Estate of Dorothy Prinzler vs. Lake Hospital System, Inc., et al. Telephone Deposition of Bruce D. Janiak, M.D.

			1			
	1	IN THE UNITED STAT			APPEARANCES, CONT.	
	2	FOR THE NORTHERN	DISTRICT OF OHIO	2	On behalf of the Defendant Dr. Austria:	
<u>к</u> .	3	EASTERN I	IVISION	3	Leslie M. Jenny, Attorney at Law	
	4			4	Reminger & Reminger 1400 Midland Building	
	s	ESTATE OF DOROTHY PRINZLER,	CASE NO. 1:00CV0342	5	101 Prospect Avenue West Cleveland, Ohio 44115	
	6	Plaintiff,	JUDGE O'MALLEY	6	216-687-1311	
	7	versus		7		
	8	LAKE HOSPITAL SYSTEM, INC.,	TELEPHONE DEPOSITION OF	8		
	9	et al.,) BRUCE D. JANIAK, M.Đ.)	9	<u>I N D E X</u>	
	10	Defendants.)	10	EXAMINATION BY PAG	Æ
	11	, . . .		11	Mr. Kulwicki 6	
	12		AF ABHAT A LANTAK M A	12	PLAINTIFF'S EXHIBITS	
	13		OF BRUCE D. JANIAK, M.D.,	14	None	
	14	a Witness herein, called by		15	1016	
	15	Cross-Examination, pursuant		16	DEFENDANT'S EXHIBITS	
	16 17	Naiman, Registered Profession		17	None	
	18	Public in and for the State		18	the survey of	
	19	Reminger & Reminger, 101 Pro:		19	None	
	20	Cleveland, Ohio, on Friday, (20	Carp.	
	21	p.m.		21	(31° ·	
	22	P		22		
	23	•		23		
	24			24		
	25			25		
			22			
	1	APPEARANCES :	б.,		MD KHEWICKI. I success at the subort I	4
	2				MR. KULWICKI: I guess at the outset I	
	З	On behalf of the Plainti	fť:	2	had agreed to make a record with regard to the scheduling foul-up today. I am coming out of a	
	4	David A. Kulwicki, Becker & Mishkind C		4	trial that lasted two-and-a-half weeks and ended	
	5	Skylight Office Tow 1660 West Second St	reet, Suite 660	5	on Wednesday of this week. I learned late	
	6	Cleveland, Ohio 44 216-241-2600	113	6	vesterday that there was a possibility that there	
	7					
	8			7	was a deposition scheduled for today, and I	
		On behalf of the Defenda Inc.:	nt Lake Hospital System,	7	was a deposition scheduled for today, and I learned that via looking at my secretary's	
	9	Inc.: Kathleen A. Atkinso		7	learned that via looking at my secretary's	
	10	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi	n, Attorney at Law	7		f
	10 11	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44	n, Attorney at Law ng West	7 8 9	learned that via looking at my secretary's calendar, a secretary that I terminated	
	10 11 12	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue	n, Attorney at Law ng West	7 8 9 10	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal	
	10 11 12 13	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda	n, Attorney at Law ng West 115 nts John Posch, M.D. and	7 8 9 10 11	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer	
	10 11 12 13 14	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc.	n, Attorney at Law ng West 115 nts John Posch, M.O. and (by phone):	7 8 9 10 11 12	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making	
	10 11 12 13 14 15	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi	n, Atterney at Law ng West 115 nts John Posch, M.D. and (by phone): rney at Law ulton & Norman	7 8 9 10 11 12 13	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making right now.	
	10 11 12 13 14 15 16	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687·1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Bulkley I 1501 Euclid Avenue	n, Attorney at Law ng West 115 nts John Posch, M.D. and (by phone): rney at Law ulton & Norman Building	7 8 9 10 11 12 13 14 15 16	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making right now. But I saw penciled into her calendar	
	10 11 12 13 14 15 16 17	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Bulkley J	n, Attorney at Law ng West 115 nts John Posch, M.D. and (by phone): rney at Law ulton & Norman Building	7 8 9 10 11 12 13 14 15 16 17	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was	
	10 11 12 13 14 15 16 17	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fr 7th Floor, Bulkley I 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310	n, Attorney at Law Mest 115 nts John Posch, M.D. and (by phone): rney at Law ulton & Norman Building	7 8 9 10 11 12 13 14 15 16 17 18	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparen during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then	nt
	10 11 12 13 14 15 16 17 18 19	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687·1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Buikley I 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda	n, Attorney at Law ng West 115 nts John Posch, M.D. and (by phone): rney at Law ulton & Norman Building 115 nt Dr. Schorten:	7 8 9 10 11 12 13 14 15 16 17 18 19	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparen during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not	nt
	10 11 12 13 14 15 16 17 18 19 20	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildin 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Bulkley H 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda W. Bradford Longbral Reminger & Reminger	n, Attorney at Law Mest 115 nts John Posch, M.D. and (by phone): rney at Law alton & Norman Building 115 nt Dr. Schorten: ke, Attorney at Law	7 8 9 10 11 12 13 14 15 16 17 18 19 20	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not have been notice given to the various Reminger	nt
	1.0 11 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 2.0 2.1	Inc.: Kathleen A. Atkinso Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, F 7th Floor, Bulkley H 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda W. Bradford Longbrah Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue	n, Attorney at Law West 115 nts John Posch, M.D. and (by phone): rney at Law uiton & Norman Building 115 nt Dr. Schorten: ke, Attorney at Law	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not have been notice given to the various Reminger firm attorneys that were involved, and I	nt
	1.0 11 12 13 14 15 16 17 18 19 20 21 22	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687·1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Buikley U 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda W. Bradford Longbra Reminger & Reminger 1400 Midland Buildi	n, Attorney at Law West 115 nts John Posch, M.D. and (by phone): rney at Law uiton & Norman Building 115 nt Dr. Schorten: ke, Attorney at Law	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparen during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not have been notice given to the various Reminger firm attorneys that were involved, and I confirmed that in fact there was no notice	nt
-	1.0 11 12 13 14 15 16 17 18 19 20 21 22 23	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Bulkley I 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda W. Bradford Longbrai Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44	n, Attorney at Law West 115 nts John Posch, M.D. and (by phone): rney at Law uiton & Norman Building 115 nt Dr. Schorten: ke, Attorney at Law	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparen during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not have been notice given to the various Reminger firm attorneys that were involved, and I confirmed that in fact there was no notice provided to them. I told them that in light of	nt
-	1.0 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Bulkley I 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda W. Bradford Longbrai Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44	n, Attorney at Law West 115 nts John Posch, M.D. and (by phone): rney at Law uiton & Norman Building 115 nt Dr. Schorten: ke, Attorney at Law	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparer during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not have been notice given to the various Reminger firm attorneys that were involved, and I confirmed that in fact there was no notice provided to them. I told them that in light of Attorney White traveling to Atlanta for the	nt
	1.0 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 2.0 2.1 2.2 2.3 2.4 2.5	Inc.: Kathleen A. Atkinsol Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44 216-687-1311 On behalf of the Defenda University MedNet, Inc. Darlene White, Atto Gallagher, Sharp, Fi 7th Floor, Bulkley I 1501 Euclid Avenue Cleveland, Ohio 44 216-241-5310 On behalf of the Defenda W. Bradford Longbrai Reminger & Reminger 1400 Midland Buildi 101 Prospect Avenue Cleveland, Ohio 44	n, Attorney at Law West 115 nts John Posch, M.D. and (by phone): rney at Law uiton & Norman Building 115 nt Dr. Schorten: ke, Attorney at Law	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	learned that via looking at my secretary's calendar, a secretary that I terminated immediately before going into this two-and-a-hal week trial for reasons that might become apparen during the course of this record that I'm making right now. But I saw penciled into her calendar that there was a tentative date for Dr. Janiak's deposition today, and I made some phone calls late yesterday and learned that in fact it was on. We got a court reporter scheduled, and then this morning it dawned on me that there may not have been notice given to the various Reminger firm attorneys that were involved, and I confirmed that in fact there was no notice provided to them. I told them that in light of	nt

