bedroom [1] 1:22:3 beginning [2] 1:5:22 1:19:1 begun [1] 1:8:17 behalf [4] 1:2:2 1:2:7 1:2:1 benefit [1] 1:37:25 best [2] | 1:20:19 1:32:15 bronchitis [11] 1:29:23 1:29:24 1:49:20 1:49:21 1:50:7 1:50:10 1:50:22 1:52:22 build [1] 1:12:23 build 1:2:9 1:2:13 | 1:49:15 1:50:3 |
| 1:53:7 assigned [1] 1:18:20 assistants [1] 1:55:3 associated [2] 1:63:17 1:63:21 assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 assumed [1] 1:34:13 | 1:22:3 beginning [2] 1:5:22 1:19:1 begun [1] 1:8:17 behalf [4] 1:2:2 1:2:7 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] | bronchitis [11] 1:29:23 1:29:24 1:49:20 1:49:21 1:50:7 1:50:10 1:50:22 1:52:22 build [1] 1 1:12:23 building [3] 1:2:9 1:2:13 | 1:49:15 1:50:3 |
| 1:18:20 assistants[1] 1:55:3 associated[2] 1:63:17 1:63:21 assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 :assumed [1] 1:34:13 | beginning [2] 1:5:22 1:19:1 begun [1] 1:8:17 behalf [4] 1:2:2 1:2:7 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] | 1:29:23 1:29:24 1:49:20 1:49:21 1:50:7 1:50:10 1:50:22 1:52:22 build [1] 1:12:23 building [3] 1:2:9 1:2:13 | 1:50:3 |
| 1:18:20 assistants[1] 1:55:3 associated[2] 1:63:17 1:63:21 assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 :assumed [1] 1:34:13 | 1:5:22 1:19:1 begun [1] 1:8:17 behalf [4] 1:2:2 1:2:7 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] | 1:49:20 1:49:21 1:50:7 1:50:10 1:50:22 1:52:22 build [1] 1:12:23 building [3] 1:2:9 1:2:9 1:2:13 | 1:50:3 |
| 1:55:3 associated [2] 1:63:17 1:63:21 assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 assumed [1] 1:34:13 | begun [1] 1:8:17 behalf [4] 1:2:2 1:2:7 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] | 1:50:7 1:50:10 1:50:22 1:52:22 build [1] 1:12:23 building [3] 1:2:9 1:2:9 1:2:13 | |
| associated [2] 1:63:17 1:63:21 :assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 :assumed [1] 1:34:13 | 1:8:17 behalf [4] 1:2:2 1:2:7 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] | 1:50:22 1:52:22 build [1] 1:12:23 building [3] 1:2:9 1:2:9 1:2:13 | |
| 1:63:17 1:63:21 assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 assumed [1] 1:34:13 | 1:2:2 1:2:7 1:2:1 1:2:16 benefit [1] 1:37:25 best [2] | 1 1:12:23 building [3] 1:2:9 1:2:13 | |
| assume [7] 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 :assumed [1] 1:34:13 | 1:2:16 benefit [1] 1:37:25 best [2] | building [3] 1:2:9 1:2:13 | |
| 1:4:21 1:8:19 1:10:23 1:28:12 1:34:19 1:34:21 1:47:17 assumed [1] 1:34:13 | benefit [1] 1:37:25 best [2] | 1:2:9 1:2:13 | |
| 1:28:12 1:34:19 1:34:21 1:47:17 a ssumed [1] 1:34:13 | 1:37:25 best [2] | | |
| 1:47:17 : assumed [1] 1:34:13 | best [2] | | 1:2:18 |
| 1:34:13 | | c-a-r-a-c-i-o-n-i [1:5:10 | I] |
| | | cannot [3] | |
| accurance [1] | beverly [1] | 1:27:2 1:27:15 | 1:28:22 |
| | 1:2:11 | sapacity [3] | 1.20,22 |
| 1:9:9 | big [2] | 1:45:8 1:45:11 | 1:45:24 |
| ast [4] | 1:36:17 1:41:9 | caption [1] | |
| 1:37:2 1:37:16 1:38:6 1:38:22 | bile [2] | 1:65:16 | |
| atraumatic [1] | 1:39:2 1:39:4 | caracioni [6] | |
| 1:30:25 | bilirubin [2] | 1:1:13 1:1:16 | 1:4:2 |
| attached [1] | 1:36:22 1:37:1 | 1:4:6 1:64:17 | 1:65:7 |
| 1:55:9 | bit [1] 1:22:3 | cardiac [4] 1:25:15 1:27:21 | 1:29:3 |
| attempt [1] | block [1] | 1:29:10 | ل. ترسک.1 |
| 1:7:3 | 1:19:5 | cardiomegaly [7] | |
| attempting [1] 1:27:21 | blood [7] | 1:39:12 1:39:13 | 1:39:15 |
| | 1:12:23 1:31:5 1:31 | 8 1:40:10 1:40:19 | 1:41:4 |
| ittending [7] 1:8:21 1:8:25 1:33:19 | 1:31:12 1:39:8 1:42 | 18 1:41:17 | |
| 1:33:19 1:34:12 1:35:1 | 1:42:19 | care [13] 1:10:2 1:15:12 | 1.15.17 |
| 1:59:20 | blowing [1] | 1:16:13 1:16:14 | 1:15:17 1:18:9 |
| ittendings [3] | 1:45:13 | 1:18:16 1:34:16 | 1:35:5 |
| 1:17:2 1:45:1 1:45:3 | blown [1] 1:45:25 | 1:45:1 1:45:4 | 1:53:14 |
| ittorney [1] | blows [1] | 1:56:21 | |
| 1:65:19 | 1:45:12 | case [11] 1:1:8 1:14:4 | 1.14.4 |
| ittorneys [I] 1:4:14 | board [6] | 1:1:8 1:14:4 1:18:20 1:28:1 | 1:14:4 1:38:4 |
| iwake [1] | 1:10:6 1:10:9 1:10: | 12 1:39:18 1:46:9 | 1:51:25 |
| 1:55:22 | 1:10:14 1:10:17 1:10: | 25 1:56:19 1:57:22 | |
| iware [6] | boards [1] | :ases [1] | |
| 1:48:13 1:48:15 1:58:10 | | 1:13:25 | |
| 1:58:14 1:62:4 1:62:9 | bodies [1] 1:37:20 | :asey [57] 1:2:8 1:3:19 | 1.0.1 |
| ackground [2] | body [1] | 1:2:8 1:3:19 1:12:3 1:12:15 | 1:9:1 1:12:19 |
| 1:5:19 1:5:22 | 1:12:25 | 1:13:18 1:17:9 | 1:17:24 |
|)actrim [1] | bone [1] | 1:21:13 1:21:19 | 1:22:9 |
| 1:13:7 | 1:12:23 | 1:22:19 1:23:20 | 1:25:4 |
| yadri [9] 1:20:9 1:30:17 1:30:18 | born [1] | 1:26:12 1:26:21 1:29:6 1:32:1 | 1:28:10 1:33:17 |
| 1:30:22 1:33:8 1:41:8 | 1:5:14 | 1:34:1 1:36:21 | 1:37:15 |
| 1:41:15 1:44:24 1:45:4 | bottom[3] | 1:38:11 1:38:14 | 1:38:18 |
| based [5] | 1:43:25 1:53:9 1:54: | | 1:40:21 |
| 1:16:5 1:23:25 1:27:16 | bowel [1] | 1:41:6 1:43:8 1:47:16 1:47:24 | 1:47:3 1:48:21 |
| 1:28:2 1:47:20 | 1:36:2 break [2] | 1:47:16 1:47:24 1:50:19 1:51:1 | 1:52:13 |
|)aseline [1] 1:47:7 | 1:5:3 1:5:5 | 1:53:1 1:53:16 | 1:53:20 |
|)asis [1] | breath [16] | 1:54:4 1:54:15 | 1:57:2 |
| 1:50:9 | 1:26:2 1:26:4 1:26: | 6 1:58:8 1:58:20 1:60:24 1:61:3 | 1:59:18 |
|)attery [1] | 1:26:10 1:26:10 1:26: | 19 1:61:23 1:62:7 | 1:61:12 1:62:16 |
| 1:37:8 | 1:27:1 1:27:7 1:27: | 12 1.62.20 1.64.3 | 1:64:11 |
| ecame [2] | 1:27:13 1:27:17 1:28: 1:28:16 1:28:18 1:28: | :atheter [5] | |
| 1:18:16 1:18:20 | 1:46:2 | 1:59:12 1:59:23 | 1:60:2 |
| vecome [2] | preathing [1] | 1:60:5 1:60:22 | |
| 1:10:12 1:59:19 | 1:20:24 | :bc [1] | |
| edford [5] | preaths [2] | 1:38:15 | |

Multi-PageTM

cells - correct

| 1:12:22 cells [2] | | |
|-------------------------------|--------------------|--------------------|
| 1:37:20 | | |
| cephaly [2 1:30:25 | [] 1:30:25 | |
| certainly 1:24:6 | [4] 1:54:22 | 1:57:17 |
| 1:64:10 | | 1.57.17 |
| certificat 1:65:2 | e[1] | |
| certificat 1:10:25 | ion [1] | |
| certified[| | |
| 1:4:9 1:10:12 | 1:10:6 | 1:10:9 |
| certify [3] 1:65:6 | 1:65:15 | 1:65:18 |
| cetera [1] | 1.05.15 | 1.05.18 |
| 1:21:10 chairman | [2] | |
| 1:8:10 | 1:9:5 | |
| chance [5] 1:15:3 | 1:15:6 | 1:15:13 |
| 1:16:10 change [1] | 1:16:12 | |
| 1:28:16 | - | |
| changes [1 1:64:7 |] | |
| channels [1:30:19 | 1] | |
| chart [13] | 1.15.7 | 1.15.11 |
| 1:15:3 1:15:13 | 1:15:7 1:15:25 | 1:15:11 1:16:5 |
| 1:16:8 1:44:9 | 1:18:10 1:54:12 | 1:43:10 1:56:16 |
| 1:61:10 charted [4] | | |
| 1:17:23 1:58:5 | 1:55:16 | 1:58:3 |
| charting [2 | :] | |
| 1:56:7 charts [1] | 1:63:9 | |
| 1:61:20 | | |
| :heck [5] 1:35:12 | 1:42:16 | 1:43:4 |
| 1:44:13 checked [4 | 1:49:18 | |
| 1:34:11 | 1:34:14 | 1:35:6 |
| 1:35:9 checking [| 1] | |
| 1:36:8 checks [1] | | |
| 1:42:17 | | |
| :hem [1] 1:38:16 | | |
| chest [8] 1:21:8 | 1:31:3 | 1:35:22 |
| 1:35:23 1:50:16 | 1:36:15 1:50:20 | 1:39:12 |
| :hf [1] | 1.00.20 | |
| 1:51:8 :hills [1] | | |
| 1:29:21 | | |
| :hills/feve 1:29:16 | 1:29:17 | |
| cholecysti | tis [3] | |
| ile:page:line | 1:97-68 | 3.txt |