5 1 A. Eruce A. Janiak, J-A-N-L-A-K, 405 Bradford Point, 7 1 h. Eruce A. Janiak, J-A-N-L-A-K, 405 Bradford Point, 7 2 breachtree City, Georgie 30269, 7 3 motice was not provided to three of the 4 4 provided in this case that your address as of 5 represented by Reminger attorneys, and that if 6 they feel as though they need to come back and 7 depose Dr. Janiak in greater detail later that 1 8 Wilp ay for the cost of Dr. Janiaks time in 9 doing that. 10 Dispect that that will not be 11 necessary given the limited focus of Dr. Janiaks 12 solid intat comract a couple months before 1 13 mew fregard to the acre of the other 14 they feel and that focus of Dr. Janiaks 15 mergene the read of the other 16 they feel and that they feel and that open. 16 the folded hespital in Toledo, Dainaks 17 representation that they feel and that open. 18 Tolede actually for messation the folded hespital in Toledo, Dainaks. 10 representation		none Deposition of Bruce D. Janiak, M.D.	1		
2 this is proceeding under protest, that proper anctice was not provided to three of the defendants, or at least all of the defendants represented by Reminger attorneys, and that if they field as though they need to come back and depose by. Janaik in greater detail later that 1 2 Deckin, I note on the report that I ver been provided in this case that your address as of they represented by Reminger attorneys, and that if 1 they field they need to come back and depose by. Janaik in greater detail later that 1 7 A ves. Sinst week in July, I think. 2 T suspect that that will not be needs any complants about that care, so I don't think that's going to be necessary, but I care so I the other any complants about that care, so I don't think that's going to be necessary, but I care, so I don't think that's going to be necessary, but I care have available for the morking and told her of the problem, and she decleaded to the don't the problem, and she decleaded to the don't the problem, and she decleaded in that nether she, nor Tom decleade that nether she, nor Tom decleade that. 1	[5	1		7
2 this is proceeding under protest, that proper 2 Peachtree CRV, Georgia 30269. 3 notice was not provided to three of the 4 defendants, or at least all of the defendants 5 represented by Reminger attomeys, and that if 6 Decort, Inde on the report that I've been 7 depose Dr. Janiak in greater defail later that I 7 A Yes. First week in July, I think. 8 Object that that will not be 7 A Yes. First week in July, I think. 9 respect that that will not be A Yes. First week in July, I think. 10 r suspect that that will not be A Yes. First week in July, I think. 11 recessary given the limited focus of Dr. Janiak's The Toledo to Atlanta The Toledo to Atlanta 12 represented by yes of the core of the other Think that in fairess is thout hold that open. The Toledo to Atlanta 14 speciate that nether she, nor Tom Yes. First week in July to state weak that det there she, nor Tom Yes is the foreido atlanta faires yes and the core sheak that det there sheak stown currently? 14 toprepare, and I certainly understand and Zeocoacludity for several monthat the Medica'	1		;	Α.	
3 notice was not provided to three of the degradents, or at least all of the defendants. 3 Q. Doctor, I note on the report that I by been defendants, or at least all of the defendants. 4 represented by Reminger attomeys, and that if degoes Dr. Janaki k ingester detail later that 1 4 provided in this case of the your address as of February 2003 was a Perrysbury. Obio address. 10 Use per sented by Reminger attomeys, and that if degoes Dr. Janaki k ingester detail later that 1 5 11 research of Dr. Janaki's time in degradent that that will not be accomptions and what 1 anticipate he's going to bell meets any comptiants about that care, so 1 don't think that it attribites focus of Dr. Janaki's configence and to be care of the other physicians, and 1 saxes is should hold that open. 10 A. Sure. I was Director of the Endeent suggray on my ankie which needed to be done, and that the folded hegstinis Michigan, had Some surgery on my ankie which needed to be done, and deposition today. Kathleen Aktimson and Brad deposition today. Kutheg have not had adequate time sassured me that they have not had adequate time approceate law/drs candor and that beign and differ any way itentionel, and wanted that to be the spirit which sing at optimal and ite sevent functomation and deposition today. Kathleen Aktimson and Brad deposition today. Sonon a the record at manoth	2	this is proceeding under protest, that proper	2		
4 defendants, or at least all of the defendants 4 5 represented by Reminger attorneys, and that if 5 6 they feel as though they need to come back and 6 7 depose Dr. Janak in greater detail later that 1 7 8 Fobrowy 2003 was a Perrysburg, Ohio address. as of 9 doing that. 0 9 doing that. 0 10 I suspect that that will not be 0 11 necessary given the Winted focus of Dr. Janak's 0 12 mowing and haspitals in Nicklogan. 0 13 me with regard to the care of the ther 11 14 mowing and Lassume he's not going to have 14 15 mowing and Lassume he's not going to have 14 16 that's going to be necessary, but I certainly 16 17 16 that's poing to be necessary, but I certainly 17 16 20 17 think that in fairness I should hold that open. 17 16 20 16 that's was previde and the''''''''''''''''''''''''''''''''''''	1		3	Q.	
5 represented by Reminger attoriety, and that if depose Dr. Janiak in greater detail later that I 5 February 2003 was a Perrysburg, Dho address. 6 bit you recently move to the Atlanta area? 7 A Yes. First week in July, I think. 7 A Yes. First week in July, I think. 8 Q. Ckay. And can you tell me what occasioned your mover from Toledo to castinnta? 10 I suspect that that will not be apsychicins, and Tassume ha's not going to have any compliants about that care, so I don't think that's going to be necessary, but I certainly think that in famess I should hid that open. 10 A. Sure. I was Director of the Eordern I moved, spent same this not going to have any compliants about that the there, so I don't think that's going to be necessary, but I certainly think that in famess I should hid that open. 10 College of Georga in Augusta, commuting from 11 To take a think that in famess I should hid that open. 10 College of Georga in Augusta, commuting from 12 Kilbare, nor Tracey McGurk, the either Reminger tawyers of record, were available for the deposition tody. Kathleen Atkinson and Brad appreciate that. 20 So I reinquished my possition in Toledo because the politics were inornble and the deposition tody. Kathleen Atkinson and Brad appreciate that. 21 College of Georga in Augusta, and the deposition tody. Kathleen Atkinson and Brad accided to go into a more partly academic assured me that they have not had adequate time sa	1		4		provided in this case that your address as of
6 bit you recently move to the Allina area? 7 depose Dr. Janiak in greater detail later that I 8 will pay for the cost of Dr. Janiak's time in 9 doing that. 10 T suspect that that will not be 11 necessary glven the limited focus of Dr. Janiak's time in 12 opinens and what anticipate he's going to take it 13 me with regard to the care of the other 14 physicians, and J assume he's not going to have 15 morpinits about that care, sol a lon't think 16 that in fairness Ishould hold that open. 17 think that in fairness Ishould hold that open. 18 I did spaak with Sue Seacrist this 19 morning and told her of the problem, and she 11 the wet not had adequate time 12 kilbane, nor Tracey McCurk, the other Reminger 13 aeposition today. Kathleen Atkinson and Brad 14 begine wet hat ad adequate time 15 setting. 16 to prepare, and I certainly understand and 17 to prepare, and I certainly understand and 18 Bud with the being said, I want to 1	1		5		February 2003 was a Perrysburg, Ohio address.
7 depose Dr. Janiak in greater detail later that I 8 4. Yes, First week in July, 1 think. 8 will pay for the cost of Dr. Janiak's time in 9 0. Okay. And can you tell me what occasioned your 10 I suppect that that will not be 1 4. Yes, First week in July, 1 think. 11 necessary given the initied focus of Dr. Janiak's 9 Nove from Toledo to Atlanta? 11 necessary given the initied focus of Dr. Janiak's 1 1 1 12 opinions and what I anticipate he's going to heave any complaints about that care, so I don't think that in fairness I should hold that open. 1 </td <td>1</td> <td></td> <td>6</td> <td></td> <td>Did you recently move to the Atlanta area?</td>	1		6		Did you recently move to the Atlanta area?
8 will pay for the cost of Dr. Janiak's time in doing that. 9 Q. Okay. And can you tell me what accasioned your move from Toledo to Atlanta? 9 cost that that will not be recessary given the limited focus of Dr. Janiak's opinions and what latcigate he's going to tell the any complaints about that care, so the other approximation that care of the other approximation that care so the other any complaints about that care, so the other any complaints about about that care, so the any complaints about that care, so the appreciate that. 9. Okay. Can you tell me any physician in Toledo and the care any the so the appreciate that. 1 to prepare, and I certainly understand and appreciate that. 9. 9. 2 to prepare, and I certainly and any the source that that being said, I want to the containly and wante that to be part of thare cord. 9. <td< td=""><td>1</td><td></td><td>7</td><td>A.</td><td></td></td<>	1		7	A.	
9 doing that. 1 suspect that that will not be 10 Is suppect that that will not be 1 assume the limited focus of Dr. Janiak's 11 assume the limited focus of Dr. Janiak's 1 assume the care of the other 11 and wink regard to the care of the other 1 assume the's not going to have 12 me with regard to the care of the other 1 assume the's not going to have 13 me with regard to the care of the other 1 assume the's not going to have 14 the care of the other 1 assume the's not going to have 16 that's going to be necessary, but I certainly 16 the same time commenced work at the Medical 16 the same time commenced work at the Medical 16 the same time commenced work at the Medical 16 the same time commenced work at the Medical 16 the same time commenced work at the Medical 17 Idid speak with Sue Searcist this 16 the same time commenced work at the Medical 18 me with sub weins and Brad 16 the same time commenced work at the Medical 18 deposition today. Kathieen Atkinson and Brad 16 the same time company the same time sat			8		Okay. And can you tell me what occasioned your
10 I suspect that that will not be necessary given the limited focus of Dr. Janiak's options and what I anticipate he's going to tell a me with regard to the care of the other physicians, and I assume he's not going to tell any complaints about that care, so I don't think that's going to be necessary, but I certainly think that in fairess I should hold that open. 10 A. Sure. I was Director of the Emergency Department at the Toledo Hospital in Toledo, Ohio. I had that's going to be necessary, but I certainly think that in fairess I should hold that open. 11 moving at hospitals in Michigan, had some surgery on my ankite which needed to be done, and at the same time commenced work at the Medical Ollege of Georgia in Augusta, commung from Toledo actually for several months before I moved down here. 12 solide a Classifier of the other morning and told her of the problem, and she deposition today. Kathleen Aklissin and Brad dorphrake have come in to cover, but they have assured me that they have not had adequate time appreciate that. 10 A. Sure. I was Director of the early appreciate that. 11 11 But with that being said, I want to beging the deposition with D'. Janiak. Does in any one else want to add anything to the record at in any way intentional, and wanted that to be going to swear you in from this end, so please in rake your might hard, and Liea Naimen, the court register, will swear you in. Supplat which is six mules from my house gets in any way intentional, and wanted that to be going to swear you in from this end, so please in rake your might hard, and dise Naimen, the court rake your might hard, and uble Naimen, the court rake your might hard, and blea Naimen, the court radere your might hard, and ublea Naimen, the court rake y	1			ъ.	
11 necessary given the limited focus of Dr. Janiak's opinions and what 1 anticipate he's going to tell with regard to the care of the other any compliants about that care, so 1 don't think 16 that contract a couple months before 1 11 me with regard to the care of the other any compliants about that care, so 1 don't think 16 that spin to be necessary, but certainly this that in fairness 1 should hold that open. 11 at the Toledo Hospital in Toledo, Ohio. 1 had sole that contract a couple months before 1 12 any compliants about that care, so 1 don't think 16 that spin to the acessary, but certainly in this on the ther Reminger appreciate that. 12 Sol Tell number down here. 12 likely any compliants about that care, so 1 don't think 16 all speak with Sue Searcist this 19 10 10 10 10 10 10 10 10 10 10 11 10	3		1	A,	Sure, I was Director of the Emergency Department
12 opimons and what I anticipate he's going to tell 12 sold that contract a couple months before I 13 me with regard to the care of the other 13 moved, spent some time staying in the Toledo area 14 physicians, and I assume he's not going to have 14 working at hospitals in Michigan, had some 15 any complaints about that care, so I don't think 15 surgery on my ankie which needed to be done, and 16 that same time commerced work at the Medical 16 at the same time commerced work at the Medical 17 think that infairness I should hold that open. 16 at the same time commerced work at the Medical 18 I did speak with Sue Seacrist this 18 Toledo actually for several months before I moved 19 indicated to me that neither she, nor Tom 20 So I relinquished my position in Toledo 21 tografak have come in to cover, but they have 22 Q. Okay. Can you tell me roughly how your 22 aspereidat that. 23 professional time breaks down currently? 8 3 But with that being said, 1 want to 3 Medical College of Georgia in Augusta, and if the 4 begin t	1		1		
13 me with regard to the care of the other 13 moved, spent some time saying in the Toledo area 14 physicians, and I assume he's not going to have 14 working at hospitals in Michigan, had some 16 that's going to be necessary, but I certainly 16 that's going to be necessary, but I certainly 16 that's going to be necessary, but I certainly 16 the Medical 17 Lide speak with Sue Seacrist this 18 Taledo actually for several months before I moved 18 I did speak with Sue Seacrist this 18 Taledo actually for several months before I moved 20 indicated to me that neither she, nor Tom 20 Sa I relinquished my position in Toledo 21 lawyers of record, were available for the 22 College of Georgia in Augusta, commuting from 23 decided to go into a more partly academic 24 setting. 24 sagured me that they have not had adequate time 25 Q. Okay. Can you tell me roughly how your 24 appreciate that. 3 medical staff office at Fayett Community 25 appreciate David's candor and professional 4 medical staff office at Fayett Community 26 the point with or, Janaik.	1		1		•
14 physicians, and I assume he's not going to have any complaints about that care, so I don't think that this going to be necessary, but I certainly think that in fairness I should hold that open. 14 working at hospitals in Michigan, had some surgery on my ankle which needed to be done, and at the same time commenced work at the Medical to program and told her of the problem, and she indicated to me that neither she, nor Tom indicated to react shifts and a deposition today. Kathleen Aikinson and Erad is program, and I certainly understand and a but with that being said, 1 want to is act together, 1 will be on the staff there is act together, 1 will be on the staff there is act together, 1 will be on the staff there is act together, 1 will be able to work extra shifts is act together, 1 will be able to work extra shifts? 10 MR. KULWICKI: Okay. Doctor, we're in any way intentional, and wanted that to be is raise your ingth hand, and Use Naiman, the court reporter, will swear you in in the chincal practice of emergency room is medicine? 14 Well, I teach. I see the patients, but 1 also work with the residents, bucus teaps we the in the chincal practice of emergency room in medicine? <t< td=""><td>ŧ</td><td></td><td>1</td><td></td><td>•</td></t<>	ŧ		1		•
15 any complaints about that care, so I don't think 15 surgery on my ankle which needed to be done, and 16 that's going to be necessary, but I certainly 16 at the same time commenced work at the Medical 17 think that in fairness I should hold that open. 16 at the same time commenced work at the Medical 18 I did speak with Sue Seacrist this 18 Toledo actually for several months before I moved 19 indicated to me that neither she, nor Torce 20 So I relinquished my position in Toledo 21 kilbane, nor Traccey McGurk, the other Reminger 21 because the politics were horrible and the 22 lawyers of record, were available for the 22 communic work exit is more partly academic 23 deposition today. Kathleen Atkinson and Brad 23 because the politics were horrible and the 24 Lorpepare, and I certainly understand and 23 going of for the academic 25 25 assured me that they have not had adequate time 25 Q. Okay. Can you tell me roughly how your 26 1 to prepare, and I certainly understand and 2 the section at more partly academic 26 1 to prepare, and I certainly understand and <	1		ŧ		
16 that's going to be necessary, but I certainly 16 the same time commenced work at the Medical 17 College of Georgia in Augusta, commuting from 17 18 J did speak with Sus Searcist this 18 20 indicated to me that nether she, nor Tom 20 21 Kilbane, nor Taccey McGurk, the other Reminger 21 22 lawyers of record, were available for the 22 23 deposition today. Kathleen Atkinson and Brad 23 24 Longbrake have come in to cover, but they have 24 25 assured me that they have not had adequate time 25 26 0 Okay. Can you tell me roughly how your 26 1 professional time breaks down currently? 3 But with that being said, I want to 3 4 begin the deposition with Dr. Janiak. Does 4 5 aspreciate that. 26 6 1 more raise month and wille bable to work extra shifts 7 MR. LONGBRAKE: We would just add that 4 8 medical scaff office at Fayette Community 9 now for six months. 10	6		1		
17 think that in fairness I should hold that open. 17 College of Georgia in Augusta, commuting from 18 I did speak with Sue Searcist this 17 College of Georgia in Augusta, commuting from 19 morning and told her of the problem, and she 18 Toledo actually for several months before I moved 20 indicated to me that neither she, nor Tom 20 So I relinquished my position in Toledo 21 kilbane, nor Tracey McCurk, the other Reminger 20 So I relinquished my position in Toledo 22 lawyers of record, were available for the 20 So I relinquished my position in Toledo 23 deposition today. Kathieen Akinson and Brad 21 because the policits were horrble and the 24 Longbrake have come in to cover, but they have 25 Q. Okay. Can you tell me roughly how your 24 appreciate that. 6 1 professional time breaks down currently? 2 appreciate that. 3 modicated to go into a more partly academic 3 appreciate that. 3 modicated to go into a more partly academic 3 appreciate that. 3 modicated for eartify my house gets 4 this point in time? 5 <td>1</td> <td></td> <td></td> <td></td> <td></td>	1				
18 J did speak with Sue Seacrist this 18 Toledo actually for several months before I moved down here. 20 indicated to me that neither she, nor Tom 20 So I relinquished my position in Toledo 21 kilbane, nor Tracey McCurk, the other Reminger 20 Decause the politics were horrible and the 22 lawyers of record, were available for the 20 Decause the politics were horrible and the 23 deposition today. Kathleen Atkinson and Brad 23 decided to go into a more partly academic 24 Longbrake have come in to cover, but they have 25 Q. Okay. Can you tell me roughly how your 26 to prepare, and I certainly understand and 23 professional time breaks down currently? 2 A. Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the 3 But with that being said, I want to Medical Staff office at Fayette Community 4 begin the deposition with Dr. Janiak. Does Its act together, I will be on the staff there 7 MR. LONGBRAKE: We would just add that 7 next month and will be able to work extra shifts 8 treatinity isn't something that we believe was 11 in any way intentional, and wanted that to be					
19moming and told her of the problem, and she indicated to me that neither she, nor Tom19down here. So I relinquished my position in Toledo21killbane, nor Tracey McGurk, the other Reminger 21 deposition today. Kathleen Atkinson and Brad 23 deposition today. Kathleen Atkinson and Brad 24 sasured me that they have not had adequate time20So I relinquished my position in Toledo23deposition today. Kathleen Atkinson and Brad 24 assured me that they have not had adequate time21So I relinquished my position in Toledo24Longbrake have come in to cover, but they have 25 assured me that they have not had adequate time22Q. Okay. Can you tell me roughly how your25Porfessional time breaks down currently? 22. Currently I work eight shifts a month at the Medical College of Georgi an Augusta, and if the medical Staff office at Fayette Community3But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time?64Medical College of Georgi an Augusta, and if the medical Staff office at Fayette Community55anyone else want to add anything to the record at the catinity isn't something that we believe was 11 in any way intentional, and wanted that to be pat of the record.913MR, KUWICKI: reporter, will swear you in.914going to swear you in from this end, so please traise your right hand, and Lisa Naiman, the court reporter, will swear you in.1015raise your right hand, and Lisa Naiman, the court reporter, will swear you in.10 <td></td> <td>•</td> <td></td> <td></td> <td></td>		•			
20Indicated to me that neither she, nor Tom20So I relinquished my position in Toledo21Kilbane, nor Tracey McGurk, the other Reminger21because the politics were horrible and the22lawyers of record, were available for the22economics were getting worse than horrible, and23deposition today. Kathleen Atkinson and Brad24Longbrake have come in to cover, but they have24Longbrake have come in to cover, but they have25Q. Okay. Can you tell me roughly how your25assured me that they have not had adequate time26Okay. Can you tell me roughly how your26To prepare, and I certainly understand and27Porfessional time breaks down currently?28Ac currently I work eight shifts a month at the29Ac currently I work eight shifts a month at the20begin the deposition with Dr. Janiak. Does20anyone else want to add anything to the record at29this point in time?20MR. LONGBRAKE: We would just add that20we appreciate David's candor and professional21part of the record.22aging to swear you in from this end, so please29part peire, will swear you in.20MR. KULWICKI: Okay. Doctor, we're21cartlifed, testified as follows:22Chors, why don't you state your full name and23going to swear you in.24Server, will sho most partice of emergency room25after being first duly sworn, as hereinafter26certifie			3		
21Kilbane, nor Tracey McGurk, the other Reminger lawyers of record, were available for the adeposition today. Kathleen Atkinson and Brad deposition today. Kathleen Atkinson and Brad logprake have come in to cover, but they have assured me that they have not had adequate time21because the politics were horrible and the economics were getting worse than horrible, and decided to go into a more partly academic setting.23deposition today. Kathleen Atkinson and Brad Logprake have come in to cover, but they have assured me that they have not had adequate time23decided to go into a more partly academic decided to go into a more partly academic setting.24to prepare, and I certainly understand and appreciate that.25Q. Okay. Can you tell me roughly how your25appreciate that.24Currently I work eight shifts a month at the Medical Staff office at Fayette Community25anyone else want to add anything to the record at 66826MR, LONGBRAKE: We would just add that we appreciate David's candor and professional 11now for six months.27MR, KUUWICKI: Okay. Doctor, weire 149now for six months.28BRUCE D. JANTAK, M.D., after being first duly sworn, as hereinafter 2020Okay. And that's about 64 hours a month?29Doctor, why don't you state your full name and 24spell your last name for us and give us your2129Q. Doctor, why don't you state your full name and 2425A. Weil, this month really is nothing until 1 get on the staff at Fayette Community Hospital. So the		-	1		
22lawyers of record, were available for the deposition today. Kathleen Atkinson and Brad Longbrake have come in to cover, but they have assured me that they have not had adequate time22economics were getting worse than horrible, and decided to go into a more partly academic setting.24Longbrake have come in to cover, but they have assured me that they have not had adequate time23economics were getting worse than horrible, and decided to go into a more partly academic setting.25Q. Okay. Can you tell me roughly how your242526Okay. Can you tell me roughly how your2427appreciate that.33But with that being said, I want to this point in time?44begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time?57MR. LONGBRAKE: We would just add that the appreciate David's candor and professional handling of this matter throughout the issue, and in any way intentional, and wanted that to be part of the record.913MR. KULWICKI: Okay. Doctor, we're tage your right hand, and Lisa Naiman, the court for after being first duly sworn, as hereinafter to certified, testified as follows:1021CROSS-EXAMINATION tage part ust name for us and give us your1223Q. Doctor, why don't you state your full name and spell your last name for us and give us your2124A. Well, I teach. I see the patients, but 1 also work with the residents, because they see the patients also. So it's a professorship.24Q. Doctor, why don't you state your full name and <br< td=""><td></td><td></td><td></td><td></td><td></td></br<>					
23deposition today. Kathleen Atkinson and Brad Longbrake have come in to cover, but they have assured me that they have not had adequate time23decided to go into a more partly academic setting.24Longbrake have come in to cover, but they have assured me that they have not had adequate time23decided to go into a more partly academic setting.25Q. Okay. Can you tell me roughly how your83But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at 6 this point in time?7A. Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community7MR. LONGBRAKE: We would just add that we appreciate David's candor and professional phandling of this matter throughout the issue, and in any way intentional, and wanted that to be part of the record.7New for six months.10U the record.90When you say eight shifts a month, what are we talking about; how long are each of the shifts?12part of the record.10Q. When you say eight shifts a month, what are we talking about; how long are each of the shifts?14going to swear you in.10Q. When you can get out of there.17WHEREUPON, after being first duly sworn, as hereinafter 2020Okay. So you're working roughly 64 hours a month?18BUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter 2020Okay. And that's about 64 hours a month?21CROSS-EXAMINATION 2320Octor, why don't you sate your ful		, , ,	1		
24Longbrake have come in to cover, but they have assured me that they have not had adequate time24setting.25assured me that they have not had adequate time25Q. Okay. Can you tell me roughly how your26appreciate that.683But with that being said, I want to4professional time breaks down currently?4begin the deposition with Dr. Janiak. Does3Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community5anyone else want to add anything to the record at this point in time?4Hospital which is six miles from my house gets7MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and in any way intentional, and wanted that to be part of the record.9013MR. KULWICKI: Okay. Doctor, we're reporter, will swear you in.10Q. When you say eight shifts a month, what are we talking about; how long are each of the shifts?14going to swear you in.15ni the clinical practice of emergency room medicine?17WHEREUPON, after being first duly sworn, as hereinafter coctrified, testified as follows: Coctr, why don't you state your full name and spell your last name for us and give us your2423Q. Doctor, why don't you state your full name and spell your last name for us and give us your2424A. Well, this month really is nothing until I get on the staff at Fayette Community Hospital. So the			1		
25 assured me that they have not had adequate time 25 Q. Okay. Can you tell me roughly how your 6 1 to prepare, and I certainly understand and 3 But with that being said, I want to 4 3 But with that being said, I want to 3 Magnetizate that. 2 A. Currently I work eight shifts a month at the 8 4 begin the deposition with Dr. Janiak. Does 3 medical staff office at Fayette Community 4 5 anyone else want to add anything to the record at 6 1 Hospital which is six miles from my house gets 6 this point in time? 5 Hospital which is six miles from my house gets 6 7 MR. LONGBRAKE: We would just add that 8 there. They've just been fooling around with it 8 we appreciate David's candor and professional 7 next month and will be able to work extra shifts 8 there. They've just been fooling around with it 9 now for six months. 10 it certainly isn't something that we believe was 10 Q. When you say eight shifts a month, what are we 11 in any way intentional, and wanted that to be 11 how soon you can get out of there. 12	1		1		
681to prepare, and I certainly understand and appreciate that.1professional time breaks down currently?2appreciate that.2A.Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community5anyone else want to add anything to the record at this point in time?3Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community7MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record.9New for six months.10It certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record.9Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine?14going to swear you in.10Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine?15after being first duly sworn, as hereinafter certified, testified as follows:10Q.Okay. And that's about 64 hours a month?12CROSS-EXAMINATION 22BY MR. KULWICKI: Spell your last name for us and give us your 2520A. Well, this month really is nothing until 1 get on the staff at Fayette Community Hospital. So the	£			^	
1to prepare, and I certainly understand and appreciate that.1professional time breaks down currently?2appreciate that.2A.Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the Medical staff office at Fayette Community3But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time?3Medical College of Georgia in Augusta, and if the Medical staff office at Fayette Community5anyone else want to add anything to the record at this point in time?4Medical Staff office at Fayette Community7MR. LONGBRAKE: We would just add that we appreciate David's candor and professional in any way intentional, and wanted that to be in any way intentional, and wanted that to be part of the record.10910It certainly inf't something that we believe was in any way intentional, and wanted that to be part of the record.10913MR. KULWICKI: Okay. Doctor, we're raise your right hand, and Lisa Naiman, the court reporter, will swear you in.10216reporter, will swear you in.16161617WHEREUPON, after being first duly sworn, as hereinafter certified, testified as follows:10220Doctor, why don't you state your full name and spell your last name for us and give us your2A23Q. Doctor, why don't you state your full name and spell your last name for us and give us your2A24Spell your last name for us and give us your2	25	assured me that they have not had adequate time	25	<u>Q</u> .	
2appreciate that.2A.Currently I work eight shifts a month at the3But with that being said, I want to4begin the deposition with Dr. Janiak. Does4Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community5anyone else want to add anything to the record at5Hospital which is six miles from my house gets6this point in time?6Its act together, I will be on the staff there next month and will be able to work extra shifts7MR. LONGBRAKE: We would just add that6its act together, I will be on the staff there next month and will be able to work extra shifts8we appreciate David's candor and professional handling of this matter throughout the issue, and 109next month and will be able to work extra shifts10it certainly isn't something that we believe was 1110When you say eight shifts a month, what are we talking about; how long are each of the shifts?12part of the record.10Q.When you say eight shifts a month, what are we talking about; how long are each of the shifts?13MR. KULWICKI: Okay. Doctor, we're 1410With the residents, because they.14going to swear you in.11111215reporter, will swear you in.121216reporter, will swear you in.13MR. KULWICKI.17WHEREUPON,141818BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows:2020Doctor, w		-			8
3But with that being said, I want to3Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community4begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time?3Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community5anyone else want to add anything to the record at this point in time?4medical staff office at Fayette Community7MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and in any way intentional, and wanted that to be part of the record.7Next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.10it certainly isn't something that we believe was in any way intentional, and wanted that to be going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in.10When you say eight shifts a month, what are we talking about; how long are each of the shifts?17WHEREUPON,13NR. KULWICKI: Okay. Doctor, we're regorter, will swear you in.14Q18BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows: CROSS-EXAMINATION17A. Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship.20Doctor, why don't you state your full name and spell your last name for us and give us your 2520And then besides that, what other sort of professional ac					
4begin the deposition with Dr. Janiak. Does4medical staff office at Fayette Community5anyone else want to add anything to the record at5Hospital which is six miles from my house gets6this point in time?6its act together, I will be on the staff there7MR. LONGBRAKE: We would just add that6its act together, I will be on the staff there8we appreciate David's candor and professional7next month and will be able to work extra shifts9handling of this matter throughout the issue, and9now for six months.10it certainly isn't something that we believe was10Q. When you say eight shifts a month, what are we11in any way intentional, and wanted that to be11now for six months.12part of the record.12A. Eight hours, eight-and-a-half hours, depending on13MR. KULWICKI: Okay. Doctor, we're13how soon you can get out of there.14going to swear you in.14Q. Okay. So you're working roughly 64 hours a month15raise your right hand, and Lisa Naiman, the court16nedicine?16reporter, will swear you in.17A. Well, I teach. I see the patients, but I also18BRUCE D. JANIAK, M.D.,18work with the residents, because they see the19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20Doctor, why don't you state your full name and20Okay. And then's about 64 hours a month?21EY MR. KULWICKI: </td <td>1</td> <td>to prepare, and I certainly understand and</td> <td></td> <td></td> <td></td>	1	to prepare, and I certainly understand and			
5anyone else want to add anything to the record at this point in time?5Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.7MR. LONGBRAKE: We would just add that 87next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.9handling of this matter throughout the issue, and 109Next to gether, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.10it certainly isn't something that we believe was 119Next to gether, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.10it certainly isn't something that we believe was 119Next to gether, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.10it certainly isn't something that we believe was 1110Well was a month, what are we talking about; how long are each of the shifts?12part of the record. 13102A. Eight hours, eight-and-a-half hours, depending on how soon you can get out of there.14going to swear you in. 15122A. Eight hours, because they see the patients also. So it's a professorship.16medicine?17WHEREUPON, 20181817WHERE	2	appreciate that.	2	A.	Currently I work eight shifts a month at the
6this point in time?6its act together, I will be on the staff there7MR. LONGBRAKE: We would just add that7next month and will be able to work extra shifts8we appreciate David's candor and professional9next month and will be able to work extra shifts9handling of this matter throughout the issue, and7next month and will be able to work extra shifts10it certainly isn't something that we believe was10Q. When you say eight shifts a month, what are we11in any way intentional, and wanted that to be10Q. When you say eight shifts a month, what are we12part of the record.10Q. When you say eight shifts a month, what are we13MR. KULWICKI: Okay. Doctor, we're12A. Eight hours, eight-and-a-half hours, depending on14going to swear you in from this end, so please14Q. Okay. So you're working roughly 64 hours a month15raise your right hand, and Lisa Naiman, the court15in the clinical practice of emergency room16reporter, will swear you in.17WHEREUPON,18BRUCE D. JANIAK, M.D.,18Well, I teach. I see the patients, but I also19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22go Doctor, why don't you state your full name and2324spell your last name for us and give us yo	2	appreciate that. But with that being said, I want to	2	Α.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the
7MR. LONGBRAKE: We would just add that7next month and will be able to work extra shifts8we appreciate David's candor and professional9next month and will be able to work extra shifts9handling of this matter throughout the issue, and9next month and will be able to work extra shifts10it certainly isn't something that we believe was10it certainly isn't something that we believe was11in any way intentional, and wanted that to be10Q. When you say eight shifts a month, what are we11in any way intentional, and wanted that to be11now for six months.12part of the record.10Q. When you say eight shifts a month, what are we13MR. KULWICKI: Okay. Doctor, we're13how soon you can get out of there.14going to swear you in from this end, so please14Q. Okay. So you're working roughly 64 hours a month15raise your right hand, and Lisa Naiman, the court15in the clinical practice of emergency room16reporter, will swear you in.17A. Well, I teach. I see the patients, but I also18BRUCE D. JANIAK, M.D.,18work with the residents, because they see the19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22Q. Doctor, why don't you state your full name and2324spell your last name f	2 3 4	appreciate that. But with that being said, I want to	2 3 4	A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community
8we appreciate David's candor and professional99handling of this matter throughout the issue, and010it certainly isn't something that we believe was11in any way intentional, and wanted that to be12part of the record.13MR. KULWICKI: Okay. Doctor, we're14going to swear you in from this end, so please15raise your right hand, and Lisa Naiman, the court16reporter, will swear you in.17WHEREUPON,18BRUCE D. JANIAK, M.D.,19after being first duly sworn, as hereinafter20certified, testified as follows:21CROSS-EXAMINATION22BY MR. KULWICKI:23Q. Doctor, why don't you state your full name and24spell your last name for us and give us your25current business address.	2 3 4	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at	2 3 4	A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community
9handling of this matter throughout the issue, and it certainly isn't something that we believe was9now for six months.10it certainly isn't something that we believe was10Q. When you say eight shifts a month, what are we talking about; how long are each of the shifts?12part of the record.12A. Eight hours, eight-and-a-half hours, depending on how soon you can get out of there.14going to swear you in from this end, so please12A. Eight hours, eight-and-a-half hours, depending on how soon you can get out of there.15raise your right hand, and Lisa Naiman, the court reporter, will swear you in.14Q. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine?16reporter, will swear you in.17A. Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship.19after being first duly sworn, as hereinafter certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION 2222Q. And then besides that, what other sort of professional activities are you engaged in?23Q. Doctor, why don't you state your full name and 2423Q. Doctor, why don't you state your full name and spell your last name for us and give us your 2524A. Well, this month really is nothing until I get on the staff at Fayette Community Hospital. So the	2 3 4 5	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at	2 3 4 5	A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there
10it certainly isn't something that we believe was11in any way intentional, and wanted that to be12part of the record.13MR. KULWICKI: Okay. Doctor, we're14going to swear you in from this end, so please15raise your right hand, and Lisa Naiman, the court16reporter, will swear you in.17WHEREUPON,18BRUCE D. JANIAK, M.D.,19after being first duly sworn, as hereinafter20certified, testified as follows:21CROSS-EXAMINATION22BY MR. KULWICKI:23Q. Doctor, why don't you state your full name and24spell your last name for us and give us your25current business address.	2 3 4 5 6	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time?	2 3 4 5 6	A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there
11in any way intentional, and wanted that to be12part of the record.13MR. KULWICKI: Okay. Doctor, we're14going to swear you in from this end, so please15raise your right hand, and Lisa Naiman, the court16reporter, will swear you in.17WHEREUPON,18BRUCE D. JANIAK, M.D.,19after being first duly sworn, as hereinafter20certified, testified as follows:21CROSS-EXAMINATION22BY MR. KULWICKI:23Q. Doctor, why don't you state your full name and24spell your last name for us and give us your25current business address.	2 3 4 5 6 7	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that	2 3 4 5 6 7	A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts
12part of the record.12A.Eight hours, eight-and-a-half hours, depending on13MR. KULWICKI: Okay. Doctor, we're14going to swear you in from this end, so please14Q. Okay. So you're working roughly 64 hours a month15raise your right hand, and Lisa Naiman, the court16reporter, will swear you in.17WHEREUPON,18BRUCE D. JANIAK, M.D.,17A.Well, I teach. I see the patients, but I also19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22BY MR. KULWICKI:22Q. And then besides that, what other sort of23Q. Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A.Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional	2 3 4 5 6 7 8	A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it
13MR. KULWICKI: Okay. Doctor, we're13how soon you can get out of there.14going to swear you in from this end, so please13how soon you can get out of there.15raise your right hand, and Lisa Naiman, the court15in the clinical practice of emergency room16reporter, will swear you in.15in the clinical practice of emergency room17WHEREUPON,16medicine?18BRUCE D. JANIAK, M.D.,17A. Well, I teach. I see the patients, but I also19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22BY MR. KULWICKI:22Q. And then besides that, what other sort of23Q. Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A. Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and	2 3 4 5 6 7 8 9		Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months.
14going to swear you in from this end, so please14Q.Okay. So you're working roughly 64 hours a month15raise your right hand, and Lisa Naiman, the courtin the clinical practice of emergency room16reporter, will swear you in.1517WHEREUPON,1618BRUCE D. JANIAK, M.D.,19after being first duly sworn, as hereinafter20certified, testified as follows:21CROSS-EXAMINATION22BY MR. KULWICKI:23Q.24spell your last name for us and give us your25current business address.	2 3 4 5 6 7 8 9 10	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was	2 3 4 5 6 7 8 9 10		Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we
15raise your right hand, and Lisa Naiman, the court15in the clinical practice of emergency room16reporter, will swear you in.15in the clinical practice of emergency room17WHEREUPON,16medicine?18BRUCE D. JANIAK, M.D.,17A. Well, I teach. I see the patients, but I also19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22BY MR. KULWICKI:22Q. And then besides that, what other sort of23Q. Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A. Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be	2 3 4 5 6 7 8 9 10 11	Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts?
15raise your right hand, and Lisa Naiman, the court15in the clinical practice of emergency room16reporter, will swear you in.15in the clinical practice of emergency room17WHEREUPON,16medicine?18BRUCE D. JANIAK, M.D.,17A. Well, I teach. I see the patients, but I also19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22BY MR. KULWICKI:22Q. And then besides that, what other sort of23Q. Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A. Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record.	2 3 4 5 6 7 8 9 10 11 12	Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on
17WHEREUPON,17A.Well, I teach. I see the patients, but I also18BRUCE D. JANIAK, M.D.,18work with the residents, because they see the19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q.21CROSS-EXAMINATION21A.22BY MR. KULWICKI:21A.23Q.Doctor, why don't you state your full name and2324spell your last name for us and give us your24A.25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're	2 3 4 5 6 7 8 9 10 11 12 13	Q. A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there.
17WHEREUPON,17A.Well, I teach. I see the patients, but I also18BRUCE D. JANIAK, M.D.,18work with the residents, because they see the19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q.21CROSS-EXAMINATION21A.22BY MR. KULWICKI:21A.23Q.Doctor, why don't you state your full name and2324spell your last name for us and give us your24A.25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month
18BRUCE D. JANIAK, M.D.,18work with the residents, because they see the19after being first duly sworn, as hereinafter19patients also. So it's a professorship.20certified, testified as follows:20Q. Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A. Right.22BY MR. KULWICKI:22Q. Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A. Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room
19after being first duly sworn, as hereinafter certified, testified as follows:19patients also. So it's a professorship.20certified, testified as follows:20Q.Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A.Right.22BY MR. KULWICKI:22Q.And then besides that, what other sort of23Q.Doctor, why don't you state your full name and spell your last name for us and give us your current business address.24Neil, this month really is nothing until I get on the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine?
20certified, testified as follows:20Q.Okay. And that's about 64 hours a month?21CROSS-EXAMINATION21A.Right.22BY MR. KULWICKI:22Q.And then besides that, what other sort of23Q.Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A.Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also
21CROSS-EXAMINATION21A.Right.22BY MR. KULWICKI:22Q.And then besides that, what other sort of23Q.Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A.Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D.,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the
22BY MR. KULWICKI:22Q. And then besides that, what other sort of23Q. Doctor, why don't you state your full name and23professional activities are you engaged in?24spell your last name for us and give us your24A. Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship.
23Q. Doctor, why don't you state your full name and spell your last name for us and give us your current business address.23professional activities are you engaged in?24Spell your last name for us and give us your current business address.24A. Well, this month really is nothing until I get on the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q. A.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship. Okay. And that's about 64 hours a month?
24spell your last name for us and give us your24A.Well, this month really is nothing until I get on25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows: CROSS-EXAMINATION	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship. Okay. And that's about 64 hours a month? Right.
25current business address.25the staff at Fayette Community Hospital. So the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows: CROSS-EXAMINATION BY MR. KULWICKI:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship. Okay. And that's about 64 hours a month? Right. And then besides that, what other sort of
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 0	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows: CROSS-EXAMINATION BY MR. KULWICKI: Doctor, why don't you state your full name and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A. Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship. Okay. And that's about 64 hours a month? Right. And then besides that, what other sort of professional activities are you engaged in?
	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	appreciate that. But with that being said, I want to begin the deposition with Dr. Janiak. Does anyone else want to add anything to the record at this point in time? MR. LONGBRAKE: We would just add that we appreciate David's candor and professional handling of this matter throughout the issue, and it certainly isn't something that we believe was in any way intentional, and wanted that to be part of the record. MR. KULWICKI: Okay. Doctor, we're going to swear you in from this end, so please raise your right hand, and Lisa Naiman, the court reporter, will swear you in. WHEREUPON, BRUCE D. JANIAK, M.D., after being first duly sworn, as hereinafter certified, testified as follows: CROSS-EXAMINATION BY MR. KULWICKI: Doctor, why don't you state your full name and spell your last name for us and give us your	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. A. Q. A. Q. A. Q.	Currently I work eight shifts a month at the Medical College of Georgia in Augusta, and if the medical staff office at Fayette Community Hospital which is six miles from my house gets its act together, I will be on the staff there next month and will be able to work extra shifts there. They've just been fooling around with it now for six months. When you say eight shifts a month, what are we talking about; how long are each of the shifts? Eight hours, eight-and-a-half hours, depending on how soon you can get out of there. Okay. So you're working roughly 64 hours a month in the clinical practice of emergency room medicine? Well, I teach. I see the patients, but I also work with the residents, because they see the patients also. So it's a professorship. Okay. And that's about 64 hours a month? Right. And then besides that, what other sort of professional activities are you engaged in? Well, this month really is nothing until I get on