| | TATOTO | -i age |
|-------------------------------|-----------------------------|-------------------|
| 1:58:19 | 1:59:1 | 1:59:6 |
| chose [1] 1:6:20 | | |
| circle [1] 1:54:18 | | |
| circumsta 1:27:11 | nces[2] 1:28:23 | |
| city [1] 1:7:9 | 1.20.20 | |
| civil [1] | | |
| 1:1:18 clair [3] | | |
| 1:2:9 clear [7] | 1:2:13 | 1:2:18 |
| 1:24:14 1:49:10 | 1:31:3 1:50:23 | 1:35:19 1:62:5 |
| 1:62:10 | | 1.02.5 |
| clearing [2] 1:40:4 | 1:48:22 | |
| Cleveland | | 100 |
| 1:1:22 1:2:14 | 1:2:5 1:2:19 | 1:2:9 1:5:13 |
| 1:65:22 clinical [2] | | |
| 1:38:2 | 1:38:9 | |
| clinically 1:49:23 | [2] 1:50:7 | |
| code [1] 1:55:3 | | |
| combinati 1:56:17 | on [2] 1:56:18 | |
| comfortab 1:57:8 | | |
| commenci 1:1:23 | ng [1] | |
| comments 1:45:6 | [1] | |
| commissio 1:65:5 | oned [1] | |
| committee | [5] | |
| 1:9:10 1:9:12 | 1:9:10 1:9:14 | 1:9:11 |
| committee | | 1:9:16 |
| common [3 |] | |
| 1:1:4 communic | 1:39:2 ate[1] | 1:39:4 |
| 1:56:15 | | |
| compared [1:48:1 | 1:48:3 | |
| compensat 1:26:16 | ted[1] | |
| competent 1:57:1 | [1] | |
| complaini 1:30:7 | ng [1] | |
| complete [1 1:52:23 | [] | |
| completed 1:8:19 | [2] 1:10:21 | |
| completion | | |
| complicati | ons [2] | |
| 1:63:17 computer- | 1:63:22 aided [1] | |
| 1:65:12 | | |

| | _ | | cells - cor |
|---|--------------------------------------|--------------------------|--------------------|
| | concerned 1:28:2 |] [1] | |
| | concerns [1:29:10 | [1] | |
| | concludeo 1:64:13 | 1 [1] | |
| | condition | [11] | |
| | 1:20:23 1:28:9 1:34:20 | 1:23:13 | 1:26:23 |
| | 1:28:9 | 1:28:24 | 1:34:14 1:51:18 |
| | 1:51:25 | 1:60:20 | 1.51.10 |
| | condition 1:47:19 | 1:52:19 | |
| | confirm [8 |] | |
| | 1:21:3 1:31:24 | 1:21:11 | 1:23:16 |
| | 1:48:19 | 1:32:1 1:50:12 | 1:38:10 |
| | confirmed 1:49:22 | [2] 1:50:17 | |
| | confirmin 1: 23 :12 | g [1] | |
| | confirms [1:50:22 | | |
| | congestive | | 1 51 10 |
| | 1:51:14 | | 1:51:10 1:52:9 |
| | consent [1] 1:55:9 | | |
| | consult [9] | | |
| | 1:15:4 | 1:15:4 | 1:18:18 |
| | 1:28:8 1:53:10 | 1:42:4 1:53:19 | 1:52:25 1:53:24 |
| | consultant | | 1.00.24 |
| | 1:34:11 | 1:34:13 | 1:34:19 |
| | 1:35:1 | 1:35:4 | |
| | consultati 1:19:16 | on [7] 1:19:19 | 1:20:5 |
| | 1:20:8 | 1:20:12 | 1:33:22 |
| | 1:43:23 | | |
| | consulted 1:49:2 | | |
| | containing 1:37:19 | 5 [1] | |
| | context [5] | 1.00.1 | |
| | 1:28:7 1:38:9 | 1:30:1 1:39:16 | 1:38:2 |
| | continue [] | | |
| | 1:49:18 | - | |
| | continuou | | 1 (2.9 |
| | 1:63:3 1:63:10 | 1:63:4 | 1:63:8 |
| | continuou 1:63:9 | sly [1] | |
| | convenien 1:6:21 | ce [1] | |
| | conversati 1:56:20 | ons [1] | |
| | COPY [2] 1:19:18 | 1:35:6 | |
| | corner [1] 1:44:1 | | |
| | correct [30] | | |
| | 1:7:23 | 1:8:18 | 1:8:20 |
| | 1:8:23 1:16:18 | 1:11:7 1:19:21 | 1:15:18 1:19:24 |
| | 1:20:2 | 1:24:4 | 1:24:8 |
| _ | 1:24:18 | 1:24:19 | 1:25:15 |
| | | | |

Multi-PageTM

correctly - employee

| - | | |
|---------------------------|-------------------------------|-------------------|
| 1:27:19 | 1:29:1 | 1:29:15 |
| 1:30:14 | 1:30:23 1:40:16 1:42:25 | 1:33:6 |
| 1:33:23 | 1:40:16 | 1:40:17 |
| 1:42:14 | 1:42:25 | 1:43:20 |
| 1:43:22 | 1:46:14 | 1:65:13 |
| correctly | [1] | |
| 1:25:25 | | |
| corrobora | te [1] | |
| 1:27:3 | | |
| cosigned [| 1] | |
| 1:34:5 | | |
| cough [3] | | |
| 1:29:14 | 1:45:10 | 1:50:1 |
| coughed [1 | 1] | |
| 1:45:7 | | |
| coughing | [3] | |
| 1:45:14 | 1:45:19 | 1:50:8 |
| county [3] | | |
| 1:1:2 | 1:13:23 | 1:65:2 |
| course [4] | | |
| 1:17:18 | 1:53:5 | 1:57:24 |
| 1:58:17 | | |
| court [5] | | |
| 1:1:4 | 1:5:8 | 1:13:15 |
| 1:14:9 | 1:64:9 | |
| covering[| 3] | 1 22 12 |
| 1:33:11 | | |
| cross-exal | mination[| 2] |
| 1:3:4 | 1:4:11 | |
| culture [2] 1:49:19 | 1.55.72 | |
| | | |
| cuyahoga 1:1:2 | [3] 1:13:23 | 1.65.2 |
| | ل.2.1.1 | 1.00.4 |
| CXT [1] 1:36:14 | | |
| d-i-m-i-s- | 0-9-r-9[0] | |
| 1:7:7 | 1:7:9 | |
| date [9] | <i>-</i> | |
| 1:1:23 | 1.19.2 | 1.32.7 |
| 1:32:9 | 1:32:10 | 1:32:7 1:32:22 |
| 1:50:24 | 1:19:2 1:32:10 1:50:24 | 1:64:17 |
| dated [2] | · | |
| 1:19:20 | 1:43:21 | |
| days [2] | | |
| 1:8:3 | 1:11:2 | |
| daytime[1 | | |
| 1:29:14 | | |
| dealing [2] | | |
| 1:47:5 | 1:52:8 | |
| decreased | [1] | |
| 1:20:24 | L - J | |
| deep [2] | | |
| 1:46:2 | 1:46:6 | |
| defendant | [6] | |
| 1:1:17 | 1:2:7 | 1:2:11 |
| 1:2:16 | 1:4:7 | 1:13:4 |
| defendant | S [1] | |
| 1:1:10 | | |
| defer[2] | | |
| 1:57:10 | 1:57:11 | |
| legrees [1] | | |
| 1:35:3 | | |
| departme | nt[5] | |
| 1:8:10 | 1:9:6 | 1:9:23 |
| 1:9:25 | 1:10:3 | |
| | 1 | |
| deposed[3 |] | |
| deposed [3 | 1:97-68. | txt |

1

(-

| | MUIU | 1 420 |
|------------------------------|---------------|---------|
| 1:4:9 | 1:13:10 | 1:14:3 |
| deposition | n [13] | |
| 1:1:13 | 1:1:16 | 1:4:2 |
| 1:1:13 1:13:21 1:15:14 | 1:15:2 | |
| 1.13.21 | 1.15.2 | 1:15:7 |
| 1.1.2.1.1 | 1.1.2.20 | 1:15:21 |
| 1:32:17 | 1:32:18 | 1:64:13 |
| 1:65:15 | | |
| determina | ation[1] | |
| 1:50:9 | | |
| determine | d [1] | |
| 1:48:9 | | |
| developed | [1] | |
| | | |
| device [2] | | |
| 1:45:12 | 1:45:14 | |
| dewey [15] | | |
| 1:1:6 | 1:4:14 | 1:17:22 |
| 1:19:9 | 1:19:12 | 1:19:19 |
| | 1:27:5 | 1:34:21 |
| 1:26:18 | 1:56:12 | 1.54.21 |
| 1:38:4 | | 1:60:6 |
| 1:60:7 | 1:60:12 | 1:61:6 |
| diagnosed | [1] | |
| 1:42:12 diagnosin | or [1] | |
| 1:21:1 | g[1] | |
| diagnosis | [3] | |
| 1:50:13 | 1:50:17 | 1:51:13 |
| diagnostic | -[1] | |
| 1:61:15 | -[-] | |
| dictated [3 |] | |
| 1:53:10 | | 1:53:24 |
| difference | | |
| | 5[1] | |
| 1:49:4 | | |
| different | | |
| 1:6:22 | 1:10:2 | 1:35:3 |
| difficultie | es [1] | |
| 1:25:15 | | |
| diminishe | d [2] | |
| 1:14:19 | 1:14:22 | |
| | | |
| dimisoara | [1] | |
| 1:7:12 | | |
| directing[1:29:7 | 1] | |
| director[2] | 1 | |
| 1:9:22 | 1:9:25 | |
| disease [1] 1:49:2 | | |
| diseases [1 | 1 | |
| 1:9:10 | | |
| disorder [1 1:47:1 |] | |
| distress [2] | | |
| 1:30:4 | 1:30:6 | |
| divided [1] | | |
| 1:11:3 division [2 | 1 | |
| 1:11:15 | 1:19:4 | |
| dizzy [1] | | |
| 1:46:7 | | |
| doctor[22] | | |
| 1:4:13 | 1:5:11 | 1:12:9 |
| 1:14:18 | 1:20:15 | 1:20:21 |
| 1:23:6 | 1:30:11 | 1:32:7 |
| 1:32:24 | 1:33:5 | 1:32:7 |
| 1:32:24 | | 1.54.11 |
| 1.30.12 | 1:50:20 | 1:54:11 |
| 1:56:15 | 1:56:23 | 1:58:17 |
| 1:61:6 | 1:62:11 | 1:63:17 |