	9			11	
1	only two things I'm doing right now is some	1	A.	Sure. Review is 300, meetings are 300,	
2	medical legal reviews and the Medical College of	2		depositions and trial are 400. Obviously the	
3	Georgia. I'm just waiting to get on staff at	3		expenses for deposition and trial will vary	
4	Fayette Community.	4		depending on the location where I have to go.	
	Q. Okay. If you could, tell me what sort of time	5	Q.	Now, besides practice of medicine and your duties	
5 6	you spend with medical legal review.	6	۲ ۰	as a professor of medicine and your medical legal	
		7		review, do you have any other income generating	
	A. Oh, gosh. I never really calculated the hours. I can tell you that I probably get in the last	8		activities that you're currently engaged in?	
8	year I've probably been asked to review 30 cases	9	A.	Well, part of my income at the Medical College of	
9	I would think.	10	д.	Georgia is attributable to I guess what they call	
10		11		an outreach coordinator, something like that,	
1		12		where I do some meetings with small hospitals.	
12	Consulting, Inc.; is that correct?	13		To put that in perspective, I have spent I think	
1	A. Yes.	14		three full days in the last six months doing	
1	Q. Is that company set up solely for the purposes of	15		that, and that would be it. In terms of	
15	your own medical legal activities?	16		generating income any other way, I don't think	
	A. No, it also is I do some consulting also which is	10		there's anything else I do currently.	
17	a little bit different from medical legal. It's	1	\cap	• /	
18	just going to a hospital if they call me and doing site reviews. That probably is a to put	18 19	Q.	Doctor, have you ever sat down and calculated the	
19	doing site reviews. That probably is a, to put	20		amount of time that you spend in the active	
20	it in perspective, a once-a-year activity, so 90	20		clinical practice of medicine or teaching	
21	percent of the Janiak Consulting income derives	\$		medicine versus the time you spend in any	
22	from medical legal review.	22		administrative activities or as an outreach	
1 I	Q. Are there any employees of Janiak Consulting	23	٨	coordinator or in medical legal review?	
24	besides yourself?	24	Α.	No, I never have, but the vast majority of my	
25	A. Not today, no.	25		time is clinical because the medical legal stuff	
	10	ļ		12	2
1	Q. Have there been in the past?	1 1		Tiuct do while I'm either flying or on the	
		1		I just do while I'm either flying or on the	
2	A. No. We were just talking to my accountant about	2		weekends. The rest of my work is seeing	
2 3		3		weekends. The rest of my work is seeing patients, and I actually would be well over a	
3 4	A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet.	2 3 4		weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff	
3 4	A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't	2 3		weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month,	
3 4	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from 	2 3 4		weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and	
3 4 5	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that 	2 3 4 5		weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month,	
3 4 5 6 7 8	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. 	2 3 4 5	Q.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and	
3 4 5 6 7 8	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? 	2 3 4 5 6 7	Q.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report	
3 4 5 6 7 8	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. 	2 3 4 5 6 7 8 9 10	Q.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct?	
3 4 5 6 7 8 9 10	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in 	2 3 4 5 6 7 8 9 10 11	Q. A.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front	
3 4 5 6 7 8 9 10 11	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between 	2 3 4 5 6 7 8 9 10 11 12	,	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct?	
3 4 5 6 7 8 9 10 11	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? 	2 3 4 5 6 7 8 9 10 11 12 13	,	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct.	
3 4 5 6 7 8 9 10 11 12 13	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying 	2 3 4 5 6 7 8 9 10 11 11 12 13 14	,	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it	
3 4 5 6 7 8 9 10 11 12 13	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? 	2 3 4 5 6 7 8 9 10 11 12 13	A.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one.	
3 4 5 6 7 8 9 10 11 12 13 14	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right.	
3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiff's case 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Q,	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the	
3 4 5 6 7 8 9 10 11 12 13 14 15 16	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right.	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiff's case 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. Q. Okay. Have you reviewed a plaintiff's case involving emergency care of a patient with 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the University MedNet files for Dorothy Prinzler for	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. Q. Okay. Have you reviewed a plaintiff's case involving emergency care of a patient with pulmonary embolism or deep vein thrombosis ever? 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the University MedNet files for Dorothy Prinzler for January 27, 1999. This was a 59-year-old patient	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. Q. Okay. Have you reviewed a plaintiff's case involving emergency care of a patient with pulmonary embolism or deep vein thrombosis ever? A. Oh, man. I can't tell you for sure. I would 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the University MedNet files for Dorothy Prinzler for January 27, 1999. This was a 59-year-old patient with foot pain and swelling. She had normal	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. Q. Okay. Have you reviewed a plaintiff's case involving emergency care of a patient with pulmonary embolism or deep vein thrombosis ever? A. Oh, man. I can't tell you for sure. I would think so, but I just can't tell you for sure. 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the University MedNet files for Dorothy Prinzler for January 27, 1999. This was a 59-year-old patient with foot pain and swelling. She had normal vital signs. Her history and physical were	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. Q. Okay. Have you reviewed a plaintiff's case involving emergency care of a patient with pulmonary embolism or deep vein thrombosis ever? A. Oh, man. I can't tell you for sure. I would think so, but I just can't tell you for sure. Q. What do you charge per hour, Doctor? And if it 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the University MedNet files for Dorothy Prinzler for January 27, 1999. This was a 59-year-old patient with foot pain and swelling. She had normal vital signs. Her history and physical were appropriate. It was appropriate to order and	
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	 A. No. We were just talking to my accountant about whether my wife should be an employee, so I don't know that yet. Q. And the 30 cases or so, are you saying that you've reviewed that many this year, meaning from January until October of 2003? A. I'm saying from twelve months prior to today. Q. Are all of those cases on behalf of defendants in lawsuits? A. No. Q. What's your percentage breakdown between defendant's and plaintiff's work? A. Well, it used to be 85/15, and I've been saying it's 80/20, but I would think it's getting closer to 75/25 now with the 25 being plaintiffs. Q. Okay. Have you reviewed a plaintiff's case involving emergency care of a patient with pulmonary embolism or deep vein thrombosis ever? A. Oh, man. I can't tell you for sure. I would think so, but I just can't tell you for sure. Q. What do you charge per hour, Doctor? And if it varies between activities like review versus 	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	А. Q. А.	weekends. The rest of my work is seeing patients, and I actually would be well over a hundred hours a month if I could get on the staff here. I was always over a hundred hours a month, but it's just been two months since I moved and it just takes awhile to get on the medical staff. Doctor, I have a report dated February 23, 2003. I understand that to be your one and only report in this matter; is that correct? Certainly it's I'm trying to find it in front of me, but there was only one report, that is correct. Okay. And it's very brief. I'm going to read it just to make sure that I have the right one. All right. It says, "At your request I have reviewed the University MedNet files for Dorothy Prinzler for January 27, 1999. This was a 59-year-old patient with foot pain and swelling. She had normal vital signs. Her history and physical were appropriate. It was appropriate to order and review the x-rays. The diagnosis was consistent	

Premier Court Reporting 330-494-4990

Estate of Dorothy Prinzler vs. Lake Hospital System, Inc., et al. Telephone Deposition of Bruce D. Janiak, M.D.

	P110	ne Deposition of Bruce D. Janiak, M.D.	Γ		15
		13	4	A	
1		case."			I would say probably 20.
2		Is that your report in this matter?	2	Q.	And how many times have you testified at trial
3	Α.	Yes, sir.	3		total in your career as a medical legal
4	Q.	And does that contain all of your opinions in	4		consultant?
5	•	this matter?	5	Α.	I would say that's probably at least 20.
6	Α.	That was all of my opinions with regards to the	6	Q.	Have you ever testified at trial on behalf of a
7	,	University MedNet files.	7	~	plaintiff?
8	Q.	Okay. Now, you understand that there are a	8	Α.	•
	ų.	variety of other defendants in this case and) ğ	Q,	
9			10		At least five or six I would think.
10		other care providers besides Dr. Datta,	1		
11		D-A-T-T-A, who saw Mrs. Prinzler on January 27,	11	Q.	
12		1999; correct?	12		embolism?
13	Α.	Yes, sir.	13	Α.	Same answer as I had before, I don't remember for
14	Q.	And is it fair for me to conclude that you have	14		sure whether they did or they didn't. I mean and
15		no legal criticisms of any of these other care	15		that went to trial. I mean you would think it
16		providers or defendants in this matter?	16		must be, but I just don't remember specific ones.
17	Α.	That's right.	17	Q.	Okay. Doctor, while we're still dealing with
18	Q.	Okay. With regard to your opinion that you find	18	•	background here and waiting to locate this report
19	۹.	no deviation from the standard of care in this	19		or these records, can you just define for us the
20		case as to Dr. Datta, can I conclude that you	20		term deep vein thrombosis?
21		base that in part on your review of the January	21	Α.	
		• •	22	Π.	regarded as deep, which means it is not a vein
22	٨	27, 1999, University MedNet records?	1		
23	Α.	That is correct.	23		that is subcutaneous, and it results well, I
24	Q.	And as I look at those records I see three pages,	24		guess that's the definition, not result. But
25		the first one being a sheet that's signed by Dr.	25		it's just a clot in a deep vein, a vein that is
		14			16
1		Datta at the bottom and timed out at 4:15 in the	1		بمناه والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة والمنافعة
		water at the potential and and and at the contained	1 1		not just under the skin but within the muscle
1 2			1		•
2		afternoon on January 27, 1999?	2	0.	tissue or deeper.
3		afternoon on January 27, 1999? MS. WHITE: (Inaudible.)	2 3	~	tissue or deeper. What are the signs or symptoms of DVT?
3 4		afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene.	2 3 4	Q. A.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms.
3 4 5		afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it.	2 3 4 5	~	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain,
3 4 5 6	٨	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay.	2 3 4 5 6	~	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's
3 4 5 6 7	Α.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's	2 3 4 5 6 7	~	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many
3 4 5 6 7 8	Α.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich	2 3 4 5 6 7 8	Â.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors.
3 4 5 6 7 8 9	Α.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris.	2 3 4 5 6 7 8 9	~	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness,
3 4 5 6 7 8 9 10	Α.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just	2 3 4 5 6 7 8 9 10	Ą. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT?
3 4 5 6 7 8 9	Α.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris.	2 3 4 5 6 7 8 9 10 11	Â.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the
3 4 5 6 7 8 9 10	A. Q.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just	2 3 4 5 6 7 8 9 10 11 12	Ą. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT?
3 4 5 6 7 8 9 10 11		afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it.	2 3 4 5 6 7 8 9 10 11	Ą. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein.
3 4 5 6 7 8 9 10 11 12	Q.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor?	2 3 4 5 6 7 8 9 10 11 12	Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein.
3 4 5 6 7 8 9 10 11 12 13 14	Q. A,	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm	2 3 4 5 6 7 8 9 10 11 12 13	Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf?
3 4 5 6 7 8 9 10 11 12 13 14 15	Q. A,	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Q. A. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might.
3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A. Q.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	А. Q. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A,	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Q. A. Q. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. A. Q.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Q. A. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. Q. A. Q. A. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q. Q.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past by the Gallagher, Sharp law firm?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Q. A. Q. A. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that was way down distal in the calf, you could have
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q. A.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past by the Gallagher, Sharp law firm? Yes, I have.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Q. A. Q. A. Q. A.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that was way down distal in the calf, you could have those signs in the ankle, that's correct.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A. Q. A.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past by the Gallagher, Sharp law firm? Yes, I have. How many times?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Q. A. Q. A. Q.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that was way down distal in the calf, you could have those signs in the ankle, that's correct. Okay. And I didn't mean to say that all of these
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past by the Gallagher, Sharp law firm? Yes, I have. How many times? Probably half a dozen at least.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. A. Q. A. Q. A.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that was way down distal in the calf, you could have those signs in the ankle, that's correct. Okay. And I didn't mean to say that all of these at the same time, but I mean one or the other,
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	Q. A. Q. A. Q. A.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past by the Gallagher, Sharp law firm? Yes, I have. How many times? Probably half a dozen at least. And how many times have you been retained by the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A. Q. A. Q. A. Q. A.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that was way down distal in the calf, you could have those signs in the ankle, that's correct. Okay. And I didn't mean to say that all of these at the same time, but I mean one or the other, might you find them in the ankle associated with
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A. Q. A.	afternoon on January 27, 1999? MS. WHITE: (Inaudible.) MR. KULWICKI: Say that again, Darlene. MS. WHITE: He's looking for it. MR. KULWICKI: Okay. We're getting there. Hang on a second. It's underneath all the potato chips and sandwich debris. MS. WHITE: Hold on. I thought I just saw it. Doctor? Yes. Are you looking for it or is Darlene, because I'm thinking I can ask you a few questions if Darlene is looking for it? We're both looking for it, but why don't you go ahead. Okay. Doctor, have you been retained in the past by the Gallagher, Sharp law firm? Yes, I have. How many times? Probably half a dozen at least.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q. A. Q. A. Q. A.	tissue or deeper. What are the signs or symptoms of DVT? Well, a small DVT may have no signs or symptoms. The most common signs or symptoms are pain, tenderness, and swelling. Sometimes there's redness depending on a lot of, many, many factors. And where might one see or find pain, tenderness, swelling, and/or redness associated with DVT? It would be in the tissues that surround the involved vein. Might you find pain, tenderness, swelling, and/or redness in the calf? Sure, if that's where the vein is, you might. And might you find these signs or symptoms in the area of the ankle? That would be unusual to have all those signs and symptoms in the ankle, but if you had a vein that was way down distal in the calf, you could have those signs in the ankle, that's correct. Okay. And I didn't mean to say that all of these at the same time, but I mean one or the other,

Estate of Dorothy Prinzler vs. Lake Hospital System, Inc., et al. Telephone Deposition of Bruce D. Janiak, M.D.

1616	pno	The Deposition of Druce D. Jamak, m.D.				4.0
ļ		17				19
1		Sure, it's possible.	1		and as far as I can tell, and I want to confirm	
2	Q.	And can you find one or the other of these	2		with you, it appears that there are only three	
3		various symptoms, pain, tenderness, swelling,	3		pages that were generated by University MedNet	
4		and/or redness in the foot as a result of DVT?	4		relative to Mrs. Prinzler's January 27, 1999	
5	Α.		5		visit there. Is that what you have?	
6		but I have never seen it in the foot myself.	6	Α,	Yes.	
7	0.		7		Okay. And the first one would be a sheet that's	
	Q.	that's a possibility?	8	ب ر.	signed by Dr. Datta at the bottom and timed out	
8	٨		9		at 4:15 p.m.; correct?	
9	Α.	· · · ·		٨		
10		possibility. I don't remember being trained for	10		4:15, yes, 16:15.	
11		that, but I suppose it's I don't know where	11	Q.	All right. And then the second one would be	
12		else you would get that from.	12		home-going instructions to Mrs. Prinzler;	
13	Q.	And, Doctor, what is it physically or physically	13		correct?	
14		what happens, physiologically what happens to	14		That's right.	
15		cause swelling associated with DVT?	15	Q.	And then the third one would be the x-ray report	
16	Α.	I think that the biggest physiologic change is	16		from the x-ray that was done on that date;	
17		the increase in pressure in the capillaries,	17		correct?	
18		arterioles, and venules, all of which are in the	18	Α.	Let me see if that's the one I have the other	
19		circuit that just precedes the veins. When	19		stuff, but I don't have the x-ray report. I	
20		there's increased pressure that fluid, some of	20		don't want to go through this forever, but I have	
20		the serum from the blood tends to be squeezed	21		those sheets but not the x-ray report.	
ŧ		out, so to speak, of the small vessels. That's	22	Q.		
22			23	٧·	you is it fair for me to assume that the focus of	
23		called a transudate, T-R-A-N-S-U-D-A-T-E. And	1		•	
24		that fluid that remains in the tissue is	24		your inquiry and investigation was the workup,	
25		associated with swelling.	25		diagnosis, and treatment plan of Dr. Datta,	
		18				20
1	Q.	Now, Doctor, in preparing your February 23, 2003	1		D-A-T-T-A, who is a defendant in this litigation?	
2		report I assume, since you reference them, you	2	Α.	Right, that was the initial focus, that's	
3		had the University MedNet records; correct?	3		correct.	
4	Α.		4	Q.	Did the focus expand beyond that initial focus?	
5	Q.	Did you have the actual films that were taken on	5	Ă.	Maybe personally it did. I just reviewed the	
6	£.	January 27, 1999?	6		records from the emergency visit which was the	
7	A.	I do not believe I have seen the x-rays.	7		1st of February, I remember, and I thought that	
8	1 10	MR. KULWICKI: Okay. We just lost one	8		was okay too.	
9		of our lawyers, so if you guys can keep looking	9	Q.	·	
10		for those records, we'll go off the record for a	10	ų,	written record easy for me to say written	
					•	
11		second.	1		report relative to your final findings from that	
12		MS. WHITE: Actually, Dave, we got them.	12	4	day; correct?	
13		MR. KULWICKI: Okay. Give us two	13		That's correct.	
14		seconds. Kathleen has a frog in her throat,	14	Q.	J J J	
15		50	15		visit, you'll agree with me that the patient	
16		(Discussion off the record.)	16		complained of or presented by history the fact	
17		MR. KULWICKI: We're back on the record,	17		that she was having right foot pain with edema;	
18		and I should note that we've been joined by	18		correct?	
19		another attorney.	19	A.	Right.	
20		MS. JENNY: Yes. Leslie Jenny,	20	Q.	47 47	
21		J-E-N-N-Y. I'm here for Dr. Austria.	21	£.,	of her anatomy; correct?	
22		MR. KULWICKI: And everyone else is here	22	Δ	Yes.	
23		as previously identified.	23	Q.		
24		BY MR. KULWICKI:	24	ų.	edema, or do you have an opinion about that?	
	0		25		MS. JENNY: Objection.	
25	Q.	Doctor, you now have the records in front of you,	L_27			
0		- Court Reporting				

Estate of Dorothy Prinzler vs. Lake Hospital System, Inc., et al. Telephone Deposition of Bruce D. Janiak, M.D.