| | соп | ectly - | employe |
|------------------------------|--------------------|--------------------|---------|
| 1:64:1 | | | |
| doctors[3] | | | |
| 1:17:20 document | 1:56:16 | 1:56:20 | |
| 1:15:19 | 1:20:4 | | |
| doesn't[3] | 1 45 10 | | |
| 1:4:24 donald [1] | 1:47:10 | 1:52:15 | |
| 1:17:17 | | | |
| done [17] | 1.01.6 | | |
| 1:8:4 1:23:15 | 1:21:6 1:24:17 | 1:23:2 1:30:12 | |
| 1:32:10 | 1:33:2 | 1:43:1 | |
| 1:43:7 1:48:18 | 1:45:11 | 1:48:12 1:57:15 | |
| 1:63:5 | 1:64:11 | 1.57.15 | |
| down [5] | 1 10 17 | | |
| 1:4:17 1:35:24 | 1:12:17 1:49:15 | 1:34:10 | |
| dropped [1] | | | |
| 1:58:11 | | | |
| drugs [1] 1:13:8 | | | |
| duct [4] | | | |
| 1:39:3 1:39:6 | 1:39:4 | 1:39:5 | |
| due [1] | | | |
| 1:7:2 | | | |
| duly [3] 1:4:8 | 1:65:5 | 1.65.7 | |
| during [7] | 1.05.5 | 1:65:7 | |
| 1:20:25 | 1:20:25 | 1:21:6 | |
| 1:21:25 1:59:6 | 1:45:7 | 1:45:20 | |
| duty [1] | | | |
| 1:41:14 | | | |
| carliest [1] 1:6:21 | | | |
| east [2] | | | |
| 1:1:22 echocardio | 1:5:12 | | |
| 1:56:23 | 1:57:15 | 1:57:22 | |
| 1:58:1 | | | |
| echocardio | 1:57:1 | 1:57:5 | |
| 1:57:9 | 1:57:11 | | |
| zdema [2] 1:41:23 | 1:42:3 | | |
| zdification | | | |
| 1:7:11 | | | |
| zducation 1:11:22 | [1] | | |
| zducation | al [3] | | |
| 1:5:18 | 1:5:21 | 1:7:25 | |
| zdward [1] 1:17:16 | | | |
| æg [1] | | | |
| 1:21:10 | | | |
| | 1:48:19 | 1:53:21 | |
| 1:61:21 | 1:65:19 | | |
| eligible [1] 1:10:18 | | | |
| emergency | 7[1] | | |
| 1:9:11 | | | |
| employee | [2] | | |

Multi-Page[™]

employer - glenn

| - | | | |
|---------------------------------|------------------------|--------------------|--|
| 1:14:13 | | | |
| employer | [1] | | |
| 1:14:11 end [2] | | | |
| 1:49:3 | 1:52:2 | | |
| ends [1] 1:56:11 | | | |
| english[3] | | 1.6.05 | |
| 1:6:22 entail [1] 1:9:24 | 1:6:23 | 1:6:25 | |
| 1:9:24 enzyme [1] 1:37:19 | | | |
| episodes [1 1:20:24 | 1] | | |
| epstein [6] | | | |
| 1:17:17 1:53:14 | 1:53:10 1:53:19 | 1:53:12 1:53:24 | |
| esq [5] | 1.JJ.17 | 1.JJ.24 | |
| 1:2:3 | 1:2:3 | 1:2:8 | |
| 1:2:12 | 1:2:17 | | |
| establish[1:6:16 | [1] | | |
| evaluating | g[2] | | |
| 1:41:19 evaluation | 1:43:6 | | |
| 1:49:8 | 1:57:19 | 1:57:25 | |
| evening [2] |] | | |
| 1:42:21 | 1:58:12 | | |
| event [1] 1:65:20 | | | |
| events [1] | | | |
| 1:34:22 | | | |
| evidence [1 1:61:21 | 1] | | |
| exact [3] | | | |
| 1:18:22 | 1:18:22 | 1:30:19 | |
| exactly [2] 1:21:17 | 1:21:18 | | |
| exam[10] | 1.41.10 | | |
| 1:6:18 | 1:6:20 | 1:6:25 | |
| 1:10:24 1:24:3 | 1:11:6 1:29:22 | 1:24:2 1:30:2 | |
| 1:39:23 | 1. <i>60 J . 60 ka</i> | 1.30.4 | |
| examinati | | 1.6.6 | |
| 1:1:17 | 1:4:7 1:6:15 | 1:6:6 1:27:18 | |
| 1:6:10 1:28:25 | 1:29:2 | 1:27:18 1:30:1 | |
| 1:31:18 | 0000 [27] | | |
| examination 1:10:15 | ons [2] 1:10:25 | | |
| examine [2 | | | |
| 1:27:15 | 1:27:21 | | |
| examiners 1:6:12 | 5[1] | | |
| examining 1:27:24 | [2] 1:31:24 | | |
| exams [2] | | | |
| 1:7:21 | 1:7:24 | | |
| exertion[1] 1:27:9 |] | | |
| exhales [1] 1:46:3 | | | |
| exhibit [7] | | | |
| 1:19:17 1:43:9 | 1:20:9 | 1:20:11 1:43:24 | |
| | 1:43:12 | | |
| file:page:line | 1:9/- | Jo.tXt | |

| 1:61:13 exhibits [3] 1:3:12 | | 1:19:15 |
|--|-------------------------------|--------------------|
| exists [1] 1:44:11 | | |
| expect [2] 1:60:17 | 1:60:21 | |
| experienc 1:58:25 | e [1] | |
| expert [4] 1:14:6 1:57:12 | 1:15:23 | 1:57:10 |
| | 3] 1:11:20 | 1:57:9 |
| explain[2] 1:20:14 | 1:20:21 | |
| externship 1:8:1 | [3] 1:8:12 | 1:12:6 |
| extramedu 1:12:13 | illary [2] 1:12:18 | |
| extremely 1:18:2 | [1] | |
| fact [8] | 1.40.10 | 1 40 10 |
| 1:40:9 1:41:4 | 1:40:18 1:41:16 | 1:40:19 1:41:17 |
| 1:46:10 factor[1] | 1:61:7 | |
| 1:22:15 | | |
| factors [3] 1:22:5 | 1:22:13 | 1:47:18 |
| facts [1] 1:27:3 | | |
| failure [6] | 1 20 21 | 1 51 10 |
| 1:24:7 1:51:14 | 1:39:21 1:51:21 | 1:51:10 1:52:9 |
| fair [3] 1:22:25 | 1:29:13 | 1:30:8 |
| family [2] 1:4:15 | 1:18:13 | |
| far [1] 1:29:22 | | |
| faxed [1] 1:55:11 | | |
| faxes [1] 1:55:10 | | |
| fever[1] 1:29:22 | | |
| few [2] | 1.01.7 | |
| 1:6:20 fields [1] | 1:21:7 | |
| 1:50:23 figured [1] | | |
| 1:25:5 fill [1] | | |
| 1:35:15 finding[1] | | |
| 1:26:12 findings [7] | 1 | |
| 1:27:24 | 1:39:17 | 1:50:4 |
| 1:56:3 1:57:14 | 1:56:5 | 1:56:6 |
| first [10] 1:4:8 | 1:6:13 | 1:7:3 |
| 1:10:24 1:19:11 | 1:11:8 1:42:9 | 1:19:8 1:50:21 |
| 1:65:7 | ×. 140, J | 1.20.21 |

| | | employer - | gle |
|---|------------------|------------|-----|
| five [1] 1:17:2 | | ····· | |
| flags [3] 1:46:9 | 1:47:10 | 1:49:11 | |
| flora [1] 1:56:4 | | | |
| flow [1] 1:21:9 | | | |
| focus [1] 1:6:4 | | | |
| follow [4] 1:34:12 1:52:18 | 1:35:1 | 1:52:11 | |
| following | [2] | | |
| 1:40:16 follows [1] | | | |
| 1:4:10 | | | |
| forced [1] 1:45:24 | | | |
| forcefully 1:46:3 | | | |
| foregoing 1:65:13 | [2] 1:65:16 | | |
| form [4] 1:29:5 | 1:55:9 | 1:55:10 | |
| 1:55:11 | | | |
| formal [2] 1:9:15 | 1:9:18 | | |
| Forth [1] 1:1:24 | | | |
| frequency 1:20:24 | 7[1] | | |
| frequent [1 1:46:6 |] | | |
| full [2] 1:5:7 | 1:53:6 | | |
| Function [5 | | | |
| 1:43:4 1:44:21 | 1:43:6 1:55:1 | 1:44:14 | |
| Functionin | | | |
| 1:26:16 Future [1] | | | |
| 1:47:9 Fvc [4] | | | |
| 1:45:23 | 1:45:23 | 1:46:5 | |
| 1:46:11 gallbladde | er [3] | | |
| 1:36:5 | 1:36:10 | 1:38:25 | |
| gas [1] 1:31:12 | | | |
| gases [2] 1:31:5 | 1:31:8 | | |
| general [6] 1:6:2 | 1:10:10 | 1:11:19 | |
| 1:22:11 generally | 1:47:15 | 1:47:22 | |
| 1:36:7 | 1] | | |
| given [4] 1:6:24 1:65:14 | 1:28:24 | 1:65:9 | |
| glad [1] 1:4:25 | | | |
| glen [1] 1:1:6 | | | |
| glenn [1] 1:17:16 | | | |
| | | | |

| Multi-Page | ſΜ |
|------------|----|
|------------|----|

goes - jones

| goes [2] 1:29:22 | 1:49:8 | | |
|---------------------------------------|------------------------------|--------------------|---|
| grads [1] 1:6:24 | | | |
| graduated 1:6:2 | | | |
| graduatin 1:6:1 | g [1] | | |
| gram [4] 1:49:19 1:55:25 | 1:49:24 | 1:55:23 | |
| graph [3] 1:62:19 greene [1] | 1:62:21 | 1:62:24 | |
| 1:1:8 grieco[1] | | | |
| 1:2:3 group [1] | | | |
| 1:2:16 gsw [1] | | | |
| 1:24:24 guess [5] | | | |
| 1:18:3 1:21:20 | 1:19:3 1:37:24 | 1:21:19 | |
| gunshot [1 1:24:24 |] | | |
| guy [2] 1:41:8 | 1:48:23 | | |
| h-e-m-a-t 1:12:20 | t-0 <u>-</u> p-0-i | -e-s-i-s[1] | |
| half [1] 1:52:1 | | | |
| hand [2] 1:43:18 | 1:65:21 | | |
| handwriti 1:45:16 | ng [2] 1:45:17 | | |
| head [2] 1:4:17 | 1:30:24 | | |
| headachea 1:21:25 | 5 [2] 1:26:2 | | |
| heart [14] 1:21:9 | 1:24:7 | 1:26:16 | |
| 1:26:20 1:39:20 | 1:31:3 1:41:9 | 1:36:17 1:51:10 | |
| 1:51:14 1:62:25 | 1:51:21 1:63:1 | 1:52:9 | |
| held [2] 1:9:18 | 1:10:4 | | |
| help [1] 1:12:16 | | | |
| | biesis [2] 1:12:18 | | |
| hereby [1] 1:65:6 | | | |
| herein [2] 1:1:17 | 1:4:7 | | |
| hereinafte | | | |
| hereunto [1:65:21 | 1] | | |
| high [5] | 1:47:14 | 1:47:21 | |
| 1:47:25 history [10 | 1:48:3 | | |
| 1:24:2 1:27:14 | 1:24:3 1:27:16 | | |
| file:page:line | | | ~ |