	1		<u></u>
21	1		23
1 MR. LONGBRAKE: Objection.	1		care so I wouldn't make it my own, that emergency
2 A. You mean based on that information or based on a	2		physicians develop a mental list of possibilities
3 review of the records?	3		that are reasonable that could explain the signs
4 Q. Based on your review of the records.	4		and symptoms of a patient's presentation. And
5 A. Oh, I thought it was probably a soft tissue	5		that means that the emergency physician can
	6		exclude from that list things that are
	7		significantly unlikely.
		Δ	And in developing this mental list of reasonable
8 Q. What is tendinitis?	9	ų٠	possibilities, is it incumbent upon the emergency
9 A. It's an inflammation of the structure which	1		
10 connects the muscles to the bone.	10		room physician to take a history from the
11 Q. And what causes tendinitis?	11		patient?
12 A. Tendinitis can be caused by an acute injury or it	ŧ	Α.	
13 can be caused by a repetitive chronic injury or	13		take a history.
14 it can be spontaneous. And finally it could be	L	Q.	And likewise it would be incumbent upon the
15 associated with actual bacterial infection, which	15		emergency room physician to conduct some form of
16 would be extremely rare. It could be associated	16		physical exam?
17 with patients who have complaints of chronic pain	17	Α.	Exactly correct.
18 in the muscles and joints. And I characterize it	18	Q.	And typically in the emergency room setting there
19 that way because some doctors use the word	19	v	would be a set of vitals that are taken, as well;
20 fibromyalgia, I don't. But it can be also	20		correct?
21 associated with connective tissue disease, which	1	Δ	That would be typically true.
22 is probably the same mechanism that is easily			Okay. And then based on what sort of list,
	23	Q٠	mental list of reasonable possibilities comes up
	24		from the vitals, the physical exam, and the
24 could be associated with tumor, which is very	25		history, there may be an obligation to proceed
25 rare, I've never seen it.	20		
22			24
1 Q. Doctor, do you agree with the principal that in	1		with some additional testing; correct?
2 evaluating an emergency room patient the	2	Α,	That is correct. It depends on the judgment of
3 emergency room physician has a duty to develop a	3		the physician after they put together the
4 differential of all possibilities that may	4		information they get from the history and
5 account for the symptoms and historical	r		
i D uccount for the symptomic and notoriour	5		physical.
	1	Q.	• •
6 complaints as presented in the emergency room?	1	Q.	Okay. Well, you suggest a term now, judgment,
6 complaints as presented in the emergency room? 7 MS. JENNY: Objection.	6 7	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 	6 7 8	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 	6 7 8 9	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you 	6 7 8 9 10	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you 11 don't use a differential? 	6 7 8 9 10 11	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you 11 don't use a differential? 12 A. No, I didn't say that. 	6 7 8 9 10 11 12	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how 	6 7 8 9 10 11 12 13	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 	6 7 8 9 10 11 12 13 14	Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is 	6 7 8 9 10 11 12 13 14 15		Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that?
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 	6 7 8 9 10 11 12 13 14 15 16		Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of 	6 7 8 9 10 11 12 13 14 15 16 17	A.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that.
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 	6 7 8 9 10 11 12 13 14 15 16 17 18		Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 19 Q. Okay. And do you utilize a differential in 	6 7 8 9 10 11 12 13 14 15 16 17 18 19	A.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and in that regard did Dr. Datta have an obligation
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 19 Q. Okay. And do you utilize a differential in 	6 7 8 9 10 11 12 13 14 15 16 17 18 19	A.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 19 Q. Okay. And do you utilize a differential in evaluating patients in the emergency room 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and in that regard did Dr. Datta have an obligation
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 19 Q. Okay. And do you utilize a differential in evaluating patients in the emergency room setting? 22 A. Certainly not a classic differential, no. 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and in that regard did Dr. Datta have an obligation in your opinion to proceed after the history,
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 19 Q. Okay. And do you utilize a differential in evaluating patients in the emergency room setting? 22 A. Certainly not a classic differential, no. 23 Q. Okay. Tell me about the differential according 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and in that regard did Dr. Datta have an obligation in your opinion to proceed after the history, physical, and vitals to obtain an x-ray? No.
 6 complaints as presented in the emergency room? 7 MS. JENNY: Objection. 8 MR. LONGBRAKE: Objection. 9 A. No, I don't. 10 Q. Okay. So in terms of assessing a patient you don't use a differential? 12 A. No, I didn't say that. 13 Q. Okay. Tell me well, first of all, tell me how you define the term differential. 15 A. The differential diagnosis in classic terms is defined as a list of possible disease entities 17 that can explain the patient's constellation of signs and symptoms. 19 Q. Okay. And do you utilize a differential in evaluating patients in the emergency room setting? 22 A. Certainly not a classic differential, no. 23 Q. Okay. Tell me about the differential according 	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Q.	Okay. Well, you suggest a term now, judgment, and I want to try to back that out of the equation in a fair way; and what I'm going to propose to you is that I would like to know from your opinions what complies with a minimum standard of care. Because obviously you can have a judgment that does not comply with accepted standards of medical care, and I want to sort of remove that possibility from our discussion, if we can. Can we do that? I'll try. Let's move forward, see if we can do that. Okay. Well, specifically what I want to know is about minimum standards of medical care here, and in that regard did Dr. Datta have an obligation in your opinion to proceed after the history, physical, and vitals to obtain an x-ray? No.

25 1 A. Well, I don't know if above and beyond implies 2 it might be better. I would have been perfectly 2 particularly dangerous. However, I will tel	
1 A. Wein Liberte and Soft and	27
a the weeks the hetter Twould have been perfectly a particularly dangerous However Twill tel	
2 it might be better. I would have been perfectly 2 particularly dangerous. However, I will tel	l you
3 happy without the x-ray. 3 to be very fair that if I thought it was a lar	ge
4 Q. Okay. Now, talking about the term differential 4 DVT and if it involved most of the calf, I w	
5 and using your definition of a mental list of 5 commence treatment.	
6 reasonable possibilities, once an emergency room 6 Q. You would as the ER physician commence	treatment
7 doctor develops a mental list of reasonable 7 yourself personally without even before	
8 possibilities, if that list includes a 8 had an internist evaluate the patient?	,
9 potentially life threatening condition, does the 9 A. As long as I thought it was a large DVT.	
10 physician have an obligation to undertake testing 10 Q. And what would that treatment consist of)
11 to either rule in or rule out that life 11 A. Well, in 1999 it would probably be Heparin	
14 MS. JENNY: Objection. 14 do or should have done back at that time,	
15 MS. ATKINSON: Objection. 15 indeed it was a large DVT and you began	
16 A. The answer is yes as long as we go back to the 16 with Heparin, would you also proceed with	
17term a reasonable possibility.17another physician evaluate the patient and	
18 Q. Fair enough. And I guess with respect to deep 18 ultimately take over control of care for the	It
19vein thrombosis, you certainly recognize that19patient?	
20 that condition has a potential for throwing a 20 MS. JENNY: Objection.	
21 clot that lodges in the lung that can kill the 21 MS. ATKINSON: Objection.	
22 patient; correct? 22 MR. LONGBRAKE: Objection.	
23 MR. LONGBRAKE: Objection. 23 MS. WHITE: Objection.	
24 A. Using the generic term, hypothetically anybody 24 A. Sure. Once you start the treatment with I	Heparin,
25 with a deep vein thrombosis that could happen. 25 then you have to pick up the phone and c	all the
26	28
1 Q. So it is indeed potentially a life threatening 1 primary care doctor or internist or whoever	
2 condition? 2 call and discuss the next step, do they wa	
3 A. Well, no. A deep vein thrombosis can be 3 admit the patient, do they want them to c	
4 potentially a life threatening condition, but a 4 the office for another Heparin injection, the	
5 small deep vein thrombosis would not be. So it 5 kinds of approaches.	030
	n amall
	a sinali
7 involvement. 7 DVT. I would assume that you would not	
8 Q. Is DVT a treatable disease? 8 necessarily just tell that patient, well, you	
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I	nome,
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th	nome, iem
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated	nome, em I with a
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e	nome, em I with a
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.	nome, em I with a
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.	nome, em I with a
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head H10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15MS. ATKINSON: Objection.	nome, em I with a
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.	nome, em I with a
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head H10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15MS. ATKINSON: Objection.	nome, iem I with a inough?
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.	nome, iem I with a nough? rould do
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. ATKINSON: Objection.17Q. Okay. Anything else that you think you w	nome, iem I with a nough? rould do
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about it. You would instead give th12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair et13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. ATKINSON: Objection.17Q. Okay. Anything else that you think you w18MS. WHITE: Objection.19with a small DVT to comply with accepted	nome, iem I with a nough? rould do
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. ATKINSON: Objection.17Q. Okay. Anything else that you think you w18MS. JENNY: Objection.18under those circumstances in 1999 with a19MS. WHITE: Objection.19with a small DVT to comply with accepted20A. Well, now that you give me the patient with the20standards of medical care?	nome, iem I with a nough? rould do
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. ATKINSON: Objection.17Q. Okay. Anything else that you think you w18MS. JENNY: Objection.19with a small DVT to comply with accepted20A. Well, now that you give me the patient with the20standards of medical care?21DVT I'd want to know where is it and how big is21A. I would just arrange follow-up.	nome, iem I with a nough? rould do patient
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. JENNY: Objection.17Q. Okay. Anything else that you think you w19MS. WHITE: Objection.19with a small DVT to comply with accepted20A. Well, now that you give me the patient with the20standards of medical care?21DVT I'd want to know where is it and how big is21A. I would just arrange follow-up.22it. And if it was very small and in the distal22Q. You would nonetheless have them go see	nome, iem I with a nough? rould do patient
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. JENNY: Objection.16A. Yes, that's fair.19MS. WHITE: Objection.19with a small DVT to comply with accepted20A. Well, now that you give me the patient with the20standards of medical care?21DVT I'd want to know where is it and how big is21A. I would just arrange follow-up.22it. And if it was very small and in the distal22Q. You would nonetheless have them go see23calf, I probably would then be calling in 1999 an23doctor?	nome, iem I with a nough? rould do patient
8Q. Is DVT a treatable disease?8necessarily just tell that patient, well, you9A. In most cases, yes.9just have a small DVT, shake it off, head I10Q. If you had been standing in Dr. Datta's shoes on10forget about it. You would instead give th11January 27, 1999, and you had in your judgment11some advice about the dangers associated12determined that she had in fact had a DVT or you12small DVT progressing to a big DVT; fair e13were strongly suspicious that she had a DVT, what13MR. LONGBRAKE: Objection.14would be the prudent thing to do at that point in14MS. JENNY: Objection.15time or what would you have done?15MS. ATKINSON: Objection.16MR. LONGBRAKE: Objection.16A. Yes, that's fair.17MS. JENNY: Objection.17Q. Okay. Anything else that you think you w19MS. WHITE: Objection.19with a small DVT to comply with accepted20A. Well, now that you give me the patient with the20standards of medical care?21DVT I'd want to know where is it and how big is21A. I would just arrange follow-up.22it. And if it was very small and in the distal22Q. You would nonetheless have them go see	nome, iem I with a nough? rould do patient

Estate of Dorothy Prinzler vs. Lake Hospital System, Inc., et al. Telephone Deposition of Bruce D. Janiak, M.D.

E	<u> </u>	one Deposition of Bruce D. Janak, M.D.			31
		29			
1	Α.	I might do baseline clotting studies, probably	1	~	that would be diagnostic.
2		would.	2	Q.	•
3	Q.	PT, PTT?	3		correct?
4	Α.	Yeah, INR, one of those.	4	Α.	I wouldn't even know who he is. Or she.
5	Q.	And what kind of information would you be looking	5	Q.	If in fact a DVT, even a small one was confirmed
6		for there?	6		via venogram on January 27, 1999, can you give me
7	А,	Well, I guess you would want to know if the	7		some sense about how urgent follow-up is with
8		patient was hypercoagulable, but if not you would	8		such a patient? In other words, would you make
9		at least want to know if somebody eventually	9		sure that they saw someone that same day, or
10		wanted to treat them, they would have a baseline	10		would it be reasonable to wait, you know, a
11		lab study that they could measure progress from.	11		month, or can you just give me some sense about
12	Q.	Okay. Now, in this patient she comes in	12		what you consider to be a reasonable period of
13	Υ.	complaining of right foot pain with edema, and I	13		time for there to be further evaluation of the
14		want you to assume if you haven't found yet the	14		patient and follow-up?
15		x-ray report shows that there's ankle soft tissue	15		MR. LONGBRAKE: Objection.
16		swelling as well as across the foot dorsum.	16	Α.	If you decided that the patient was going to be
17	A.	Okay. I haven't found it, but I will assume	17	7.11	treated with anticoagulation, then you could
18	н.	that.	18		delay the follow-up for a couple weeks if you
1	\cap		19		wanted to. If you thought that you were not
19	Q.	, .	20		going to treat, just wanted to follow, then I
20		else you know about this patient as of January of	20		
21		1999, I assume it's your opinion that DVT would	1		would suspect within two to three days would be
22		not be in the differential?	22	~	reasonable.
23		That's correct.	23	Ų.	And how does an emergency room physician go about
24	Q.	And why would you opine that or why would you	24		making sure that the patient is, you know, handed
25		rule that out of the differential based on the	25		off, if you will, to another doctor for follow-up
		30			32
1		30 presentation that we have here?	1		32 within a reasonable period of time?
	A.	presentation that we have here?	1		
1 2 3	A.	presentation that we have here? Because the patient in the exam had tenderness			within a reasonable period of time?
23	A.	presentation that we have here?	2		within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection.
2 3 4	A.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen	234	A.	within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection.
2 3 4 5	A.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has	2 3 4 5	Α.	within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know
2 3 4 5 6	Α.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case	234		within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do.
2 3 4 5 6 7	Α.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis	234567		within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do?
2 3 4 5 6 7 8		presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense.	2 3 4 5 6 7 8		within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection.
2 3 4 5 6 7 8 9	A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based	2 3 4 5 6 7 8 9		within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection.
2 3 4 5 6 7 8 9 10		presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation?	2 3 4 5 6 7 8 9 10	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection.
2 3 4 5 6 7 8 9 10 11	Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection.	2 3 4 5 6 7 8 9 10 11		 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure
2 3 4 5 6 7 8 9 10 11 12		presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since	2 3 4 5 6 7 8 9 10 11 11	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular
2 3 4 5 6 7 8 9 10 11 12 13	Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you	2 3 4 5 6 7 8 9 10 11 12 13	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that
2 3 4 5 6 7 8 9 10 11 12 13 14	Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the	2 3 4 5 6 7 8 9 10 11 12 13 14	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No.	2 3 4 5 6 7 8 9 10 11 11 12 13 14 15 16 17 18	Q.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection of dye?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin is cut off, and I'm wondering if you can read
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection of dye? Right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin is cut off, and I'm wondering if you can read where it says x-ray, it says right foot and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection of dye? Right. Now, in confirming a suspicion of tendinitis, is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin is cut off, and I'm wondering if you can read where it says x-ray, it says right foot and ankle, and then there is a parenthetical or an
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection of dye? Right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin is cut off, and I'm wondering if you can read where it says x-ray, it says right foot and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection of dye? Right. Now, in confirming a suspicion of tendinitis, is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin is cut off, and I'm wondering if you can read where it says x-ray, it says right foot and ankle, and then there is a parenthetical or an arrow, whatever you want to call it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. A. Q.	presentation that we have here? Because the patient in the exam had tenderness around the ankle, which is extremely I mean I've never even seen that with a DVT. I've seen swelling, but no tenderness. So tenderness has to come from something else. In this case inflammation of the soft tissues, tendinitis makes excellent sense. Okay. And how are you able to rule out DVT based on that presentation? MR. LONGBRAKE: Objection. By going back to our previous conversation, since I don't think that's a reasonable likelihood, you don't rule it out. But if you wanted to, the foolproof way I suppose that you could actually do a venogram. Is that the same thing as a duplex ultrasound? No. Okay. What are you talking about, the injection of dye? Right. Now, in confirming a suspicion of tendinitis, is there any definitive test for doing so?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A.	 within a reasonable period of time? MR. LONGBRAKE: Objection. MS. ATKINSON: Objection. MS. JENNY: Objection. I don't know any way to make sure. I only know what we try to do. What do you try to do? MR. LONGBRAKE: Objection. MS. JENNY: Objection. MS. JENNY: Objection. MS. ATKINSON: Objection. Call someone to arrange follow-up and then figure out a method for the patient and that particular follow-up physician to communicate, whether that be by telephone or just by showing up in the office. And then thirdly you make sure the patient knows what you did, "see Dr. Smith on Tuesday," quote/unquote. Okay. Doctor, looking again at the University MedNet records, my copy on the right-hand margin is cut off, and I'm wondering if you can read where it says x-ray, it says right foot and ankle, and then there is a parenthetical or an arrow, whatever you want to call it

1		one Deposition of Bruce D. Janiak, M.D.			
1		33			35
		corner. Can you read those on your copy of	1		an injury and being wheelchair bound for a week
2		records?	2		might be. But being a person who is sort of a
	٨	Mine says 13:55, I think, and then there's	3		couch potato I don't think is associated with
1	А,		4		DVTs.
4		initials. That's all I what I take that to be	f	0	
[5		is the initials of the person who took the order.	5	Q.	Okay. And you mentioned going back to look at
6		The right foot and ankle is the order, and then	6		some literature with regard to Premarin as a risk
7		the time and initials would be the time and the	7		factor. What sort of literature would you be
8		identity of the person who took the order off.	8		looking at?
9		MS. WHITE: Our portion is partially cut	9	Α.	Oh, if I were going to look it up, I would
10		off, too, Dave.	10		probably start with
		MR. KULWICKI: Okay.	11	\cap	I'm sorry, start with what?
11	~		12	~	The PDR, Physician's Desk Reference.
12	Ų.	Doctor, just so I'm clear, you did not review the	1		
13		films that were taken on January 27, 1999?	13	Q.	Okay. Now, did this patient have any particular
14	Α.	That is correct.	14		risk factors for tendinitis?
15	Q.	With respect to DVT, what are the risk factors	15	Α.	Well, she claimed, you know, I'll put in
16		for that condition?	16		parentheses this history of fibromyalgia. And
17	Α.	I'll see if I can make up a mental list here. I	17		those patients, whether you believe in
18		would say that a history of prior DVTs would be a	18		fibromyalgia or not, do complain of soft tissue
19		risk factor, history of serious injury to a lower	19		discomfort throughout their bodies on a regular
1		extremity that would for example, a severely	20		basis. That's the only way I could characterize
20					
21		fractured lower extremity in the distant past,	21		it. I can't say a risk factor, I could just say
22		history of a recent injury or surgery to the	22		it's very common for those people to have those
23		lower extremity, taking of birth control pills, a	23		complaints.
24		history of hypercoagulability syndrome, and	24	Q.	Doctor, where in these records do you see that
25		perhaps obesity, although I'm not sure it's as	25		Dr. Datta was considering fibromyalgia when he
		34			36
4		much of a risk factor as we think it is.	1		evaluated Mrs. Prinzler?
1	0		$\frac{1}{2}$	٨	I don't, but that wasn't your question.
2	Ų.	With regard to birth control pills, would	1 6		
3		Not see the Charles the factor of the second s			, , ,
		Premarin fit within that category?	3	Q.	Okay. That was my question just then though. I
4	Α.	You know, I don't know. I really don't. I would	3 4		Okay. That was my question just then though. I guess in looking at this, I don't see that that
4 5	Α.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's	3	Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you?
1	Α.	You know, I don't know. I really don't. I would	3 4	Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that
5	Α.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's	3 4 5	Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you?
5 6 7		You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up.	3 4 5 6	Q. A.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question.
5 6 7 8		You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a	3 4 5 6 7 8	Q. A.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all
5 6 7 8 9		You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of	3 4 5 6 7 8 9	Q. A.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for
5 6 7 8 9 10		You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that	3 4 5 6 7 8 9 10	Q. A.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your
5 6 7 8 9 10 11	Q,	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up?	3 4 5 6 7 8 9 10 11	Q. A.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999
5 6 7 8 9 10 11 12	Q,	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up.	3 4 5 6 7 8 9 10 11 12	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit?
5 6 7 8 9 10 11 12 13	Q,	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth	3 4 5 6 7 8 9 10 11 12 13	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have.
5 6 7 8 9 10 11 12 13 14	Q,	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may	3 4 5 6 7 8 9 10 11 12 13 14	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you
5 6 7 8 9 10 11 12 13 14 15	Q,	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and	3 4 5 6 7 8 9 10 11 12 13 14 15	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any
5 6 7 8 9 10 11 12 13 14 15 16	Q, A.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up.	3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record
5 6 7 8 9 10 11 12 13 14 15	Q, A.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any
5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up.	3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record
5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT? I don't know. I mean my personal experience is that I don't think of it any more in a	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we would say this is an adjournment with a
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT? I don't know. I mean my personal experience is that I don't think of it any more in a 90-year-old than I do in a 60-year-old, so I	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we would say this is an adjournment with a possibility of reopening. On behalf of Mr.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21	Q. A. Q. A.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT? I don't know. I mean my personal experience is that I don't think of it any more in a 90-year-old than I do in a 60-year-old, so I would have to look that up too.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we would say this is an adjournment with a possibility of reopening. On behalf of Mr. Kilbane I would make that comment. But other
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q. A.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT? I don't know. I mean my personal experience is that I don't think of it any more in a 90-year-old than I do in a 60-year-old, so I would have to look that up too. How about a sedentary life-style, is that	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we would say this is an adjournment with a possibility of reopening. On behalf of Mr. Kilbane I would make that comment. But other than that, we'll reserve.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. Q.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT? I don't know. I mean my personal experience is that I don't think of it any more in a 90-year-old than I do in a 60-year-old, so I would have to look that up too. How about a sedentary life-style, is that considered to be a risk factor for DVT?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we would say this is an adjournment with a possibility of reopening. On behalf of Mr. Kilbane I would make that comment. But other than that, we'll reserve. MR. KULWICKI: Agreed.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. A. Q. Q.	You know, I don't know. I really don't. I would have to go back and look up the literature. It's a minor risk factor, but it might get in there. I would have to look it up. And let me maybe clarify that and ask it a different way. Do you consider the use of Premarin to be a risk factor for DVT, or is that what you're telling me you would have to look up? That's what I would have to go back and look up. I think it's not exactly the same as taking birth control pills, but it is a hormone, so it may have been associated with an increased risk, and I just as we talk, I would have to look it up. Can we agree that age is a risk factor for DVT? I don't know. I mean my personal experience is that I don't think of it any more in a 90-year-old than I do in a 60-year-old, so I would have to look that up too. How about a sedentary life-style, is that	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. A. Q.	Okay. That was my question just then though. I guess in looking at this, I don't see that that entered into his thought process, do you? No, I didn't either, but I was answering your question. Fair enough. Okay. Let me see here. That's all the questions I have, Doctor. Thank you for answering them. Have we covered all of your opinions with respect to this January 27, 1999 visit? I believe we have. MR. KULWICKI: Okay. Darlene, do you want to advise well, does anyone else have any questions? I mean we've obviously made a record that MR. LONGBRAKE: Just for the record, we would say this is an adjournment with a possibility of reopening. On behalf of Mr. Kilbane I would make that comment. But other than that, we'll reserve.

	37	1 <u>CERTIFICATE</u> 39	
1	MS. ATKINSON: And the same for Susan	2	
2	Seacrist.	3 STATE OF OHIO,)	1
3	MR. KULWICKI: Agreed. Darlene, do you) SS: 4 CARROLL COUNTY.)	
4	want to advise him with regard to signature on	5	
5	the record and then we'll depart here.	6 I, Lisa A. Naiman, a Registered Professional Reporter and Notary Public in and for the State of	
6	MS. WHITE: Doctor, you have a right to	7 Ohio, duly commissioned and qualified, do hereby certify that the within-named witness, BRUCE D.	
7	read the record. THE WITNESS: I'll read.	8 JANIAK, M.D., was first duly sworn to testify the truth, the whole truth and nothing but the truth in	
8 9	MR. KULWICKI: Okay. Take care.	9 the cause aforesaid; that the testimony so given by him was by me reduced to Stenotype in the presence of	
, 10	MS. WHITE: Thanks a lot everyone.	10 the witness, and that the foregoing is a true and correct transcription of the testimony so given by him	
11		11 as aforesaid.	
12	(The deposition was concluded at 1:57 p.m.)	12 I further certify that this deposition was taken at the time and place in the foregoing caption 13 specified.	
13 14		14 I further certify that I am not a relative	
15		of, employee of or attorney for any of the parties in 15 the above-captioned action, that I am not a relative of or employee of an attorney of any of the parties in	
16		16 the above-captioned action, that I am not financially interested in this action, and that I am not, nor is	
17		17 the court reporting firm with which I am affiliated, under a contract as defined by Civil Rule 28(D).	
18		18 IN WITNESS WHEREOF, I have hereunto set my	
19		19 hand and affixed my seal of office at Malvern, Ohio on this 27th day of October, 2003.	
20		20	
21		21 22	
22 23		Lisa A. Naiman, RPR & Notary Public 23 My commission expires April 3, 2004.	
24		24	
25		25	
	38		
1.	38 WIINESS CERIIEICATE		
2			
2 3	WIINESS CERIIEICATE		
2 3 4	<u>WIINESS CERIIEICATE</u> I, Bruce D. Janiak, M.D., do hereby certify that I		
2 3	WIINESS CERIIEICATE		
2 3 4 5	WITNESS CERIIEICATE I, Bruce D. Janiak. M.D., do hereby certify that I have read the foregoing deposition taken on October		
2 3 4 5 6	WITNESS CERTIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer		
2 3 4 5 6 7	WITNESS CERTIEICATE I, Bruce D. Janiak. M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer versus Lake Hospital System, Inc., et al., consisting		
2 3 4 5 6 7 8	WITNESS CERTIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition		
2 3 4 5 7 8 9	WITNESS CERTIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my		
2 3 4 5 6 7 8 9 10	WITNESS CERTIFICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time.		
2 3 4 5 6 7 8 9 10 11 12 13	WITNESS CERTIFICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D.		
2 3 4 5 7 8 9 10 11 12 13 14	WITNESS CERTIFICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time.		
2 3 4 5 7 8 9 10 11 12 13 14 15	WITNESS CERTIFICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D.		
2 3 4 5 7 8 9 10 11 12 13 14 15 16	WITNESS CERTIFICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D.		
2 3 4 5 7 8 9 10 11 12 13 14 15 16 17	WITNESS CERTIFEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003.		
2 3 4 5 7 8 9 10 11 12 13 14 15 16	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this		
2 3 4 5 7 8 9 10 11 12 13 14 15 16 17 18	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy PrinzTer versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this		
2 3 4 5 7 8 9 10 11 12 13 14 15 16 17 18 19	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this		
2 3 4 5 7 8 9 10 11 12 13 14 15 16 17 18 19 20	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this day of, 2003. Notary Public		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this day of, 2003. Notary Public		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this day of, 2003. Notary Public		
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	WITNESS CERIIEICATE I, Bruce D. Janiak, M.D., do hereby certify that I have read the foregoing deposition taken on October 10, 2003 in the case of Estate of Dorothy Prinzler versus Lake Hospital System, Inc., et al., consisting of thirty-seven pages, and that said deposition constitutes a true and correct transcription of my testimony given at the specified time. Bruce D. Janiak, M.D. Dated this day of, 2003. Sworn to and subscribed before me this day of, 2003. Notary Public		

Premier Court Reporting 330-494-4990

1	5	28:11 Advise	Attorneys 4:21 5:5	2:10 2:16 2:21 3:4 Bulkley
10	59-year-old	36:15 37:4	Attributable	2:16
1:20 38:6	12:19	Affiliated	11:10	Business
101	6	39:17	Augusta	6:25
1:19 2:11 2:21 3:5 13:55	6	Affixed 39:19	7:17 8:3 Austria	С
33:3	3:11	Aforesaid	3:2 18:21	Calculated
1400	60-year-old	39:9 39:11	Available	9:7 11:18
2:10 2:21 3:4	34:20 64	Afternoon	5:22	Calendar 4:9 4:14
1501	64 8:14 8:20	14:2	Avenue	Calf
2:16	660	Age	1:19 2:11 2:16 2:21 3:5 Awhile	16:14 16:20 26:23 27:4
1660 2:5	2:5	34:17 Agree	12:7	Candor
16:15	7	20:15 22:1 34:17	В	6:8
19:10	75/25	Agreed		Capillaries
1999	10:16	4:2 36:23 37:3	Background	17:17 Caption
12:19 13:12 13:22 14:2	7th	Ahead	Bacterial	39:12
18:6 19:4 20:14 26:11 26:23 27:11 27:12 28:18	2:16	14:18 A]	21:15	Care
29:21 31:6 33:13 36:11	8	AI 1:9-38:7	Base	5:13 5:15 10:18 12:25
1:00CV0342	80/20	Amount	13:21	13:10 13:15 13:19 23:1
1:5	10:15	11:19	Based 21:2 21:2 21:4 23:22 29:	24:11 24:13 24:19 24:25 27:18 28:1 28:20 37:9
1:07	85/15	Anatomy	25 30:9	Career
1:20 1:57	10:14	20:21 Ankie	Baseline	15:3
37:12	9	Ankie 7:15 16:17 16:19 16:21	29:1 29:10	CARROLL
1st	90	16:24 29:15 30:3 32:22	Basis	39:4
20:7	9:20	33:6	35:20 Becker	Case 1:5 7:4 10:17 13:1 13:
2	90-year-old 34:20	Answer 15:13 17:5 25:16	2:4	13:20 29:19 30:6 38:6
20	<u></u>	Answering	Become	Cases
15:1 15:5	A	36:6 36:10	4 : 11	9:9 10:5 10:9 15:11 26
2003	Able	Anticipate	Began	Category
1:20 7:5 10:7 12:8 18:1	8:7 30:9 Above-captioned	5:12	27:15 Begin	34:3
38:6 38:14 38:17 39:19	39:15 39:16	Anticoagulation	6:4	Caused 21:12 21:13
2004 39:23	Absolutely	31:17 Apparent	Behalf	Causes
216-241-2600	12:24	4:11	2:3 2:8 2:13 2:19 3:2	21:11
2:6	Academic	APPEARANCES	10:9 15:6 36:20 Better	Causing
216-241-5310	7:23 Accepted	2:1 3:1	25:2	20:23
2:17	24:12 28:19	Appreciate	Between	Certainly 5:16 6:1 6:10 12:11 17
216-687-1311 2:12 2:22 3:6	According	6:2-6:8 Approaches	10:12 10:23	7 22:22 25:19
23	22:23	28:5	Beyond	Certified
12:8 18:1	Account 22:5	Appropriate	20:4 24:25 25:1 Bing	6:20
25	Accountant	12:22 12:22	26:21 28:12	Certify
10:16	10:2	April	Biggest	38:4 39:7 39:12 39:14
27	Act	39:23 Area	17:16	Change 17:16
12:19 13:11 13:22 14:2 18:6 19:4 20:14 26:11	8:6	Area 7:6 7:13 16:17	Birth	Characterize
31:6 33:13 36:11	Action 39:15 39:16 39:16	Arrange	33:23 34:2 34:13 Bit	21:18 35:20
27th	Active	28:21 32:11	9:17	Charge
39:19	11:19	Arrow	Blood	10:22
28 (D	Activities	32:23 Arterioles	15:21 17:21	Chips
39:17	8:23 9:15 10:23 11:8 11:	Arterioles 17:18	Bodies	14:8 Chronic
3	22 Activity	Assessing	35:19 Bone	21:13 21:17
3	9:20	22:10	21:10	Circuit
39:23	Actual	Associated	Bottom	17:19
30	18:5 21:15	16:10 16:24 17:15 17:25 21:15 21:16 21:21 21:24	14:1 19:8	Circumstances
9:9 10:5 300	Acute	21:15 21:16 21:21 21:24 28:11 34:15 35:3	Bound	28:18
11:1 11:1	21:12 Add	Assume	35:1 Brad	City 7:2
30269	6:5 6:7	5:14 18:2 19:23 28:7 29:	5:23	Civil
7:2	Additional	14 29:17 29:21 31:2	Bradford	1:16 39:17
4	24:1	Assuming 29:19	2:20 7:1	Claimed
	Address	Assured	Breakdown	35:15
400 11:2	6:25 7:4 7:5	5:25	10:12 Prooke	Clarify
405	Adequate 5:25	Atkinson	Breaks 8:1	34:8 Clocsic
7:1	Adjournment	2:9 5:23 25:15 26:17 27:	Brief	Classic 22:15 22:22
44113	36:19	21 28:15 32:3 32:10 37:1	12:14	Clear
2:6	Administrative	Atlanta 4:24 7:6 7:9	Bruce	5:1 33:12
44115	11:22	Attorney	1:9 1:13 6:18 7:1 38:4	Cleveland
2:11 2:17 2:22 3:5	Admit 28:3	2:4 2:9 2:15 2:20 3:3 4:	38:13 39:7 Building	1:20 2:6 2:11 2:17 2:2
4:15 14:1 19:9 19:10	Advice	24 18:19 39:14 39:15	barraing	3:5 Clinical

..

B:15 11:20 11:25	38:9	David's	28:2	Emergency
Closer	Consultant	6:8	Discussion	7:10 8:15 10:18 20:6
10:15	15:4	Dawned	18:16 24:14	2 22:3 22:6 22:20 23:
Clot	Consulting	4:19	Disease	23:5 23:9 23:15 23:18
15:21 15:25 25:21	9:12 9:16 9:21 9:23	Days	21:21 22:16 26:8	25:6 27:13 31:23
Clotting	CONT	11:14 31:21	Distal	Employee
29:1	3:1	Dealing	16:20 26:22 27:1	10:3 39:14 39:15
Co	Contain	15:17	Distant	Employees
2:4	13:4	Debris	33:21	9:23
College	Contract	14:9	DISTRICT	End
7:17 8:3 9:2 11:9	7:12 39:17	Decided	1:1 1:2	6:14
Coming	Control	7:23 31:16	DIVISION	Ended
4:3	27:18 33:23 34:2 34:14	Deep	1:3	4:4
Commence	Conversation	10:19 15:20 15:22 15:25	Doctor	Engaged
27:5 27:6	30:12	25:18 25:25 26:3 26:5	6:13 6:23 7:3 10:22 11:	8:23 11:8
Commenced	Coordinator	Deeper	18 12:8 14:12 14:19 15:	Entered
7 : 16	11:11 11:23	16:2	17 17:13 18:1 18:25 22:	36:5
Comment	Сору	Defendant	1 25:7 27:13 28:1 28:23	Entities
36:21	32:19 33:1	2 8 2:19 3:2 20:1	31:25 32:18 33:12 35:24	22:16
Commission	Corner	Defendant's	36:9 37:6	Equation
	33:1	3:15 10:13	Doctors	24:8
18:21 39:23	Correct	Defendants	21:19	ER
Commissioned	9:12 12:10 12:13 13:12	1:10 2:13 5:4 5:4 10:9	Done	27:6
19:7	13:23 16:21 18:3 19:9	13:9 13:16	7:15 19:16 26:15 27:14	Estate
Common	19:13 19:17 20:3 20:12	Define	Dorothy	1:5 38:6
6:5 35:22	20:13 20:18 20:21 23:17	15:19 22:14	1:5 12:18 38:6	Et
Communicate	23:20 24:1 24:2 25:22	Defined	Dorsum	1:9 38:7
32:13	29:23 31:3 33:14 38:9	22:16 39:17	29:16	Euclid
Community	39:10	2	Down	2:16
1:4 8:25 9:4	Cost	Definition	7:19 8:1 11:18 16:20	Evaluate
Commuting	5:8	15:24 25:5	Dozen	27:8 27:17
7:17	Couch	Definitive	14:23	
Company	35:3	30:23	Dr	Evaluated
3:14	COUNTY	Delay	2:19 3:2 4:15 5:7 5:8 5:	36:1
Complain	39:4	31:18	11 6:4 13:10 13:20 13:	Evaluating
35:18	Couple	Denied	25 18:21 19:8 19:25 22:	22:2 22:20
Complained	7:12 31:18	20:20	24 24:20 26:10 31:2 32:	Evaluation
20:16	Course	Depart	16 35:25	31:13
Complaining	4 : 12	37:5	Duly	Eventually
29:13	Court	Department	6:19 39:7 39:8	29:9
Complaints	1:1 4:18 6:15 39:17	7:10	Duplex	Exactly
5:15 21:17 22:6 35:23	Cover	Depose	30 17	23:17 34:13
Complies	5:24	5:7	During	Exam
24:10	Covered	Deposition	4:12	23:16 23:24 30:2
Comply	36:10	1:8 1:13 4:7 4:16 4:25	Duties	Examination
24:12 28:19	* - · · · ·	5:23 6:4 10:24 11:3 37:	11:5	1:15 3:10 6:21
Conclude	Criticisms	12 38:5 38:8 39:12	Duty	Example
3:14 13:20	13:15	Depositions	22:3	33:20
Concluded	Cross	11:2	DVT	Excellent
37:12	1:15 6:21	Derives	16:3 16:4 16:10 16:25	30:8
Condition	Cross-Examination	9:21	17:4 17:15 26:8 26:12	Exclude
25:9 25:12 25:20 26:2	1:15 6:21	Desk	26:13 26:21 27:4 27:9	23:6
26:4 33:16	Current	35:12	27:15 28:7 28:9 28:12	EXHIBITS
Conduct	6:25	Detail	28:12 28:19 29:21 30:4	3:13 3:15
3:15	Cut	5:7	30:9 31:5 33:15 34:10	Expand
Confirm	32:20 33:9	Determined	34:17 34:23	20:4
9:1	D	26:12	DVTs	Expenses
Confirmed	<u> </u>	- Develop	27:1 33:18 35:4	11:3
(22 31:5	Dangerous	22:3 23:2 23:12	Dye	Experience
Confirming	27:2	Developing	30:20	34:18
ontirming	Dangers	23:8	e	Expires
	28:11	Develops	<u>.</u>	- 38:21 39:23
Connective	Darlene	25:7	Easily	Explain
1:21 	2:15 14:4 14:14 14:15	Deviation	21:22	22:17 23:3
Connects	36:14 37:3	12:25 13:19	EASTERN	
21:10	Data	Diagnosis	1:3	Extensive 26:6
Consider	26:25	12:23 19:25 22:15	Easy	
1:12 34:9	Date	Diagnostic	20:10	Extra
Considered	4:15 19:16	31:1	Economics	8:7
4:23	Dated	Different	7:22	Extremely
Considering	12:8 38:14		Edema	21:16 30:3
35:25	Datta	9:17 34:9 Differenti-7	20:17 20:24 29:13	Extremity
Consist	13:10 13:11 13:20 14:1	Differential	1	33:20 33:21 33:23
27:10	19:8 19:25 20:1 24:20	22:4 22:11 22:14 22:15	Eight 8:2 8:10 8:12	F
Consistent	31:2 35:25	22:19 22:22 22:23 25:4		
12:23	Datta's	29:22 29:25	Eight-and-a-half	Fact
Consisting	26:10	Director	8:12	4:17 4:22 20:16 26:1
38:7	Dave	7:10	Either	31:5
Constellation	18:12 33:10	Discomfort	12:1 25:11 36:6	Factor
JONSTELIATION		35;19	Embolism	LODIED DATE OF C DE 4
22:17	David	Discuss	10:19 15:12	33:19 34:1 34:6 34:1 34:17 34:23 35:7 35:

33:20 33:21 33:2				0 A 0 C
100.20 00.21 00.4	28:10	19:12	19:12	30:25
F	Form	Hormone	Intended 4:25	Lake 1:8 2:8 38:7
	23 : 15	34:14 Horrible	Intentional	
Fact 4:17 4:22 20:16	26:12 24:16	7:21 7:22	6:11	38:25
31:5	Foul-up	Hospital	Interested	Large
Factor	4:3	1:8 2:8 7:11 8:5 8:	25 9: 39:16	27:3 27:9 27:15
33:19 34:1 34:6		18 38:7	Internist	Last
34:17 34:23 35:1	7 35:21 33:21	Hospitals	26:24 27:8 28:1	6:24 9:8 11:14
Factors	Friday	7:14 11:12	Investigation	Lasted
16:8 33:15 35:14 Fair	1.20	Hour 10:22	19:24 Involve	Late
13:14 19:23 24:8	8 25:18 18:14	Hours	15:11	4:5 4:17
27:3 28:12 28:16		8:12 8:12 8:14 8:20		Law
Fairness	12:11 18:25	12:4 12:5	4:21 16:12 27:4	2:4 2:9 2:15 2:20 3:3
5:17	Full	House	Involvement	14:20 14:25
Far 19:1 32:25	6:23 11.14	8:5 Hundred	26 7	Lawsuits 10:10
Fayette	Fulton	12:4 12:5	Involving 10:18	Lawyers
8:4 8:25 9:4	2:15			5:22 18:9
February	G	33:24	6:9	Lay
7 5 12.8 18:1 2	0:7 Gallagher	Hypercoagulable	J	10:25
Federal	2:15 14:20	29:8		Learned
1:15	Generated	Hypothetically	Janiak	4:5 4:8 4:17
Few	19:3	25:24	1:9 1:13 5:7 6:4 6:18 1 7:1 9:11 9:21 9:23 2	- mouou
14:15 Fibromyalgia	Generating	I	24 38:4 38:13 39:8	⁽²¹⁾ 5:4 14:23 15:5 15:10 29:
21:20 35:16 35:		Identified	Janiak's	Legal
Figure	25:24	18:23	4:15 5:8 5:11	9:2 9:6 9:15 9:17 9:22
32:11	Georgia	Identity	January	11:6 11:23 11:25 13:15
Files	7:2 7:17 8:3 9:3	3 11:10 33:8	10:7 12:19 13:11 13:21	
12:18 13:7	Given	Immediately	11 29:20 31:6 33:13 36	
Films	4:20 5:11 38:10 10		11	
18:5-33:13 Final	Gosh	Implies 25:1	Jenny	25:9 25:11 26:1 26:4 34:
20:11	9:7	Inaudible	3:3 18:20 18:20 18:21	22
Finally	Greater	14:3	20:25 22:7 25:14 26:18 27:20 28:14 32:4 32:9	Life-style
21:14 21:23	5:7	Inc	36:24	34:22 34:24
Financially	Guess	1:8 2:8 2:14 9:12 3		Light
39:16	4:1 11:10 15:24		2:13	4:23 Likelihood
Findings	29:7-36:4	25:8	Joined	30:13
12:24 20:11 Firm	Guys	9:21 11:7 11:9 11:1	18:18	Likely
4:21 14:20 14:2		Increase	6 Joints 21:18	21:6
First	II	17:17	JUDGE	Likewise
6:19 7:7 13:25	19:7 22: Half	Increased	1:6	23:14
13 39:8	14:23 Hand	17:20 34:15	Judgment	Limited
Fit	6:15 39:19	Incumbent	24:2 24:6 24:12 26:11	5:11 Lisa
34:3 Five	Handed	23:9 23:14	July	1:16 6:15 39:6 39:22
15:10	31:24	Indeed 26:1-27:15	7:7	List
Floor	Handling	Indicated	K	22:16 23:2 23:6 23:8 23:
2:16	6:9	5:20	Kathleen	12 23:22 23:23 25:5 25:
Fluid	Hang	Infection	2:9 5:23 18:14	7 25:8 33:17
17:20 17:24	14:7 Hanny	21:15	Кеер	Literature 34:5 35:6 35:7
Flying	Happy 25:3	Inflammation	18:9	Litigation
12:1 Focus	Head	21:9 30:7 Inflammatory	Kilbane 5:21 36:21	20:1
5;11 19:23 20:2		Inflammatory 21:6	6:21 36:21 Kill	Locate
4	Heparin	Information	25:21	15:18
Follow	27:11 27:16 27:2	24 28:4 21:2 24:4 29:5	Kind	Location
31:14 31:20	Hereby	Initial	29:5	11:4
Follow-up	38:4 39:7 4 31:18 Herein	20:2 20:4	Kinds	Lodges 25:21
28:21 31:7 31:1 31:25 32:11 32:		Initials	28:5	Longbrake
Follows	Hereinafter	33:4 33:5 33:7	Knee	2:20 5:24 6:7 21:1 22:8
6:20	6:19	Injection	27:1 Knows	25:13 25:23 26:16 27:22
Fooling	Hereunto	28:4 30:19 Injury	32:16	28:13 30:11 31:15 32:2
8:8	39:18	20:20 21:12 21:13 3	1 I I I I I I I I I I I I I I I I I I I	32:8 36:18
Foolproof	Historical	33:22 35:1	2:4 3:11 4:1 6:13 6:22	Look 13:24 34:5 34:7 34:11
30:15	22:5	Inquiry	14:4 14:6 18:8 18:13	$18: 34 \cdot 12 34 \cdot 16 34 \cdot 21 35 \cdot 5$
Foot	20:17 History 20:17 12:21 20:16 23:1	19:24	17 18:22 18:24 33:11 3	36: 35:9
12:20 17:4 17:6 20:23 29:13 29:		1 22.40 400	14 36:23 37:3 37:9	Looking
33:6	33:19 33:22 33:2	24 35:16	L	4:8 14:5 14:14 14:16 14
Foregoing	Hold	Instance 34:25	L.P.A.	17 18:9 19:22 29:5 32: 18 35:8 36:4
38:5 39:10 39:1		Instead	2:4	Lost
Forever	Home	28:10		18:8
19:20 Forget	28:9 Nomo going	Instructions	29:11	Lower
	Home-going		Laboratory	1

		Occasioned	22:17 23:4	Posch
34:12 34:16 34:21 35:5 35:9	2:4 Month	7:8	Patients	2:13
Looking	8:2 8:7 8:10 8:14 8:20	October	8:17 8:19 12:3 21:17 22: 20 35:17	Position 7:20
4:8 14:5 14:14 14:16 14: 17 18:9 19:22 29:5 32:	8:24 12:4 12:5 31:11 Months	1:20 10:7 38:5 39:19 Office	Pay	Possibilities
18 35:8 36:4	7:12 7:18 8:9 10:8 11:	2:5 8:4 28:4 32:15 39:19	5:8	22:4 23:2 23:9 23:23 25:
Lost 18:8	14 12:6 Morning	Offices	PDR 35:12	6 25:8 Possibility
Lower	4:19 5:19	1:18 Ohio	Peachtree	4:6 17:8 17:10 24:14 25:
33:19 33:21 33:23	Most	1:2 1:18 1:20 2:6 2:11	7:2	17 36:20
Lung 25:21	16:5 21:6 26:9 27:4 Move	2:17 2:22 3:5 7:5 7:11 39:3 39:7 39:19	Penciled 4:14	Possible 17:1 17:5 22:16
	7:6 7:9 24:16	Once	People	Potato
M.D.	Moved 7:13 7:18 12:6	9:20 25:6 27:24	35:22	14:8 35:3 Potential
1:9 2:13 38:13	Muscle	Once-a-year 9:20	Per 10:22	25:20
Majority	16:1	0ne	Percent	Potentially
11:24 Malvern	Muscles 21:10 21:18	12:9 12:12 12:15 13:25 16:9 16:23 17:2 18:8 19:	9:21 Percentage	25:9 26:1 26:4 Practice
39:19	Must	7 19:11 19:15 19:18 29:	10:12	8:15 11:5 11:20
Man	15:16	4 31:5 Ones	Perfectly	Precedes
10:20 Margin	N	15:16	25:2 Perhaps	17:19 Premarin
32:19	Naiman	0pen	33:25	34:3 34:10 35:6
Matter 6:9 12:10 13:2 13:5 13:	1:17 6:15 39:6 39:22 Name	5:17 Opine	Period 31:12 32:1	Prepare 6:1
16 12:10 13:2 13:5 13.	Name 6:23 6:24	29:24	Perrysburg	Preparing
McGurk	Necessarily	Opinion 13:18 20:9 20:24 24:21	7:5	18:1
5:21 36:25 MD	28:8 Necessary	24:24 29:21	Person 33:5 33:8 35:2	Presence
1:13 6:18 38:4 39:8	5:11 5:16	Opinions	Personal	Presentation
Mean 15:14 15:15 16:22 16:23	Need	5:12 13:4 13:6 24:10 36: 11	34:18	23:4 30:1 30:10
21:2 30:3 34:18 36:16	5:6 Needed	Order	Personally 20:5 27:7	Presented 20:16 22:6
Meaning	7:15	12:22 33:5 33:6 33:8 Outreach	Perspective	Pressure
10:6 Means	Never 9:7 11:24 17:6 21:25 30:	11:11 11:22	9:20 11:13	17:17 17:20
15:22 23:5	9:7 11:24 17:0 21:23 30. 4	Outset	Phone 2:14 4:16 27:25	Previous 30:12
Measure	Next	4:1	Physical	Previously
		Own		
29:11	8:7 28:2	Own 9:15-23:1	12:21 12:24 23:16 23:24	18:23
29:11 Mechanism 21:22		9:15 23:1		
29:11 Mechanism 21:22 Medical	8:7 28:2 None 3:14 3:16 Nonetheless	9:15-23:1 P	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13	18:23 Primary 28:1 Principal
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6	8:7 28:2 None 3:14 3:16	9:15 23:1 P P.m. 1:21	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician	18:23 Primary 28:1 Principal 22:1
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20	9:15 23:1 P P.m. 1:21 PAGE	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman	9:15 23:1 P P.m. 1:21	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:2	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 36:16 Parenthetical	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25:	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physician's 35:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25:	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially 33:9 Particular 32:12 35:13	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY 1:6 Obesity 33:25	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 36:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially 33:9 Particular 32:12 35:13 Particularly	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physiclogic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0 0 MALLEY 1:6 Obesity 33:25 0bjection	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially 33:9 Particular 32:12 35:13 Particularly 27:2 Parties	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physician's 35:12 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professorship 8:19
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0 0'MALLEY 1:6 Obesity 33:25 Objection 20:25 21:1 22:7 22:8 25: 13 25:14 25:15 26:23 26:	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particularly 33:9 Particularly 27:2 Parties 39:14 39:15	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17 Plaintiffs 10:16	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0 0'MALLEY 1:6 Obesity 33:25 Objection 20:25 21:1 22:7 22:8 25: 13 26:14 26:15 26:23 26: 16 26:17 26:18 26:19 27:	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particular 33:9 Particular 32:12 35:13 Particularly 27:2 Parties 39:14 39:15 Partly	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17 Plaintiff 10:16 Plan	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 1:6 13:11 9:19 5:19 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 9:19 Professor 11:16 Professorship 8:19 Progress 29:11 Progressing
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:24 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0 0'MALLEY 1:6 0besity 33:25 0bjection 20:25 21:1 22:7 22:8 25: 13 26:14 26:15 26:23 26: 16 26:17 26:18 26:19 27: 20 27:21 27:22 7:23 28: 13 28:14 28:15 30:11 31:	9:15 23:1 P P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially 33:9 Particular 32:12 35:13 Particular 32:12 35:13 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:16 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiffs 10:16 Plan 19:25	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship 8:19 Progress 29:11 Progressing 28:12
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Miles	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY 1:6 Obseity 33:25 0 0 0'MALLEY 1:6 0 Desity 33:25 0 0 0 0'MALLEY 1:6 1:2 1:2 1:2 1:2 1:2 1:2 1:2 1:2	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particular 32:12 35:13 Particular 32:12 35:13 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past 10:1 14:19 33:21	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physiclogic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiffs 10:16 Plan 19:25 PM 19:9 37:12	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 1:6 13:11 9:19 5:19 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 9:19 Professor 11:16 Professorship 8:19 Progress 29:11 Progressing
29:11 Mechanism 21:22 Medical 7:16 & 8:3 & 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Miles 8:5	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0 0'MALLEY 1:6 Obesity 33:25 Objection 20:25 21:1 22:7 22:8 25: 13 26:14 25:15 25:23 26: 16 26:17 26:18 26:19 27: 20 27:21 27:22 27:23 28: 13 28:14 28:15 30:11 31: 15 32:2 32:3 32:4 32:8 32:9 32:10 Obligation	9:15 23:1 P P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially 33:9 Particular 32:12 35:13 Particular 32:12 35:13 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physiclogic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17 Plaintiffs 10:16 Plan 19:25 PM	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceed 4:25 23:25 24:21 27:16 Proceed 5:2 Professoral 1:17 6:8 8:1 8:23 39:6 Professorship 8:19 Progress 29:11 Progress 29:11 Progress 29:12 Proper 5:2 Propose
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Mine	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY 1:6 Obesity 33:25 Objection 20:25 21:1 22:7 22:8 25: 13 26:14 25:15 26:23 26: 13 26:14 25:15 26:23 26: 13 28:14 28:15 30:11 31: 15 32:2 32:3 32:4 32:8 32:9 32:10 Obligation 23:25 24:20 25:10	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particular 32:12 35:13 Particularly 33:9 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past 10:1 14:19 33:21 Patient 10:14 12:19 20:15 22:2 22:10 23:11 25:22 26:20	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physiclogic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiffs 10:16 Plan 19:25 PM 19:9 37:12	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship 8:19 Progress 29:11 Progress 29:11 Progress 29:12 Proper 5:2 Propes 24:9
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Miles 8:5 Mine 33:3 Minimum	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0 0'MALLEY 1:6 Obesity 33:25 Objection 20:25 21:1 22:7 22:8 25: 13 25:14 25:15 223 26: 16 26:17 26:18 26:19 27: 20 27:21 27:22 27:23 28: 13 28:14 28:15 30:11 31: 15 32:2 32:3 32:4 32:8 32:9 32:10 Obligation 23:25 24:20 25:10 Obtain	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 36:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particular 32:12 35:13 Particular 32:12 35:13 Particular 32:12 35:13 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past 10:1 14:19 33:21 Patient 10:18 12:19 20:15 22:2 22:10 23:11 25:22 26:20 27:8 27:17 27:19 28:3 28:6 28:8 28:18 29:8 29:	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17 Plaintiffs 10:16 Plan 19:25 PM 19:9 37:12 Point 6:6 7:1 26:14 Pointing 32:25	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship 8:19 Progress 29:11 Progress 29:11 Progressing 28:12 Proper 5:2 Propose 24:9 Prospect 1:19 2:11 2:21 3:5
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Mine 33:3 Minimum 24:10 24:19	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY 1:6 Obseity 33:25 0 0 0'MALLEY 1:6 0 0 0'MALLEY 1:6 0 0 0 1:17 20:18 26:19 27: 20:25 21:1 22:7 22:8 25: 13 26:14 26:15 26:23 26: 16 26:17 26:18 26:19 27: 20:27:21 27:22 27:23 28: 13 28:14 28:15 30:11 31: 15 32:2 32:3 32:4 32:8 32:9 32:10 0 0 0 0 0 1 3 2 3 2 0 0 0 0 1 3 2 3 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 36:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particular 33:9 Particularly 33:9 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past 10:1 14:19 33:21 Patient 10:18 12:19 20:15 22:2 22:10 23:11 25:22 26:20 27:8 27:17 27:19 28:3 28:6 28:8 28:18 29:8 29: 12 29:20 30:2 31:8 31:	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physiologic 17:16 Physiologically 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiffs 10:16 Plan 19:25 PM 19:9 37:12 Point 6:6 7:1 26:14 Pointing 32:25 Politics	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship 8:19 Progress 29:11 Progress 29:11 Progressing 28:12 Propose 24:9 Prospect 1:19 2:11 2:21 3:5 Protest
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Miles 8:5 Mine 33:3 Minimum	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY 1:6 Obesity 33:25 Objection 20:25 21:1 22:7 22:8 25: 13 26:14 25:15 26:23 26: 16 26:17 26:18 26:19 27: 20 27:21 27:22 27:23 28: 13 26:14 28:15 30:11 31: 15 32:2 32:3 32:4 32:8 32:9 32:10 Obligation 23:25 24:20 25:10 Obtain 24:22 Obtaining 24:24	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 35:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Partially 33:9 Particular 32:12 35:13 Particularly 27:2 Parties 39:14 39:15 Parties 39:14 39:15 Parties 39:14 39:15 Parties 10:1 14:19 33:21 Patient 10:18 12:19 20:15 22:2 22:10 23:11 25:22 26:20 27:8 27:17 27:19 28:3 28:6 28:8 28:18 29:8 29: 12 29:20 30:2 31:8 31: 14 31:16 31:24 32:12 32: 16 35:13	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physicians 5:14 23:2 Physiologic 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17 Plaintiffs 10:16 Plan 19:25 PM 19:9 37:12 Point 6:6 7:1 26:14 Pointing 32:25	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Process 36:5 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship 8:19 Progress 29:11 Progress 29:11 Progressing 28:12 Proper 5:2 Propose 24:9 Prospect 1:19 2:11 2:21 3:5
29:11 Mechanism 21:22 Medical 7:16 8:3 8:4 9:2 9:2 9: 6 9:15 9:17 9:22 11:6 11:9 11:23 11:25 12:7 15:3 24:13 24:19 28:20 28:22 Medicine 8:16 11:5 11:6 11:20 11: 21 MedNet 2:14 12:18 13:7 13:22 18:3 19:3 32:19 Meetings 11:1 11:12 Mental 23:2 23:8 23:23 25:5 25: 7 33:17 Mentioned 35:5 Method 32:12 Michigan 7:14 Midland 2:10 2:21 3:4 Might 4:11 16:9 16:13 16:15 16:16 16:24 25:2 29:1 34:6 35:2 Miles 8:5 Mine 33:3 Minimum 24:10 24:19 Minor	8:7 28:2 None 3:14 3:16 Nonetheless 28:22 Normal 12:20 Norman 2:15 NORTHERN 1:2 Notary 1:17 38:20 39:6 39:22 Note 7:3 18:18 Nothing 8:24 39:8 Notice 4:20 4:22 5:3 0 0'MALLEY 1:6 Obseity 33:25 0 0 0'MALLEY 1:6 0 0 0'MALLEY 1:6 0 0 0 1:17 20:18 26:19 27: 20:25 21:1 22:7 22:8 25: 13 26:14 26:15 26:23 26: 16 26:17 26:18 26:19 27: 20:27:21 27:22 27:23 28: 13 28:14 28:15 30:11 31: 15 32:2 32:3 32:4 32:8 32:9 32:10 0 0 0 0 0 1 3 2 3 2 0 0 0 0 1 3 2 3 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	9:15 23:1 P.m. 1:21 PAGE 3:10 Pages 13:24 19:3 38:8 Pain 12:20 16:5 16:9 16:13 17:3 20:17 20:23 21:17 29:13 Parentheses 36:16 Parenthetical 32:22 Part 6:12 11:9 13:21 20:20 Particular 33:9 Particular 33:9 Particularly 33:9 Particularly 27:2 Parties 39:14 39:15 Partly 7:23 Past 10:1 14:19 33:21 Patient 10:14 12:19 20:15 22:2 22:10 23:11 25:22 26:20 27:8 27:17 27:19 28:3 28:6 28:28:18 29:8 29: 12 29:20 30:2 31:8 31: 14 31:16 31:24 32:12 32:	12:21 12:24 23:16 23:24 24:5 24:22 30:24 Physically 17:13 17:13 Physician 22:3 23:5 23:10 23:15 24:3 25:10 27:6 27:17 31:23 32:13 Physician's 35:12 Physiologic 17:16 Physiologically 17:16 Physiologically 17:14 Pick 27:25 Pills 33:23 34:2 34:14 Place 39:12 Plaintiff 1:6 1:14 2:3 15:7 Plaintiff's 3:13 10:13 10:17 Plaintiffs 10:16 Plan 19:25 PM 19:9 37:12 Point 6:6 7:1 26:14 Pointing 32:25 Politics 7:21	18:23 Primary 28:1 Principal 22:1 Prinzler 1:5 12:18 13:11 19:12 36:1 38:6 Prinzler's 19:4 Problem 5:19 21:6 21:6 Procedure 1:16 Proceed 4:25 23:25 24:21 27:16 Proceed 4:25 23:25 24:21 27:16 Proceeding 5:2 Professional 1:17 6:8 8:1 8:23 39:6 Professor 11:6 Professorship 8:19 Progress 29:11 Progressing 28:12 Proper 5:2 Propose 24:9 Prospect 1:19 2:11 2:21 3:5 Protest 5:2

				0.10	Strongly
24:9		15:22	Rules	9:19 Six	26:13
Pros	pect	Regards	1:15	8:5 8:9 11:14 15:10	Structure
	2:11 2:21 3:5	13:6 Registered	S	Skin	21:9
Prot	est	1:17 39:6	Sandwich	16:1	Studies
5:2 Duct	rided	Regular	14:8	Skylight	29:1
	5:3 7:4	35:19	Sat	2:5	Study
	viders	Relative	11:18	Small	29:11
) 13:16	19:4 20:11 39:14 39:15	Saw	11:12 16:4 17:22 26:5	Stuff
Prud		Relinguished	4:14 13:11 14:11 31:9	26:22 28:6 28:9 28:12	11:25 19:19
	27:13	7:20	Scheduled	28:19 31:5	Style
PT	£7.10	Remains	4:7 4:18	Smith	34:22
29:3		17:24	Scheduling	32:16	Subcutaneous
PTT		Remember	4:3	Soft	15:23
29:3		15:13 15:16 17:10 20:7	Schorten	21:5 21:23 29:15 30:7	Subscribed
Publ	ic	Reminger	2:19	35:18	38:16
1:18	38:20 39:6 39:22	1:19 1:19 2:10 2:10 2:	Seacrist	Sold	Sue
Pulm	ionary	20 2:20 3:4 3:4 4:20 5:	5:18 37:2	7:12	5:18
	€ 15:11	5 5:21 14:25 14:25	Seal	Solely 9:14	Suggest
1	oses	Remove	39:19		24:6
9:14		24:14	Second	Someone 31:9 32:11	Suite
Purs	uant	Render	2:5 14:7 18:11 19:11	Sometimes	2:5
1:15		20:9	Seconds		Suppose
Put		Reopening	18:14	Soon	17:11 21:23 30:15
9:19	11:13 24:3 35:15	36:20 Depatitiva	Secretary	8:13	Surgery
	Q	Repetitive	4:9	Sorry	7:15 33:22
<u> </u>	·····	21:13 Boport	Secretary's	35:11	Surround
	ified	Report 7:3 12:8 12:9 12:12 13:	4 8	Sort	16:11
39:7	4.4	2 15:18 18:2 19:15 19:	Sedentary 34:22 34:24 34:25	8:22 9:5 23:22 24:13 35:	Susan
	tions	19 19:21 20:11 29:15		2 35:7	37:1 Suspect
	5 36:9 36:16	Reporter	See	Specific	5:10 31:21
	e/unquote	1:17 4:18 6:16 39:6	8:17 8:18 13:24 16:9 19: 18 24:16 28:22 32:16 33	15:16	
32:17	1	Reporting	17 35:24 36:4 36:8	Specifically	Suspicion 30:22
	R	39:17	Seeing	24:18	Suspicious
Rais		Represented	12:2	Specified	26:13
6:15	*C	6:5	Sense	38:10 39:13	Swear
Rare	2	Request	30:8 31:7 31:11	Spell	6:14 6:16
	5 21:25	12:17	Serious	6:24	Swelling
Ray	·	Reservation	33:19	Spend	12:20 16:6 16:10 16:13
32:21	1	36:25	Serum	9:6 11:19 11:21	17:3 17:15 17:25 29:16
Rays		Reserve	17:21	Spent	30:5
12:23		36:22	Set	7:13 11:13	Sworn
Read		Residents	9:14 23:19 39:18	Spontaneous	6:19 38:16 39:8
	4 32:20 33:1 37:7	8:18	Setting	21:14	Symptoms
37:8	38:5	Respect	7:24 22:21 23:18	Squeezed	16:3 16:4 16:5 16:16 16:
Real	Пy	25:18 33:15 36:11	Several	17:21	19 17:3 22:5 22:18 23:4
8:24	9:7 26:6 34:4	Rest	7:18	SS	Syndrome
	sonable	12:2	Severely	39:3	33:24
	23:8 23:23 25:6 25:	Result	33:20	Staff 8:4 8:6 8:25 9:3 12:4	System
	:17 30:13 31:10 31:	15:24 17:4	Shake	12:7	1:8 2:8 38:7
	1:22 32:1	Results	28:9	Standard	T T
	sonably	15:23 Retained	Sharp	12:25 13:19 22:25 24:11	
27:13			2:15 14:20	24:25	Teach
Reas		14:19 14:24 Review	Sheet	Standards	8:17 Tanahina
4:11 Rece		8:6 9:9 9:11 9:22 10:23	13:25 19:7	24:13 24:19 28:20	Teaching 11:20
33:22		11:1 11:7 11:23 12:23	Sheets	Standing	Telephone
	antly	13:21 21:3 21:4 33:12	19:21 Shiffe	26:10	1:8 1:13 32:14
7:6	~ = = • • • • ¥	Reviewed	Shifts 8:2 8:7 8:10 8:11	Start	Tenderness
	ognize	10:6 10:17 12:17 20:5	8:2 8:7 8:10 8:11 Shoes	27:24 35:10 35:11	16:6 16:9 16:13 17:3 30:
	17:9 25:19	Reviews	26:10	State	2 30:5 30:5
Reco		9:2 9:19	Show	1:18 6:23 39:3 39:6	Tendinitis
	4:12 5:1 5:22 6:5 6:	Right-hand	27:1	STATES	21:7 21:8 21:11 21:12
	8:10 18:16 18:17 20:	32:19 32:25	Showing	1:1	30:7 30:22 35:14
10 36	6:16 36:18 37:5 37:7	Risk	32:14	Staying	Tends
Reco	ords	33:15 33:19 34:1 34:6	Shows	7:13	17:21
13:22	2 13:24 15:19 18:3	34:10 34:15 34:17 34:23	29:15	Stenotype	Tentative
	0 18:25 20:6 21:3	35:6 35:14 35:21	Signature	39.9	4:15
1	32:19 33:2 35:24	Room	37:4	Step	Term
Redn		8:15 22:2 22:3 22:6 22:	Signed	28.2	15:20 22:14 24:6 25:4
	16:10 16:14 17:4	20 23:10 23:15 23:18 25:	31gneo 13:25 19:8	Sticking	25:17 25:24
Redu		6 27:13 31:23	Significantly	27:12	Terminated
39:9		Roughly	23:7	Still	4:9
	erence	7:25 8:14	Signs	15:17 23:12	Terms
	35:12	RPR	12:21 16:3 16:4 16:5 16:	Strained	11:15 22:10 22:15
Rega		39:22 Bulo	16 16:18 16:21 22:18 23:	21:23	Test
	5:13 13:18 20:14 24:	Rule 25:11 25:11 29:25 30:9	3	Street	30:23 30:25 30:25
	4:2 35:6 37:4	25:11 25:11 29:25 30:9 30:14 39:17	Site	2:5	Testified
I Pode	arded	1	1		

1:9	19:25 27:5 27:6 27:10	Versus
Terms	27:15 27:24	1:7 10:23 10:24 11:21
1:15 22:10 22:15	Trial	38:7
Test	4:4 4:11 10:24 11:2 11:	Vessels
30:23 30:25 30:25	3 15:2 15:6 15:15	17:22
Testified	True 23:21 38:9 39:10	Via
5:20 15:2 15:6	23:21 38:9 39:10 Truth	4:8 31:6
Testify	39:8-39:8-39:8	Visit
39:8	Try	19:5 20:6 20:15 36:12
Testimony	24:7 24:16 32:6 32:7	Vital
10:24 38:10 39:9 39:10	Trying	12:21
Testing	12:11	Vitals
24:1 25:10	Tuesday	23:19 23:24 24:22
They've	32:17	
Thinking	Tumor	W
14:15	21:24	Wait
Third	Twelve	31:10
19:15	10:8	Waiting
Thirdly	Тио	9:3 15:18
32:15	9:1 12:6 18:13 31:21	Wednesday
Thirty-seven	Two-and-a-half	4:5
38:8	4:4 4:10	
Threatening	Typically	Week 4:5 4:11 7:7 35:1
25:9 25:12 26:1 26:4	23:18 23:21	i
Three	U	Weekends
5:3 11:14 13:24 19:2 31:		12:2
21	Ultimately	Weeks
Throat	27:18	4:4 31:18
18:14	Ultrasound	West
Thrombosis	30:17 Undon	1:19 2:5 2:11 2:21 3:5
10:19 15:20 25:19 25:26	Under 5:2 16:1 28:18 39:17	Wheelchair
26:3 26:5	Underneath	35:1
Throughout 6:9 35:19	14:8	WHEREOF
Throwing	Undersigned	39:18
25:20	1:16	White
Timed	Undertake	2:15 4:24 14:3 14:5 14:
14:1 19:8	25:10	10 18:12 26:19 27:23 33
Tissue	UNITED	9 37:6 37:10
16:2 17:24 21:5 21:21	1:1	Whole
29:15 35:18	University	39:8
Tissues	2:14 12:18 13:7 13:22	Wife
16:11 21:23 30:7	18:3 19:3 32:18	10:3
Today 4:3 4:7 4:16 5:23 9:25	Unlikely	Within-named
4:3 4:7 4:16 5:23 9:25	23:7	39:7
10:8	Unusual	Witness
Together	16:18	1:14 37:8 39:7 39:10 39
8:6 24:3	Up	18
Toledo	9:14 23:23 27:25 31:14	Wondering
7:9 7:11 7:11 7:13 7:18	32:14 33:17 34:5 34:7 34:11 34:12 34:16 34:21	32:20
7:20	- 34:11 34:12 34:16 34:21 - 35:9	Word
Tom 5:20	Urgent	21:19
Took	31:7	Words
100K 33:5-33:8	Utilize	WOГQS 31:8
Total	22:19	
15:3		Workup
Tower	V	19:24
2:5	Varies	Worse
Tracev	10:23	7:22
5:21	Variety	Written
Trained	13:9	20:10 20:10
17:7 17:10	Various	V
Transcription	4:20 17:3	Χ
38:9 39:10	Vary	X-ray
Transudate	11:3	19:15 19:16 19:19 19:21
17:23 17:23	Vast	24:22 24:24 25:3 29:15
Traumatic	11:24	32:21
20:20	Vein	X-rays
Traveling	10:19 15:20 15:21 15:22	12:23 18:7
	15:25 15:25 16:12 16:15	
4:24	16:19 25:19 25:25 26:3 26:5 26:6	Y
	2010 2010	Year
Treat		1007
Treat 29:10 31:20	Veins	9:9 9:20 10:6
Treat 29:10 31:20 Treatable	Veins 17:19	
Treat 29:10 31:20 Treatable 26:8	Veins 17:19 Venogram	9:9 9:20 10:6
4:24 Treat 29:10 31:20 Treatable 26:8 Treated 26:25 31:17	Veins 17:19	9:9-9:20-10:6 Yesterday