 \int

| | TATUTT. | I age |
|----------------------------|--------------------|--------------------|
| 1:28:2 1:42:13 | 1:29:7 | 1:42:11 |
| hold [5] 1:8:24 | 1:9:5 | 1:9:15 |
| 1:11:16 | 1:50:19 | 1.7.15 |
| hooked [1] 1:63:7 | | |
| hospital [17 | | 1.0.7 |
| 1:1:9 1:7:16 | 1:1:22 1:8:5 | 1:2:7 1:8:22 |
| 1:8:25 | 1:9:5 1:14:13 | 1:9:19 1:14:16 |
| 1:14:18 1:42:24 | 1:24:17 1:55:8 | 1:24:21 |
| hour[1] 1:55:21 | | |
| huron [8] | | |
| 1:1:9 1:7:16 | 1:1:21 1:8:4 | 1:2:7 1:8:22 |
| 1:14:12 | 1:17:4 | |
| | 1:39:21 | 1:51:6 |
| 1:51:18 hypothetic | 1:52:8 | |
| 1:28:5 | | |
| hypoventi 1:23:7 | 1:23:11 | 1:58:7 |
| identificat | ion [1] | |
| identify[1] 1:19:17 | | |
| inaccurate 1:16:4 | [1] | |
| inaccurate | ely [1] | |
| 1:16:1 incentive[| 1] | |
| 1:55:21 include [2] | | |
| 1:36:10 includes [1 | 1:52:15 | |
| 1:52:14 including [| | |
| 1:53:6 | | |
| incumbent 1:41:1 | [[1] | |
| index [1] 1:3:1 | | |
| indicate[14 | 1 4 4 1 4 | 1.06.05 |
| 1:27:7 | 1:26:19 1:27:13 | 1:26:25 1:29:16 |
| 1:31:6 1:36:20 | 1:31:8 1:37:5 | 1:36:1 1:37:22 |
| 1:38:8 | 1:46:25 | |
| indicates [1:61:14 | 1] | |
| indicating 1:29:20 | [1] | |
| indication 1:60:11 | [3] 1:60:16 | 1:60:18 |
| infectious 1:9:10 | | |
| informatio | | 1 00 0 - |
| 1:18:11 1:30:15 | 1:24:15 1:30:19 | 1:27:25 1:31:14 |
| 1:53:6 inpatient [| | |
| 1:35:5 | r ì | |
| | | |

| | | goes - | - Jone |
|--------------------------------|------------------------|--------------------|--------|
| input [1] 1:10:1 | | | |
| inquiry [1] 1:41:12 | | | |
| instance [1 1:13:10 | 1] | | |
| institution 1:7:6 | 1 [2] 1:7:15 | | |
| institution | nal [1] | | |
| 1:9:11 intended[1:52:10 | 2] 1:62:1 | | |
| intention [1:51:22 | [2] 1:52:18 | | |
| interested 1:65:20 | [1] | | |
| internal [1] | 1] | | |
| 1:6:4 1:10:10 | 1:8:14 1:10:20 | 1:10:10 1:11:12 | |
| 1:11:16 1:19:4 | 1:11:19 1:57:13 | 1:16:20 | |
| interrupte 1:26:1 | a [1] | | |
| intraopera 1:63:11 | ative [1] | | |
| intraopera 1:59:24 | atively[1] | | |
| involved [| 12] | 1:15:5 | |
| 1:13:17 1:15:12 1:18:16 | 1:16:13 | 1:18:9 | |
| 1:18:16 1:45:4 | 1:18:21 1:53:14 | 1:44:25 1:56:21 | |
| involvem | | 1.02.04 | |
| 1:20:1 1:35:4 | 1:35:12 | 1:23:24 1:52:3 | |
| 1:52:10 isolated [1 | | | |
| 1:27:2 | - | | |
| issues [1] 1:10:2 | | | |
| items [1] 1:52:11 | | | |
| itself [3] 1:26:13 | 1:26:22 | 1:50:2 | |
| jack [4] | | | |
| 1:2:3 1:52:13 | 1:4:13 | 1:33:17 | |
| james [1 1:2:8 | | | |
| january 1 1:10:5 |] | | |
| job [1] 1:12:24 | | | |
| jones [42] 1:1:6 | 1:4:14 | 1.15.2 | |
| 1:15:6 | 1:16:6 | 1:15:3 1:16:14 | |
| 1:17:23 1:19:9 | 1:18:5 1:19:12 | 1:18:9 1:19:19 | |
| 1:19:23 1:23:16 | 1:20:6 1:23:19 | 1:22:25 1:24:1 | |
| 1:25:2 | 1:26:18 | 1:27:5 | |
| 1:30:11 1:38:4 | 1:33:16 1:39:18 | 1:34:21 1:40:1 | |
| 1:40:15 1:48:9 | 1:44:14 1:49:20 | 1:48:8 1:53:15 | |
| 1:56:12 | 1:56:24 | 1:58:15 | |
| 1:60:6 1:61:7 | 1:60:7 1:62:1 | 1:60:12 1:62:5 | |

| Multi-Page [™] | |
|-------------------------|--|
|-------------------------|--|

| | | | | jones' - migh |
|--|--|--|--|--|
| jones' [9] 1:18:13 1:18:16 1:44:25 1:45:4 | 1:36:5 1:46:9 | 1:32:17 left [2] 1:35:22 1:41:21 | 1:63:11 1:63:15 manner [1] 1:62:12 | |
| 1:47:20 1:56:21 judge [1] 1:1:8 | 1:58:11 | legs [1] 1:42:1 level [2] | march [1] 1:1:14 mark [3] | |
| jump [1] 1:30:10 keith [1] | | 1:35:12 1:36:22 levels [2] | 1:24:11 1:24:13 | 1:51:12 |
| 1:2:23 kick [1] | | 1:42:17 1:58:11 license [1] 1:14:21 | 1:3:12 1:4:3 1:19:16 1:43:9 1:44:6 | 1:19:15 1:43:12 |
| 1:12:25 knew [1] 1:40:15 | | life [3] 1:49:3 1:52:1 1:52:2 | marrow [1] 1:12:23 | |
| knowing [1] 1:41:2 | | liked [2] 1:16:9 1:48:18 lillian [1] | matter [2] 1:12:12 1:57:24 may [4] | |
| knowledge [5] 1:38:9 1:40:1 1:40:19 1:44:5 | 1:40:8 | 1:1:8 limbs [2] | 1:12:15 1:46:19 1:61:16 mcgregor [1] | 1:48:7 |
| laboratory[3] 1:36:19 1:36:25 | 1:38:13 | 1:41:22 1:41:23 limited [2] 1:18:2 1:52:2 | 1:2:23 1 meadows [6] | |
| labs [1] 1:32:12 lakeland [1] | | line [17] 1:25:24 1:29:13 1:30:2 1:30:24 1:31:2 1:34:10 | 1:2:12 1:3:20 1:29:4 1:32:13 I mean [14] | 1:28:6 1:32:16 |
| 1:2:16 landskroner [35] 1:2:3 1:2:4 1:4:12 1:4:13 1:20:17 1:20:20 1:23:23 1:26:7 1:27:10 1:32:6 | 1:3:5 1:12:5 1:22:21 1:26:8 1:33:21 | 1:35:23 1:35:24 1:36:23 1:41:21 1:42:6 1:42:15 1:42:23 1:43:3 1:49:14 1:51:4 1:51:6 located [1] 1:7:8 | 1:27:4 1:28:1 1:34:19 1:35:2 1:37:13 1:39:4 1:41:24 1:45:10 1:53:21 1:55:2 meaning[1] 1:30:6 | 1:28:17 1:36:16 1:39:14 1:46:20 |
| 1:36:24 1:40:6 1:43:11 1:47:6 1:48:24 1:51:3 1:53:4 1:54:2 1:57:3 1:57:4 1:58:22 1:59:22 | 1:41:11 1:48:2 1:52:16 1:54:7 1:58:9 1:61:1 | logistical [1] 1:7:2 logistics [1] 1:18:22 long-lasting [1] 1:49:2 | Imeans [6] 1:28:15 1:39:5 1:47:4 1:49:7 Imeant [i] 1:34:21 | 1:39:6 1:50:2 |
| | 1:40:8 | look [8] 1:23:18 1:25:6 1:32:12 1:43:24 1:50:20 1:54:3 1:61:10 1:64:6 looked [4] | medical [14] 1:2:16 1:5:19 1:5:24 1:6:11 1:7:7 1:9:22 1:10:1 1:10:2 1:15:3 1:15:23 | 1:5:23 1:7:6 1:9:25 1:14:21 |
| 1:41:2 1:41:18 last [5] 1:5:10 1:46:5 1:46:10 | 1:45:23 | 1:44:8 1:54:2 1:54:4 1:63:1 looking [5] 1:29:10 1:31:15 1:38:1 | <pre>medical-legal[1] 1:14:7 medications[3] 1:25:8 1:25:12</pre> | 1:25:14 |
| late [1] 1:32:19 [auren [3] | | 1:38:5 1:38:12 low [1] 1:37:21 | medicine [18] 1:6:2 1:6:2 1:6:8 1:8:11 | 1:6:4 1:8:14 |
| 1:1:19 1:65:3 awsuit [1] 1:13:4 aymen's [2] | 1:65:24 | lower [1] 1:44:1 lung [2] 1:43:6 1:50:23 | 1:10:8 1:10:9 1:10:11 1:10:20 1:11:16 1:11:19 | 1:10:10 1:11:12 1:11:24 |
| 1:12:21 1:37:17 eads [2] | | lungs [2] 1:26:15 1:46:1 | meet [1] 1:18:13 | 1:57:13 |
| 1:28:20 1:28:20 eaf [1] 1:43:10 | | madden [1] 1:17:16 majority [1] | mentioned [5] 1:21:8 1:37:11 1:51:24 1:52:12 | 1:38:7 |
| carn [2] 1:31:11 1:31:15 earned [1] | | 1:25:14 makes [1] 1:39:20 | mentions[1] 1:44:24 meridia [8] | |
| 1:18:6 east [7] 1:28:1 1:29:24 | 1:33:15 | male [1] 1:30:4 man [1] | 1:1:9 1:7:16 1:8:4 1:14:12 1:17:4 | 1:2:7 1:8:22 |
| 1:46:8 1:46:25 1:54:8 eave [1] | 1:48:16 | 1:25:3 management [5] 1:34:13 1:34:20 1:34:21 | middle [1] 1:5:9 might [2] | |
| ile:page:line 1:97-68 | 3.txt | | | ****** |

ADRIAN A. CARACIONI, M.D.

Multi-Page[™]

mild - own

| 1:26:20 mild [1] | 1:49:12 | | | |
|-------------------------------------|-------------------|--------------------|--|--|
| 1:49:21 | | | | |
| mine [1] 1:55:17 | | | | |
| minute [2] 1:32:14 | 1:37:11 | | | |
| missed [2] 1:22:19 | 1:36:22 | | | |
| missing [1 | | | | |
| 1:16:8 moment [1 | 1 | | | |
| 1:43:25 monday[1 | - | | | |
| 1:1:14 | L | | | |
| month [4] 1:19:1 | 1:19:5 | 1:59:10 | | |
| 1:61:4 morbid [2] | | | | |
| 1:51:4 morbidly | 1:52:8 | | | |
| 1:25:3 | | | | |
| morning[3 1:21:25 | 3] 1:26:2 | 1:58:14 | | |
| most [1] 1:37:20 | | | | |
| movemen 1:21:9 | ts [1] | | | |
| multi-cha | nnel [1] | | | |
| 1:21:6 multitude | [3] | | | |
| 1:22:13 | 1:31:10 | 1:38:8 | | |
| name [5] 1:4:13 1:5:10 | 1:5:7 1:7:5 | 1:5:9 | | |
| national [1 | | | | |
| 1:6:11 nbme [3] | | | | |
| 1:6:11 necessary | 1:6:20 | 1:6:23 | | |
| 1:32:22 | L-J | | | |
| need [8] 1:5:3 | 1:12:22 | 1:19:13 | | |
| 1:27:14 1:60:8 | 1:27:18 1:64:7 | 1:38:19 | | |
| neutrophi 1:39:9 | i ls [1] | | | |
| never [2] 1:54:8 | 1:56:13 | | | |
| next [24] | | 1 25 24 | | |
| 1:7:25 1:29:13 | 1:8:13 1:30:2 | 1:25:24 1:30:5 | | |
| 1:30:24 1:36:13 | 1:31:2 1:36:13 | 1:35:24 1:41:3 | | |
| 1:41:18 | 1:36:13 | 1:41:3 1:42:6 | | |
| 1:42:15 | 1:42:23 | 1:43:3 | | |
| 1:43:9 1:51:4 | 1:49:14 1:51:6 | 1:49:14 1:55:23 | | |
| night [3] 1:20:25 | 1:23:11 | 1:63:2 | | |
| nods [2] 1:4:17 | | x.0 <i>2</i> .4 | | |
| 1:4:17 nonsmoke | 1:59:4 er[1] | | | |
| 1:25:23 | | | | |
| nonspeci 1:37:6 | 1:37:23 | 1:38:7 | | |
| ile:page:line | 1:97-68 | .txt | | |
| ADDIAN | | | | |

(

| | 1410101 | 1 450 |
|-------------------------------|-----------------------------|-------------------|
| 1:39:17 | | |
| nontender | [2] | |
| 1:36:2 | 1:36:4 | |
| nor [1] | | |
| 1:48:6 | | |
| normal [14] | 1 | |
| 1.20.25 | 1.20.25 | 1.21.7 |
| 1:30:25 1:31:16 1:38:22 | 1.30.25 | 1:31:7 1:38:21 |
| 1.31.10 | 1.30.7 | 1:38:21 |
| 1:39:6 | 1.39.2 | 1:56:4 |
| 1:56:5 | 1:39:2 1:39:10 1:56:6 | 1.50.4 |
| | | |
| normally [1:56:15 | 1] | |
| | | |
| notary [4] | | |
| 1:1:20 | 1:65:4 | 1:65:24 |
| 1:65:25 | | |
| notation [2 | | |
| 1:35:22 | 1:44:18 | |
| notations | [2] | |
| 1:31:4 | 1:52:7 | |
| note [12] | | |
| 1:23:18 | 1:23:21 | 1:23:25 |
| 1:24:16 | 1:25:8 | 1:25:11 |
| 1:24:16 1:25:17 | 1:28:17 | 1:34:4 |
| 1:34:8 | 1:44:17 | 1:56:7 |
| noted [2] | | |
| 1:25:2 | 1:43:16 | |
| | 1.10.10 | |
| notes [5] 1:33:5 | 1.25.6 | 1:54:11 |
| 1:53:5 | 1:35:6 1:55:16 | 1:54:11 |
| | | |
| nothing [3] | 1 0 1 7 | 1 65 0 |
| 1:18:12 | 1:31:7 | 1:65:8 |
| notice[1] | | |
| 1:1:21 | | |
| noticing[1 | 1 | |
| 1:22:3 | - | |
| notified [2 | 1 | |
| 1:46:13 | 1:46:16 | |
| now [5] | | |
| 1:8:21 | 1:51:16 | 1:57:2 |
| 1:58:21 | 1:59:19 | 1.07.2 |
| | | |
| number [3] 1:54:18 | 1:55:7 | 1:55:12 |
| | | 1:55:12 |
| numbers [2 | | |
| 1:38:10 | 1:38:15 | |
| nurses [1] | | |
| 1:62:17 | | |
| o'neill [13] | | |
| 1:2:11 | 1:17:11 | 1:33:6 |
| 1:33:9 | 1:33:12 | 1:33:22 |
| 1:33:24 | 1:34:3 | 1:41:16 |
| 1:44:24 | 1:45:4 | 1:53:6 |
| 1:61:25 | | |
| o'neill's [| l] | |
| 1:15:20 | | |
| obese [3] | | |
| 1:23:11 | 1:25:3 | 1:30:4 |
| obesity[6] | | |
| 1:22:15 | 1:23:6 | 1:25:2 |
| 1:51:4 | 1:52:8 | 1:58:6 |
| | ****** | 1.20.0 |
| object [5] 1:28:5 | 1.28.7 | 1:47:24 |
| 1:28:5 | 1:28:7 1:60:24 | 1.77.24 |
| | | |
| objection | | |
| 1:13:18 | 1:29:5 | |
| objection | S [1] | |
| 1:3:18 | | |
| | | |

| - | | mıld - | ow |
|---|---|---|----|
| objective 1:51:14 | [1] | | |
| observed[1:27:11 | 1] | | |
| obstructio | | | |
| 1:22:18 obstructiv 1:24:10 | 1:22:23 re [3] 1:42:10 | 1:52:21 | |
| occasion [1:13:6 | | 1.52.21 | |
| occasiona 1:57:14 | lly [2] 1:59:2 | | |
| october [4] 1:16:16 1:43:21 | 1:18:25 | 1:30:13 | |
| Off [7] 1:5:4 1:34:3 1:35:22 Office [1] | 1:20:17 1:34:11 | | |
| 1:65:22 often [1] 1:59:5 | | | |
| ohio [13] | | | |
| 1:1:1 1:1:22 | 1:1:18 :2:5 | 1:1:21 1:2:9 | |
| 1:2:14 1:65:1 | :2:19 :65:5 | 1:5:13 1:65:22 | |
| 1:65:25 ohs [1] | | | |
| 1:23:16 | | | |
| one [17] 1:4:14 1:12:16 1:19:15 1:29:9 1:44:22 1:59:10 | :6:19 :19:5 :27:20 :35:12 1:57:15 1:63:5 | 1:11:2 1:19:14 1:28:20 1:39:20 1:59:8 | |
| operating | | | |
| 1:18:7 opportuni | tvm | | |
| 1:17:19 oral [1] 1:11:3 | | | |
| order [6] | | | |
| 1:31:22 1:55:23 | 1:31:25 1:59:15 | | |
| ordered [3] 1:32:4 | 1:59:12 | 1:59:23 | |
| ordering [1 1:59:16 | 1] | | |
| orders [6] | 1.54.14 | 1.55.4 | |
| 1:54:12 1:55:16 | 1:54:14 1:55:17 | | |
| oriented [1 1:30:5 | .] | | |
| osa[1] 1:24:9 | . [1] | | |
| otherwise | | | |
| outpatien 1:9:22 | 1:10:3 | | |
| outside [2] 1:14:15 | 1:15:5 | | |
| overnight 1:42:16 | [2] 1:55:13 | | |
| OWN [1] | | | |

ADRIAN A. CARACIONI, M.D.

 $\left(\right)$

| | Multi-Page [™] | oximeter - proceedings |
|---|---|---|
| 1:7:10 | 1:63:12 1:63:15 1:63:21 | point [5] |
| ximeter [1] | patient's [3] | 1:41:16 1:45:9 1:52:24 |
| 1:63:8 | 1:21:7 1:62:25 1:62:25 | 1:53:18 1:58:10 |
| ximetry [6] 1:21:9 1:42:16 1:42:17 | patients [5] 1:12:22 1:23:10 1:33:13 | policy [1] 1:35:11 |
| 1:55:13 1:62:11 1:63:4 | 1:12:22 1:25:10 1:55:15 | polysomnography[3] |
| xygen [5] | paul [1] | 1:21:4 1:21:5 1:23:1 |
| 1:42:17 1:42:19 1:58:11 | 1:2:3 | poorly[1] |
| 1:58:15 1:62:25 | per [4] | 1:40:25 |
|)age [8] | 1:19:5 1:20:9 1:53:10 | position [I] |
| 1:30:11 1:33:5 1:43:25 1:44:17 1:44:18 1:49:14 | 1:53:19 | |
| 1:53:9 1:54:17 | percent [2] 1:39:8 1:58:12 | positions [4] 1:8:24 1:9:15 1:9:18 |
| aged [1] | performed [5] | 1:9:19 |
| 1:20:16 | 1:24:21 1:34:24 1:62:12 | positively [1] |
| ages [1] | 1:62:13 1:62:23 | 1:48:6 |
| 1:3:2 | perhaps [1] | possibilities[1] |
| valpate [2] 1:36:7 1:36:9 | 1:52:22 | 1:6:20 |
| alpated [1] | period [4] 1:7:21 1:8:1 1:52:22 | possibility [1] 1:46:21 |
| 1:36:4 | 1:52:25 | poster [2] |
| valpation [1] | periods [1] | 1:12:11 1:12:11 |
| 1:36:2 | 1:20:23 | postoperative [3] |
| aperwork [1] | person [1] | 1:22:18 1:22:23 1:63:14 |
| 1:18:4 | 1:56:17 | pounds [1] |
|)arameters [1] 1:21:7 | perspective [2] 1:39:13 1:60:21 | 1:25:5 |
| art [11] | pft's [2] | practice [5] 1:6:7 1:7:22 1:14:15 |
| 1:6:18 1:11:2 1:11:4 | 1:43:17 1:54:24 | 1:57:13 1:58:17 |
| 1:11:22 1:15:15 1:15:16 | pfts [1] | predisposing[2] |
| 1:36:13 1:37:8 1:52:12 1:52:17 1:53:24 | 1:43:16 | 1:22:5 1:22:15 |
| ,articular [1] | Phillips [1] | preoperative [1] |
| 1:59:17 | 1:2:4 phlegm [1] | 1:49:8 |
| particularly [1] | 1:50:8 | preoperatively [2] 1:49:9 1:55:22 |
| 1:31:7 | phosphates [1] | preparedness [1] |
|) artner [1] 1:22:3 | 1:37:1 | 1:9:11 |
| 1:22:5 parts [2] | physical [4] | presence [1] |
| 1:10:24 1:10:25 | 1:24:2 1:27:23 1:29:8 1:30:2 | |
|)arty [1] | physician [9] | present [4] 1:2:22 1:27:12 1:31:23 |
| 1:65:19 | 1:8:22 1:8:25 1:34:11 | 1:36:3 |
|) ass [3] | 1:34:12 1:35:2 1:41:15 | presented [3] |
| 1:6:13 1:7:3 1:11:8 | 1:54:12 1:54:14 1:57:16 | 1:26:19 1:27:6 1:28:25 |
|)assed [2] 1:45:22 1:46:10 | physicians [3] 1:16:24 1:41:5 1:44:25 | presently [2] 1:10:6 1:14:11 |
|)asses [1] | place [2] | 1:10:6 1:14:11 pretty [1] |
| 1:46:7 | 1:55:15 1:65:16 | 1:39:11 |
| bassing [2] | placed [1] | previous [1] |
| 1:7:24 1:46:5 | 1:51:12 | 1:52:1 |
|) atient [54] 1:13:7 1:15:12 1:20:23 | plaintiff [1] 1:13:3 | private [1] |
| 1:22:10 1:22:14 1:22:17 | plaintiffs[4] | 1:14:15 privileges [1] |
| 1:22:22 1:24:14 1:26:18 | 1:1:7 1:1:18 1:2:2 | 1:14:19 |
| 1:27:17 1:27:24 1:30:21 1:33:24 1:34:12 1:34:16 | | problem [3] |
| 1:35:1 1:35:13 1:35:20 | plaintiffs' [2] 1:3:12 1:4:1 | 1:26:20 1:42:9 1:52:3 |
| 1:38:3 1:40:4 1:41:19 | plan [6] | problem [4] |
| 1:42:10 1:45:6 1:45:12 1:45:22 1:46:2 1:46:21 | 1:42:7 1:52:6 1:52:7 | 1:27:22 1:29:11 1:30:7 1:52:12 1:30:7 1:30:7 |
| 1:47:7 1:47:13 1:47:19 | 1:52:15 1:52:21 1:53:7 | procedure [15] |
| 1:48:3 1:48:6 1:48:25 | play [2] | 1:1:18 1:30:12 1:34:23 |
| 1:49:3 1:50:5 1:51:13 1:51:25 1:52:3 1:55:22 | 1:63:11 1:63:14 pleas [1] | 1:40:2 1:40:9 1:40:16 |
| 1:57:19 1:57:25 1:59:5 | pieas [1] 1:1:4 | 1:40:20 1:41:2 1:41:3 1:41:18 1:47:14 1:47:22 |
| 1:59:13 1:59:15 1:59:17 | pneumonia [1] | 1:48:13 1:48:17 1:48:19 |
| 1:59:24 1:60:5 1:60:19 1:60:21 1:62:10 1:63:8 | 1:50:23 | proceedings[1] |
| ile:page:line 1:97-68.txt | 1 | |
| L | | |

Multi-Page[™]

process - restriction

| 1:14:7 | _ | |
|--|---------------------------|-------------------|
| process [2] 1:7:25 |] 1:65:12 | |
| profession 1:1:20 | n al [3] 1:5:11 | 1:65:4 |
| proficien 1:6:16 | cy [2] 1:7:1 | |
| program [4 1:6:2 1:12:6 | 4] 1:10:19 | 1:12:2 |
| progress [2 1:54:11 | 2] 1:54:12 | |
| pronounce 1:7:10 | | |
| proof [1] 1:51:15 | | |
| proved [1] 1:13:8 | | |
| provided [1:20:4 | | |
| providers 1:16:13 | [1] | |
| public [4] 1:1:20 1:65:25 | 1:2:4 | 1:65:4 |
| published 1:12:9 | [2] 1:13:1 | |
| pulmonar | y [21] | |
| 1:11:15 1:17:12 | 1:11:23 1:18:17 | 1:17:8 1:18:25 |
| 1:34:17 | 1:35:20 | 1:39:13 |
| 1:43:4 1:46:23 | 1:44:14 1:47:13 | 1:44:21 1:48:5 |
| 1:40:23 | 1:55:1 | 1:61:8 |
| 1:62:1 | 1:62:5 | 1:62:9 |
| pulmonol | ogist [7] | 1 2 2 1 4 |
| 1:21:21 1:53:12 | 1:21:22 1:60:2 | 1:33:14 1:60:4 |
| 1:60:25 | | 10011 |
| pulmonol 1:58:25 | ogy [2] 1:60:20 | |
| pulse [8] 1:21:9 | 1:42:16 | 1:42:17 |
| 1:62:11 | 1:63:3 | 1:63:4 |
| 1:63:8 | 1:63:10 | |
| purpose [5] |] 1:27:4 | 1:43:5 |
| 1:59:16 purposes [| 1:60:1 | 1.45.5 |
| 1:4:3 | 1:42:3 | 1:44:14 |
| 1:44:15 pursuant [] | 1:44:16 1] | 1:59:24 |
| 1:1:21 put [2] 1:18:4 | 1:52:7 | |
| qualificat 1:10:17 | | |
| qualified[1:57:5 | 2] 1:65:5 | |
| quality [1] 1:9:9 | | |
| questiona 1:51:8 | 1:51:20 | |
| questions | [1] | |
| quickly [1] 1:4:25 ile:page:line | 1:97-6 | 8.txt |
| | | |

| | | A - |
|-----------------------------------|-------------------------|--------------------|
| raise [2] 1:47:10 | 1:49:10 | |
| raised [1] 1:46:9 | | |
| rate [3] 1:21:8 | 1:21:10 | 1:63:1 |
| reaction [1 1:13:9 |] | |
| read [12] 1:23:21 | 1:25:24 | 1:30:3 |
| 1:30:24 1:45:15 | 1:31:11 1:46:15 | 1:36:25 1:54:23 |
| 1:57:1 reading[5] | 1:57:5 | 1:57:10 |
| 1:37:21 1:57:11 | 1:39:10 1:61:13 | 1:57:8 |
| readings[3 1:31:12 |] 1:32:8 | 1:32:10 |
| reads [1] 1:29:13 | | |
| real [1] 1:4:18 | | |
| realize[1] 1:32:18 | | |
| really [1] 1:22:14 | | |
| reason [1] 1:49:1 | | |
| recess[3] 1:20:19 | 1:32:15 | 1:32:23 |
| recollection |)n [6] 1:16:5 | 1:18:2 |
| 1:20:3 | 1:20:10 | 1:57:21 |
| record [8] 1:4:18 1:18:10 | 1:5:4 1:20:18 | 1:5:8 1:32:14 |
| 1:53:19 recorded [1 | 1:53:25 | 1.52.14 |
| 1:63:9 | 1 | |
| records [3] 1:17:23 red [3] | 1:19:12 | 1:55:8 |
| 1:46:9 | 1:47:10 | 1:49:11 |
| reduced [1] 1:65:10 | | |
| references 1:46:18 | [1] | |
| referral [2] 1:30:17 | 1:33:8 | |
| referring [2 1:34:10 | 1:43:15 | |
| reflected[1 1:18:9 | .] | |
| reflects[1] 1:19:16 | | |
| registered 1:1:19 | [2] 1:65:3 | |
| r egular [1] 1:31:3 | | |
| regularity 1:58:18 | [1] | |
| relate[1] 1:41:4 | | |
| related [2] 1:49:7 | 1:53:5 | |
| dating[1] | | |

| | process - | restriction |
|---|------------------|-------------|
| 1:15:16 relative [1] | | |
| 1:65:18 | | |
| relied [2] 1:32:11 1:32:25 | 5 | |
| relying [1] 1:32:7 | | |
| remember[1] 1:56:19 | | |
| reminger [6] 1:2:8 1:2:8 | 1 0 10 | |
| 1:2:13 1:2:18 | 1:2:13 1:2:18 | |
| rephrase [4] 1:4:23 1:4:23 | 1:40:14 | |
| 1:57:7 report [2] | | |
| 1:54:8 1:54:9 reported [1] | | |
| 1:16:1 | | |
| reporter [4] 1:1:20 1:5:8 1:65:4 | 1:64:9 | |
| reports [i] 1:15:23 | | |
| representing[1] 1:4:14 | | |
| request [2] 1:33:2 1:57:15 | ; | |
| requested [7] | 1 25 10 | |
| 1:20:8 1:20:11 1:44:13 1:44:22 1:62:13 | 1:62:12 | |
| requests [1] 1:34:11 | | |
| require [1] 1:29:3 | | |
| research [2] 1:9:12 1:12:10 |) | |
| reserve [1] 1:32:21 | | |
| residency [13] | | |
| 1:5:23 1:6:3 1:8:14 1:8:15 | 1:6:5 1:8:19 | |
| 1:10:19 1:11:23 1:16:17 1:17:18 | 1:12:2 | |
| 1:61:2 | 1.57.0 | |
| resident [8] 1:13:7 1:17:5 | 1:18:17 | |
| 1:18:24 1:52:23 1:58:25 1:59:19 | | |
| residents[1] 1:16:19 | | |
| resolved [1] 1:13:14 | | |
| respectively[1] 1:63:2 | | |
| respiratory [5] 1:21:8 1:48:4 | 1.56.4 | |
| 1:63:18 1:63:23 | 1:56:4 | |
| responses [2] 1:4:16 1:4:19 | | |
| resting[1] 1:27:8 | | |
| restriction[17] 1:46:20 1:46:22 | 1:46:23 | |
| 1:47:14 1:47:23 | 1:48:4 | |
| 1:48:5 1:48:7 | 1:48:10 | |

ile:page:line 1:97-68.txt

(

| | | | M | ulti-Page [™] | | result - sleep |
|------------------------------|--------------------|---------|--|--------------------------|---|--------------------|
| 1:48:20 | 1:49:12 | 1:61:7 | 1:19:12 1:19:2 | | 1:61:15 1:61:22 | |
| 1:61:8 1:61:16 | 1:61:11 1:61:22 | 1:61:14 | 1:28:9 1:30:8 1:49:4 1:56:1 | | shall [1] | |
| result [2] | 1.01.22 | | 1:49:4 1:56:1 1:60:12 | 13 1:60:8 | 1:31:24 | |
| 1:39:2 | 1:62:15 | | says [22] | | sheet [1] | |
| results [7] | | | 1:24:16 1:25:2 | 1:28:17 | 1:31:25 | |
| 1:32:25 | 1:36:19 | 1:36:25 | 1:34:10 1:34:1 | | shifts [1] 1:19:3 | |
| 1:55:25 | 1:56:3 | 1:57:18 | 1:35:23 1:41:2 1:43:25 1:44:1 | 21 1:42:23 17 1:44:18 | shortness [15] | |
| 1:63:10 | | | 1:45:6 1:45:2 | | 1:26:2 1:26:3 | 1:26:6 |
| revealed [2 1:24:3 | IJ | | 1:46:19 1:48:7 | 1:49:15 | 1:26:10 1:26:10 | 1:26:19 |
| review [10 | 1 | | 1:51:8 1:52:2 | 1:53:9 | 1:27:1 1:27:6 | 1:27:12 |
| 1:9:12 | 1:15:3 | 1:15:7 | 1:55:10 | | 1:27:13 1:27:17 1:28:15 1:28:18 | 1:28:14 1:28:25 |
| 1:15:13 | 1:15:19 | 1:15:23 | scheduled [2] 1:30:12 1:32:1 | 0 | show [2] | 1120120 |
| 1:16:10 | 1:23:4 | 1:42:3 | scheduling[1] | .) | 1:29:4 1:31:9 | |
| 1:56:23 reviewed | - 41 | | 1:42:20 | | shows [3] | |
| 1:16:9 | 1:34:8 | 1:58:1 | school [5] | | 1:38:1 1:39:13 | 1:62:24 |
| 1:58:3 | 1.51.0 | 1.50.1 | 1:5:19 1:5:23 | 1:5:25 | sickle ^[1] | |
| reviewing | [2] | | 1:6:1 1:7:7 | | 1:12:22 | |
| 1:15:25 | 1:57:22 | | seal [1] | | side [2] 1:25:11 1:41:21 | |
| revoked [2 |] | | 1:65:22 | | sign[2] | |
| 1:14:19 | 1:14:22 | | second [1] 1:34:10 | | 1:27:2 1:34:3 | |
| right [14] 1:5:20 | 1:7:2 | 1:7:17 | section[1] | | signature [2] | |
| 1:22:12 | 1:25:8 | 1:25:11 | 1:46:19 | | 1:34:6 1:34:6 | |
| 1:25:17 | 1:25:17 | 1:32:21 | See [16] | | signed [3] | 1.55.04 |
| 1:38:23 | 1:43:18 | 1:44:1 | 1:15:13 1:19:1 | | 1:55:14 1:55:22 | 1:55:24 |
| 1:45:16 risk [6] | 1:63:25 | | 1:44:1 1:44:8 1:51:2 1:51:2 | | significance [14] 1:26:3 1:26:9 | 1:29:17 |
| 1:22:18 | 1:22:23 | 1:47:14 | 1:53:9 1:54:9 | | 1:29:20 1:39:14 | 1:39:19 |
| 1:47:21 | 1:47:25 | 1:48:3 | 1:59:5 1:61:2 | | 1:39:22 1:39:25 | 1:40:9 |
| road [2] | | | 1:63:7 | | 1:40:18 1:42:2 1:46:4 1:46:8 | 1:45:19 |
| 1:1:22 | 1:5:12 | | seeing [4] 1:18:6 1:18:8 | 1:33:13 | significant[1] | |
| role [2] | 1.62.14 | | 1:42:10 | 1.55.15 | 1:41:3 | |
| 1:63:11 romania [5 | 1:63:14 | | seizing[1] | | signs [2] | |
| 1:5:15 | 1:5:19 | 1:6:3 | 1:22:4 | | 1:21:23 1:30:5 | |
| 1:7:7 | 1:7:8 | | self-limited[1] | | sit [3] | |
| room [1] | | | 1:13:9 | | 1:8:21 1:10:14 | 1:10:23 |
| 1:18:7 | | | send [4] 1:64:5 1:64:6 | 1:64:7 | sites [1] 1:12:24 | |
| rotated [1] 1:61:3 | | | 1:64:8 | 1.01.7 | sitting [2] | |
| rotating [1] | 1 | | sense [1] | | 1:11:8 1:54:5 | |
| 1:6:3 | 1 | | 1:4:25 | | situation [1] | |
| rotations | 2] | | sensitivity[2] | . 4 | 1:33:12 | |
| 1:19:5 | 1:35:4 | | 1:49:19 1:55:2 | /4 | sivak [1] | |
| rounds[1] | | | sent [1] 1:30:17 | | 1:17:16 six-vear [1] | |
| 1:11:23 | | | sentence [2] | | six-year [1] 1:6:1 | |
| rpr [1] 1:65:24 | | | 1:36:13 1:36:1 | 4 | size[1] | |
| rule [4] | | | separate [13 | | 1:39:6 | |
| 1:23:16 | 1:27:21 | 1:48:20 | 1:6:25 | | skin [1] | |
| 1:49:25 | | | serve [1] 1:9:9 | | 1:13:9 | |
| ruled [1] 1:61:18 | | | service [4] | | sleep [39] 1:20:7 1:20:14 | 1:20:22 |
| rules [2] | | | 1:34:17 1:62:1 | 1:62:5 | 1:20:25 1:21:1 | 1:21:7 |
| 1:1:18 | 1:4:8 | | 1:62:9 | | 1:21:11 1:21:23 | 1:21:24 |
| ruling [1 | | | Set [2] | 1 | 1:22:5 1:22:17 1:23:2 1:23:25 | 1:22:22 1:24:10 |
| 1:50:22 | | | 1:1:23 1:65:2 settlement[1] | .1 | 1:24:17 1:26:1 | 1:28:7 |
| run [5] | 1.41.7 | 1.41.15 | 1:13:17 | | 1:34:22 1:39:23 | 1:41:19 |
| 1:24:5 1:54:20 | 1:41:7 1:55:18 | 1:41:15 | severe [17] | | 1:42:3 1:42:4 1:42:13 1:42:23 | 1:42:10 1:44:15 |
| saturation | | | 1:29:23 1:46:1 | | 1:44:16 1:47:1 | 1:47:5 |
| 1:42:19 | 1:58:11 | 1:62:25 | 1:46:23 1:47:1 1:48:4 1:48:7 | | 1:47:11 1:52:4 | 1:52:21 |
| saw [13] | | | 1:48:20 1:49:1 | | 1:52:25 1:57:25 1:60:15 1:63:18 | 1:60:13 |
| 1:15:11 | 1:16:5 | 1:19:9 | 1:61:7 1:61:1 | | 1:60:15 1:63:18 | 1:63:22 |
| ile:page:line | 1:97-68 | 3.txt | | | | |

Illepage:line 1:97-68.txt ADRIAN A. CARACIONI, M.D.

 $\left(\right)$

| | Multi-Page [™] | 5leepiness - thereupon |
|--|--|---|
| sleepiness [2] 1:21:25 1:29:14 | stands [2] 1:47:8 1:52:5 | 1:60:14 1:60:17 |
| sloppily ^[1] | start [4] | suspecting [1] 1:21:3 |
| 1:33:20 slower [1] | 1:7:14 1:7:22 1:29:7 1:32:20 | suspended [2] 1:14:19 1:14:22 |
| 1:12:16 | started [2] | 1:14:19 1:14:22 swan [2] |
| small [1] 1:41:25 | 1:6:1 1:19:7 starts [2] | 1:60:9 1:60:12 |
| snores [1] | 1:19:6 1:54:16 | swan-ganz [5] 1:59:12 1:59:23 1:60:1 |
| 1:26:2 snoring[1] | state [6] 1:1:1 1:1:21 1:5:7 | 1:60:5 1:60:22 swelling[1] |
| 1:22:1 social [1] | 1:65:1 1:65:5 1:65:25 statement [13 | 1:41:25 |
| 1:25:21 | 1:30:8 | SWOIN [2] 1:4:9 1:65:7 |
| soft [1] 1:36:2 | states [3] 1:5:16 1:6:7 1:7:13 | symptoms [1] 1:21:24 |
| someone[1] | stenotypy [1] 1:65:10 | syndrome[6] |
| 1:18:19 SOTTY [9] | step [1] | 1:22:17 1:22:22 1:23:7 1:23:10 1:63:18 1:63:22 |
| 1:15:9 1:16:3 1:19:10 1:25:10 1:25:20 1:29:18 | 1:7:25 stephen [1] | system ^[1] |
| 1:47:2 1:60:3 1:63:19 | 1:2:17 | 1:5:25 t-e-r-r-a-c-e [1] |
| sort [2] 1:12:10 1:12:25 | steps [I] 1:18:23 | 1:5:12 |
| sound [1] | still [1] | takes [2] 1:46:2 1:46:6 |
| 1:46:13 sounds [1] | 1:40:21 stones [2] | taking [2] 1:25:12 1:34:16 |
| 1:36:3 | 1:39:2 1:39:5 | tells [2] |
| specialist[1] 1:11:17 | stop [2] 1:4:21 1:4:25 | 1:26:15 1:26:17 ten [1] |
| specialize [2] 1:11:13 1:17:7 | strictly [1] 1:52:25 | 1:16:22 |
| specialized[2] | strike[2] | terms [io] 1:12:21 1:23:18 1:37:17 |
| 1:17:11 1:17:13 specialty[1] | 1:35:17 1:60:18 studies | 1:39:25 1:47:1 1:47:11 1:48:16 1:49:11 1:52:10 |
| 1:19:6 | 1:5:22 1:5:24 1:7:6 | 1:57:19 |
| specific [5] 1:27:15 1:37:12 1:45:11 | 1:23:2 1:23:4 1:24:17 1:24:20 | terrace [2] 1:1:22 1:5:12 |
| 1:47:10 1:56:19 specifically[1] | study [3] 1:21:6 1:31:13 1:42:23 | test [15] 1:37:7 1:37:25 1:38:1 |
| 1:37:9 | stuff[1] | 1:38:5 1:38:6 1:43:25 |
| specified [1] 1:65:17 | 1:21:20 subject[1] | 1:44:3 1:44:6 1:44:8 1:44:11 1:44:13 1:45:9 |
| spell [2] | 1:12:12 | 1:45:11 1:47:4 1:62:11 testified [1] |
| 1:5:7 1:12:19 spheres [1] | substance [1] 1:14:25 | 1:14:6 |
| 1:30:5 | sufficient ^[1] | testify [1] 1:14:9 |
| spirometry [3] 1:43:14 1:44:18 1:55:21 | 1:12:24 suite [1] | testimony [2] |
| spite [1] 1:41:17 | 1:2:4 sulfa[1] | 1:65:9 1:65:14 testing [4] |
| spring [1] | 1:13:8 | 1:23:15 1:48:12 1:48:16 1:61:21 |
| 1:10:5 sputum [4] | supervision [1] 1:8:7 | tests [8] |
| 1:29:14 1:49:18 1:50:1 | supervisor ^[1] | 1:37:8 1:37:14 1:43:4 1:44:21 1:44:22 1:49:24 |
| 1:55:23 square [1] | 1:12:1 surgery [12] | 1:55:1 1:56:1 thank [1] |
| 1:2:4 Staff [3] | 1:19:25 1:35:20 1:40:5 1:48:23 1:48:25 1:49:1 | 1:64:1 |
| 1:8:24 1:16:24 1:17:3 | 1:49:5 1:49:11 1:60:20 | therapy [1] 1:58:15 |
| stain [4] 1:49:19 1:49:24 1:55:23 | 1:62:2 1:62:6 1:62:10 surgical [7] | therefore [1] |
| 1:56:1 | 1:34:23 1:40:16 1:47:14 1:47:21 1:48:13 1:48:17 | 1:12:24 thereof [1] |
| standpoint [6] 1:35:20 1:60:2 1:60:13 | 1:63:21 | 1:51:15 |
| 1:60:14 1:60:15 1:60:19 | surgically[2] | thereupon [4] |
| file:page:line 1:97-68.txt | | |

| Multi-F | age TM |
|---------|-------------------|
| MUITI-F | age |

third - year

| 1:4:1 1:32:23 | 1:20:19 | 1:32:15 |
|---------------------------------------|-------------------------|-------------------|
| third [1] 1:16:17 | | |
| thorough 1:53:2 | [1] | |
| three [3] 1:8:16 | 1:30:5 | 1:55:12 |
| three-year | r [1] | |
| throat-enl | arged [1] | |
| 1:31:1 through [1 | 7] | |
| 1:5:21 1:12:6 | 1:5:23 | 1:12:1 |
| 1:36:25 | 1:38:10 | 1:30:3 1:43:10 |
| 1:44:9 1:55:18 | 1:53:21 1:56:16 | 1:54:20 1:61:4 |
| 1:61:10 | 1:65:11 | 1.01.1 |
| throughou 1:63:1 | it [2] 1:63:2 | |
| times [1] | 210012 | |
| 1:24:16 today [5] | | |
| 1:4:15 1:15:14 | 1:15:2 1:54:24 | 1:15:8 |
| tonight [1] | 1:54:24 | |
| 1:55:13 | | |
| tonsils [1] 1:31:1 | | |
| too [2] 1:4:25 | 1:52:14 | |
| took [3] 1:6:11 | 1:6:25 | 1:27:17 |
| t op [4] 1:30:10 1:54:17 | 1:33:5 | 1:51:2 |
| trace [2] 1:41:23 | 1:42:2 | |
| tracks [1] 1:21:7 | 1.12.2 | |
| t raining [1 1:7:14 |] | |
| transcribe | :d [1] | |
| ranscript 1:65:13 | [1] | |
| aanscript | tion[1] | |
| aeat [4] 1:51:17 | 1:51:21 | 1:51:22 |
| 1:58:18 [reated [1]] | | |
| 1:14:24 reaties [1] | | |
| 1:12:10 aeating[2] | | |
| 1:47:11 | 1:59:1 | |
| reatment 1:15:6 | [3] 1:16:6 | 1:33:16 |
| rial [1] 1:13:12 | | |
| ried [1] 1:53:22 | | |
| 1:26:14 | | |
| ile:page:line | 1:97-68 | 3.txt |

| | TATATAT | 1 ago |
|---------------------------------|-------------------------|-------------------|
| true [1] 1:65:13 | | |
| truth [3] 1:65:8 | 1:65:8 | 1:65:8 |
| try [1] 1:43:10 | | |
| two [10] 1:10:24 | 1:11:2 | 1:19:15 |
| 1:24:16 1:45:1 1:55:17 | 1:24:25 1:45:3 | 1:44:25 1:55:7 |
| type[1] 1:59:15 | | |
| typed[1] 1:64:4 | | |
| types [1] 1:26:25 | | |
| ultimately 1:46:7 | 7 [1] | |
| ultrasoune 1:38:25 | d [1] | |
| unasyn [1] 1:49:18 | | |
| under [6] 1:1:18 | 1:4:8 | 1:8:7 |
| 1:28:23 undergoin | 1:46:18 g[3] | 1:47:22 |
| 1:40:2 underneat | 1:48:17 h [7] | 1:60:20 |
| 1:24:23 1:38:24 | 1:34:12 1:39:7 | 1:35:23 1:45:6 |
| 1:46:18 understan | d [24] | |
| 1:4:21 | 1:4:24 | 1:9:2 |
| 1:9:3 1:16:3 | 1:11:15 1:17:25 | 1:15:9 1:21:14 |
| 1:21:15 | 1:22:9 | 1:28:11 |
| 1:28:12 1:37:13 | 1:29:18 1:37:18 | 1:37:9 1:40:12 |
| 1:40:22 | 1:40:22 | 1:40:12 |
| 1:45:10 | 1:47:16 | 1:63:19 |
| understoo 1:4:22 | d [1] | |
| undertake 1:48:14 | 1:48:19 | |
| university 1:5:22 | 7[2] 1:5:24 | |
| used [1] 1:52:24 | | |
| utilize [3] 1:19:12 | 1:57:14 | 1:57:18 |
| vaguely [1] | | |
| values [1] 1:38:20 | | |
| vary [1] 1:63:5 | | |
| verbal [1] 1:4:16 | | |
| verbalize | - | |
| videograp 1:2:23 view [1] | mus[1] | |
| 1:39:22 vital [4] | | |
| 1:30:5 | 1:45:8 | 1:45:11 |
| | | |

| | | | third | - ye |
|------------------------------|--------------------|--------------------|----------|------|
| 1:45:24 | | | | |
| wait [1] 1:7:20 | | | | |
| wall [1] 1:21:8 | | | | |
| walters [7] | | | | |
| 1:2:17 | 1:3:6 | 1:3:21 | | |
| 1:20:15 1:28:4 | 1:20:5 | 1:27:8 | | |
| wants [2] 1:26:13 | 1:47:4 | | | |
| week [1] | 1.47.4 | | | |
| 1:59:8 weighed [1 | 1 | | | |
| 1:25:4 | - | | | |
| west [3] 1:8:8 | 1:8:9 | 1:12:8 | | |
| whereof [1] | | 1.12.0 | | |
| 1:65:21 | | | | |
| white [1] 1:39:8 | | | | |
| whole [3] 1:36:9 | 1:47:4 | 1:65:8 | | |
| william [1] 1:2:12 | | | | |
| winston [1] 1:2:16 | | | | |
| within [1] 1:65:4 | | | | |
| within-nai | med [1] | | | |
| 1:65:6 without [2] | | | | |
| 1:63:8 | 1:63:9 | | | |
| witness [17 |] 1:21:15 | 1.00.1/ | ` | |
| 1:18:1 1:32:3 | 1:32:21 | 1:22:12 1:38:12 | | |
| 1:38:16 | 1:40:13 | 1:53:3 | | |
| 1:59:4 1:62:18 | 1:59:21 1:64:10 | 1:62:14 | 4 | |
| 1:00:11 | 1:65:21 | 1.0010 | | |
| wondering | [3] 1:40:7 | 1:52:9 | | |
| worded [1] | 1.40.7 | 1.34.7 | | |
| 1:33:20 workup [1] | | | | |
| 1:29:3 wound [1] | | | | |
| 1:24:24 | | | | |
| write [1] 1:12:17 | | | | |
| writing [1] 1:55:5 | | | | |
| written [4] 1:10:24 | 1:11:3 | 1:11:6 | | |
| 1:52:21 | 1.11.2 | 1.11.0 | | |
| wrote [2] 1:15:4 | 1:19:19 | | | |
| x-ray [3] 1:39:12 | 1:50:16 | 1:50:2: | 5 | |
| x-ray-card 1:36:15 | iomegaly | [1] | | |
| x-rays [1] 1:50:20 | | | | |
| KCTOX [1] | | | | |
| 1:19:18 | | | | |
| year [4] | | | | |

ADRIAN A. CARACIONI, M.D.

| | | you's zignout minu |
|--|-----------|------------------------|
| 1:7:18 1:10:21 1:16:17 | 1:13:21 | |
| 1:16:17 | | |
| ears [3] | | |
| 1:8:16 1:24:16 | 5 1:24:25 | |
| ellow [3] | | |
| 1:29:14 1:50:1 | 1:50:8 | |
| ourself [2] 1:11:17 1:62:2 | | |
| 1.11.17 1.62.2 | | |
| igmont_millor | 1 | |
| igmont-miller [3 1:1:19 1:65:3 | 3] | |
| 1:1:19 1:05:3 | 1:65:24 | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |