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7/25/01

1			3
	State of Ohio,)	1	MR. GRAY: Just a moment
	County of Ashtabula.) SS:	2	ago I informed Mr. Peskin that in response to
		3	his duces tecum request, which Dr. Lee has
	IN THE COURT OF COMMON PLEAS	4	rounded up a few documents, may all be one
	KEITH M. FUSCO, et al.,)	5	
)	1 -	document, which he just produced to me moments
•	Plaintiffs,)	6	ago, and in briefly looking it over, I have
) vs.) Case No. 2004 CV 00235	7	questions as to whether or not it's responsive
) Judge Vettel	8	or not, and whether or not there's any
.	THE ASHTABULÁ CLINIC,)	9	confidentiality or privileged issues involved
	et al.,)	10	with this document. And if it turns out that
) Defendants.)	11	there's no objection to having Mr. Peskin
		12	inspect the document, there obviously, will be
		13	no problem, you can do so, but I'm going to
	THE VIDEOTAPED DEPOSITION OF JOHN LEE, D.O.	14	refrain from allowing him to inspect it until
	MONDAY, JANUARY 3, 2005	15	I've had an opportunity to look it over.
		16	MR. PESKIN: And I don't
	The videotaped deposition of	17	have an objection to that. The only thing it's
	JOHN LEE, D.O., called by the Plaintiffs for	18	going to incur, because I don't have documents
	examination pursuant to the Ohio Rules of Civil Procedure, taken before me, the undersigned,	19	to look at, is it may require me to ask
	Lynn A. Regovich, a Notary Public within and for	20	
	the State of Ohio, taken at the Ashtabula Clinic,		Dr. Lee more questions that I otherwise wouldn't
	2422 Lake Avenue, Ashtabula, Ohio, commencing at	21	have to ask.
	2:14 p.m., the day and date above set forth.	22	MR. GRAY: Well, if you
		23	can look at the document first of all, I'm
		24	not sure Dr. Lee is going to be the person to
		25	respond to any questions to this document. I
		2	4
	APPEARANCES:	1	don't think he had anything to do with the
	On behalf of the Plaintiffs:	2	formation of this document. It's probably
		3	clinic administrators. But I mean, if it turns
	Lawrence F. Peskin, Esq.	1	clinic administrators. But I mean, if it turns out that Dr. Lee does have knowledge about any
	Lawrence F. Peskin, Esq. Becker & Mishkind	3	clinic administrators. But I mean, if it turns out that Dr. Lee does have knowledge about any of the documents, you need to ask him questions,
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	5			7
1	I was given notice on December 29th, today we're	1		that. So what I'd ask you to do is listen
2	looking at January 3rd, coming off of a long	2		carefully to what I ask you, and if there's any
3	holiday weekend, that I was given notice that	3		reason you don't understand what I'm asking you,
4	this videotape that this deposition would be	4		or you need me to clarify something, just please
5	videotaped, I didn't I have not received	5		ask me to do that and I'll try the best I can,
6	notice. If I have, it's because of the holiday,	6		okay?
7		7		Okay.
	and so at this juncture, Dr. Lee has not been			•
8	prepared to be deposed and have it videotaped.	8	Q	If you answer a question, the court reporter is
9	So with that regard, I'm going to object to the	9		going to a take down your response, and there's
10	use of the videotape at trial. I'm going to	10		an assumption that you understood it. That's
11	allow it to go forward with the understanding	11		why it's important that you ask me to clarify
12	that Mr. Peskin is going to use this for	12		something that's unclear. All right?
13	in-office purposes only, for his preparation of	13		Okay.
14	his case, but if he intends to use it at trial,	14	Q	And the other thing I'm sure Todd talked to you
15	I object to that.	15		about is that it's important to remember to
16	MR. PESKIN: Okay. And my	16		verbalize your responses because the court
17	response is that proper notice was given of the	17		reporter can't take down nods or gestures,
18	videotape deposition. I'm not going to waive or	18		uh-huh's or huh-uhs, so do your best to do that.
19	commit to any limitation on use of the video.	19	А	Okay.
20	If we get to the point where there's going to be	20	Q	What I'm going to do, just to make this a little
21	a trial here, we can address that issue with the	21	-	better, is I'm going to move over this way,
22	Court at that time. Okay?	22		because there is a camera here, and it probably
23	MR. GRAY: Okay.	23		you'd probably prefer to have a video, if
24	MR. PESKIN: Fair enough?	24		it's going to be used, where you're looking sort
25	MR. GRAY: Fair enough.	25		of at the camera instead of off to the side. So
	6			8
1	6 VIDEOGRAPHER: We're on the	1		-
1 2		1		8 I'll move over by the camera to help out with that.
	VIDEOGRAPHER: We're on the	1		I'll move over by the camera to help out with that.
2	VIDEOGRAPHER: We're on the record at 2:15.	2		I'll move over by the camera to help out with that. You have your chart with you related to
2 3	VIDEOGRAPHER: We're on the record at 2:15. JOHN LEE, D.O.	2 3 4		I'll move over by the camera to help out with that. You have your chart with you related to Mr. Fusco's care. This is not a memory test in
2 3 4	VIDEOGRAPHER: We're on the record at 2:15. JOHN LEE, D.O. of lawful age, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil	2 3 4 5		I'll move over by the camera to help out with that. You have your chart with you related to Mr. Fusco's care. This is not a memory test in any way. So if you need to refer to anything in
2 3 4 5 6	VIDEOGRAPHER: We're on the record at 2:15. JOHN LEE, D.O. of lawful age, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, as	2 3 4 5 6	А	I'll move over by the camera to help out with that. You have your chart with you related to Mr. Fusco's care. This is not a memory test in any way. So if you need to refer to anything in that chart, please do so.
2 3 4 5 6 7	VIDEOGRAPHER: We're on the record at 2:15. JOHN LEE, D.O. of lawful age, called by the Plaintiffs for examination pursuant to the Ohio Rules of Civil Procedure, having been first duly sworn, as hereinafter certified, was examined and	2 3 4 5 6 7		I'll move over by the camera to help out with that. You have your chart with you related to Mr. Fusco's care. This is not a memory test in any way. So if you need to refer to anything in that chart, please do so. Okay.
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1	Q D.O. Licensed to practice medicine in the State		-	Sure.
2	of Ohio?	2		I went to PGY3, family practice residency
3	A Yes.	3		training. I completed that in 1998, I think.
4	Q Tell me about your medical education and	4		Okay. Did you do the PGY3
6	training. Where did you go to medical school?	5		That was in Indiana.
	A I went to Philadelphia College of Osteopathic	6	-	Okay. Where?
7	Medicine.	7		St. Joseph's Community Hospital.
8	Q Okay. And when did you graduate?	8		Why did you leave the residency in Erie?
9	A 1992.	9		I got married.
10	Q All right. Then after that what did you do?	10	Q	Okay. To somebody who didn't live in Erie
11	A I did an internship.	11		probably, right?
12	Q Where?	12	А	Well, they lived in Erie, but at that time, they
13	A In Phoenix, Arizona.	13	~	were working in Indiana.
14	Q At what facility?	14	Q	Okay. So you finished your family practice
15	A Community Hospital Medical Center.	15		residency at St. Joseph's?
16	Q Okay. And was that a one-year internship?	16		Yes.
17	A One-year internship.	17		PGY3 is the last year of that?
18	Q Was it in family practice or	18		That's correct.
19	A It was a rotating internship.	19	Q	Okay. And then after you finished your PGY3,
20	Q Okay. And then after your rotating internship,	20		what did you do? Did you take the licensing
21	what did you do?	21		exam I mean, the Board certification?
22	A I went home to practice with to help with the	22		Yes. I took a Board certifying exam.
23	family business for a few years, three, four	23	Q	Which one did you take? One in is there more
24 25	years. Q What kind of family business was it?	24 25		than one for different one for osteopaths than for M.D.s?
2.5				
	10			12
1	A Export/import business.	1		Yes.
2	Q And home was at that time?	2	Q	Okay. So did you take the osteopathic
3	A Toronto, Canada.	3	А	
4	Q So you sort of suspended your professional	4	Q	
5	activities as a physician at that period of	5		Yes.
6	time?	6		Okay. And when did you take that?
7	A Yes.	7		1999, I believe.
8	Q Okay. And then when did you resume the practice	8	Q	
9	of medicine?	9		Yes.
10	A In 1997, I believe, I went to my second year in	10	Q	Okay. And after you obtained your Board
11	family practice residency training.	11		well, where did you start working after you
12	Q Okay. Where was that?	12		finished your residency?
13	A In Erie, Pennsylvania.	13		Ashtabula Clinic.
14	Q At what facility?	14	Q	Okay. So this is the first and only position
15	A Millcreek Community Hospital.	15		you've had since completing your formal training
16	Q Was that an osteopathic hospital? A Yes.	16		in family medicine?
17		17		Yes.
10	 Q So did you participate in an osteopathic A Residency program? 	18	Q	, ,
20	Q residency program and family practice or	19		Yes.
20	medicine?	20	Q	
21		21	٨	take a little time off?
22	Q Was that just one year, or was that	22		September, I believe.
23	A That was second year, and after that, I assume	23	Q	September. Okay.
	in that has second year, and aller that, I assume	24		And you've been at the Ashtabula Clinic
1.25	you want to know what I did third year?	125		since then?
25	you want to know what I did third year?	25		since then?

	13	Γ		
1	A Yes.	1	F	Practice something.
2	Q Okay. Are you a shareholder in the corporation?	2		MR. GRAY: I'm going to
3	A No.	3	j	ust object. He said he didn't subscribe to any
4	Q You're an employee?	4		of them. They were provided to him.
5	A Yes	5		MR. PESKIN: Provided to
6	Q Where do you hold medical staff privileges?	6	ŀ	nim.
7	Anyplace besides Ashtabula Hospital?	7	Q	Do you are you a member of the American
8	A This is the only place.	8	-	Academy of Family Physicians?
9	Q Okay. How many family medicine doctors are	9	А	
10	there in your practice?	10	Q	Do you know of the American Academy of Family
11	A Give me a minute. Let me think.	11		Physicians?
12	Q Sure.	12		I've heard of it, yes.
13	A I believe seven.	13		Are there any members of your group that are
14	Q Some have been hired since you came on in '99, I	14		members of the American Academy?
15	assume?	15		I don't know.
16	A Yes.	16	Q	Are you familiar with the publication of the
17	Q You're not the junior member of the group	17	_	American Academy of Family Physicians called
18	A No.	18		American Family Physician?
19	Q any longer?	19	А	I'm not sure.
20	Ever had your medical staff privileges at	20	Q	Okay. You've heard of the organization, though?
21	this hospital suspended or revoked?	21	А	Yes. I think.
22	A No.	22	Q	Okay. What professional groups do you belong
23	Q Have you ever been a defendant in a medical	23	t	to, if any?
24	malpractice lawsuit before?	24	А	I don't belong to any professional groups.
25	A No.	25	Q	Not the American Medical Association?
				16
1	Q Have you ever done any work as an expert	1	А	No.
2	witness?	2	Q	Okay. I want to talk with you, now, about
3	A No.	3		Keith Fusco. I want you to use the chart
4	Q Never reviewed a case for an attorney or	4		liberally if it will help you.
5	anything like that	5		First of all, I want you to tell me when
6	A No.	6		you first started seeing Keith Fusco.
7	Q or been asked to?	7	А	First visit of record that I have with him is in
8	Do you subscribe to any professional	8		January the 4th, 1992. Or 2002. I'm sorry.
9	journals?	9		2002.
10	, ,	10	-	Had he been a patient of the practice before you
11		11		started to see him?
12	· ·	12		I inherited this patient from another physician.
13		13	-	Okay. Who was that?
14		14		Dr. Gee. Oh, sorry. My first visit let's
15		15		see.
16		16		I'm seeing notes in here from 2001.
17		17		Right. I just came across that. So I think
18		18		my first visit with him was in May, 2001.
19	•	19	-	Let's see. Are your initials JLL?
20		20	A	JL. Okay I'm looking at a March 1st 2001 pote
21	* • • •		Q	· — ·
22		22	A	,
23		23 24		Well, it just says, "N/HALL." I don't know if
24		24	Á	that's you or not That's not me. I'm number 43.
2.5	A I'm not really sure. It's American Family	2.5	л	
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1	0	17 That helps. Who is GVJ?	1	Δ	19 Yeah. Those aren't mine.
2	÷.	GVJ is a doctor that he was seeing before for	2	Q	
3		other problems.	3	Â	
4	0	Okay. Let's try to zero in on this. I know	4	Q	
5	સ	I can tell from the record that on February	5	-	First time I seen this patient was what did I
. 6		19th, 2001, he was seen in the office for an	6	- 1	say? April?
7		abscess of the groin by a GVJ, whoever that	7	0	Let's see. There's still lots of Aprils.
8		doctor is. Can you identify that doctor for me?	8		April 20th appears to be the first time I seen
9	А	I believe that's Dr. Jene Blanc.	9		this patient.
10	Q	That's in February. Now, on the next page,	10	Q	
11	c	3-31-2001, do you see a note there, a	11	-	April 20th? Let's see. No. April no. It
12		handwritten note that says, "Referral,	12		was May May 1st.
13		Dr. J. Lee"?	13	0	Okay. Yeah. There's a number
14	А	Yes, I do.	14	Ā	-
15	Q	"Complained of body aches, chills, alternating	15	Q	There's a number of phone calls, it seems like,
16		with sweating, with bilateral lower back pain."	16	-	to the office related to this issue he had with
17		Do you see that?	17		an abscess or groin problems, and then
18	А	Yes, I do.	18		April 9th, you're referring to this note right
19	Q	Okay. Does that make sense that that would be	19		here?
20		at or around the time when you first started	20	А	That's May 9th.
21		seeing him?	21	Q	May 9th I mean. Excuse me.
22	А	It may have been that I just told him to go see	22	А	Yes.
23		a surgeon because he had these symptoms with	23	Q	Is that the note you're referring to, the first
24		this groin injury or something.	24		time you had contact with him?
25	Q	What I meant is would that have been the time	25	А	Yes. I think there should be a typed one for
1		18 vou assumed the role a role as Mr. Eusco's	1		20
1 2		you assumed the role a role as Mr. Fusco's	1	0	that, too.
2	A	you assumed the role a role aś Mr. Fusco's primary care physician?	2	Q	that, too. There we go. There should be "May 9th, 2001,
	A	you assumed the role a role aś Mr. Fusco's primary care physician? The first time I seen the patient was in	1		that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that
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2 3 4 5		you assumed the role a role aś Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other	2 3 4 5	A	that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me.
2 3 4 5 6	Q	you assumed the role a role aś Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other instance, you may have just been facilitating a	2 3 4 5 6	A	that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me. Okay. Finally zeroed in on that, anyway.
2 3 4 5 6 7	Q	you assumed the role a role as Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other instance, you may have just been facilitating a referral for one of your colleagues? Yes.	2 3 4 5 6 7	A Q	that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me. Okay. Finally zeroed in on that, anyway. Fair to say from this point forward, you
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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 A	you assumed the role a role aś Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other instance, you may have just been facilitating a referral for one of your colleagues? Yes. Because I'm looking at the next note down, which is typewritten. It says, "3-31-01," and that one appears to be the same GVJ. Do you see that? It's after the handwritten note that says, "Referral by Dr. Lee." Which note are you talking about? This note and those two. Okay: Yeah. That's GVJ. That's Dr. Jene Blanc. So he was still he was not your patient on March 31st. And then on April 11th, there's a stamp plate, here, and a couple of notes on this patient. Did he become your patient around that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	AQ AQ AQAQ AQ	that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me. Okay. Finally zeroed in on that, anyway. Fair to say from this point forward, you were Mr. Fusco's primary care physician? Yes. Dr and I can't remember what the J stands for. Jene Blanc, surgeon. No. The doctor that was seeing him before. Oh, Dr. Gee? Yeah. Did he leave the practice or something? Yes. Okay. So when Mr. Fusco had to come in for another appointment, he would have seen you? Yes. Okay. Now, Mr. Fusco was part of HMO through Aetna U.S. Healthcare?
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 A Q	you assumed the role a role aś Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other instance, you may have just been facilitating a referral for one of your colleagues? Yes. Because I'm looking at the next note down, which is typewritten. It says, "3-31-01," and that one appears to be the same GVJ. Do you see that? It's after the handwritten note that says, "Referral by Dr. Lee." Which note are you talking about? This note and those two. Okay: Yeah. That's GVJ. That's Dr. Jene Blanc. So he was still he was not your patient on March 31st. And then on April 11th, there's a stamp plate, here, and a couple of notes on this patient. Did he become your patient around that time?	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 A Q A Q A Q A	 that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me. Okay. Finally zeroed in on that, anyway. Fair to say from this point forward, you were Mr. Fusco's primary care physician? Yes. Dr and I can't remember what the J stands for. Jene Blanc, surgeon. No. The doctor that was seeing him before. Oh, Dr. Gee? Yeah. Did he leave the practice or something? Yes. Okay. So when Mr. Fusco had to come in for another appointment, he would have seen you? Yes. Okay. Now, Mr. Fusco was part of HMO through Aetna U.S. Healthcare? Okay. That may be.
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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 A	you assumed the role a role as Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other instance, you may have just been facilitating a referral for one of your colleagues? Yes. Because I'm looking at the next note down, which is typewritten. It says, "3-31-01," and that one appears to be the same GVJ. Do you see that? It's after the handwritten note that says, "Referral by Dr. Lee." Which note are you talking about? This note and those two. Okay: Yeah. That's GVJ. That's Dr. Jene Blanc. So he was still he was not your patient on March 31st. And then on April 11th, there's a stamp plate, here, and a couple of notes on this patient. Did he become your patient around that time? That's the initials is not mine. Dr. Jene Blanc okayed those medicines.	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 Q A Q A Q A	 that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me. Okay. Finally zeroed in on that, anyway. Fair to say from this point forward, you were Mr. Fusco's primary care physician? Yes. Dr and I can't remember what the J stands for. Jene Blanc, surgeon. No. The doctor that was seeing him before. Oh, Dr. Gee? Yeah. Did he leave the practice or something? Yes. Okay. So when Mr. Fusco had to come in for another appointment, he would have seen you? Yes. Okay. Now, Mr. Fusco was part of HMO through Aetna U.S. Healthcare? Okay. That may be. And there are a number of entries in the chart from May 9th forward that indicate that you were
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	you assumed the role a role as Mr. Fusco's primary care physician? The first time I seen the patient was in April of '01. Okay. You may you mean in this other instance, you may have just been facilitating a referral for one of your colleagues? Yes. Because I'm looking at the next note down, which is typewritten. It says, "3-31-01," and that one appears to be the same GVJ. Do you see that? It's after the handwritten note that says, "Referral by Dr. Lee." Which note are you talking about? This note and those two. Okay: Yeah. That's GVJ. That's Dr. Jene Blanc. So he was still he was not your patient on March 31st. And then on April 11th, there's a stamp plate, here, and a couple of notes on this patient. Did he become your patient around that time? That's the initials is not mine. Dr. Jene Blanc okayed those medicines.	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 Q A Q A Q A	 that, too. There we go. There should be "May 9th, 2001, here for blood pressure check." And is that your the J is you? Yes, that's me. Okay. Finally zeroed in on that, anyway. Fair to say from this point forward, you were Mr. Fusco's primary care physician? Yes. Dr and I can't remember what the J stands for. Jene Blanc, surgeon. No. The doctor that was seeing him before. Oh, Dr. Gee? Yeah. Did he leave the practice or something? Yes. Okay. So when Mr. Fusco had to come in for another appointment, he would have seen you? Yes. Okay. Now, Mr. Fusco was part of HMO through Aetna U.S. Healthcare? Okay. That may be. And there are a number of entries in the chart

1 authorization for those referrals. Do you 1 are letters that exist to Aetna or union 2 are letters that exist to Aetna or union members? 3 in a position where you are what's known as a 3 MR. PESKIN: I'm saying 4 gate keeper? You know what I mean by that, what 1 members? 3 MR. PESKIN: I'm saying 4 there are - and J'll probably come aco 5 I noticed them as I was going through 6 A Yes. 7 Q So that in an HMO setting, a patient has a 9 authorize or seek authorization for referrals to 9 authorize or seek authorization for referrals to 9 want to make sure you don't have any 11 with me? 12 A Yes. 13 Q Okay. Was Mr. Fusco a patient who was in that 14 kind of situation, to your knowledge? 15 MR. (GRAY: Okay. 16 I don't I didn't refer him to Dr. Jene Blanc, 17 he was seeing him already. 18 something like that, or at least what I 19 something like that, or at least what I 10<	
2 recall or in your practice, are you sometimes 3 maposition where you are what's known as a 3 in a position where you are what's known as a 3 MR, PESKIN: I'm saying 4 gate keeper? You know what I mean by that, what 4 there are and I'll probably come ac 5 that means? 6 there are and I'll probably come ac 6 A Yes. 7 Q So that in an HMO setting, a patient has a 8 9 authorize or seek authorization for referrals to 9 MR, GRAY: Okay. I ju 10 want to make sure you don't have any documents from him that he hasn't have any 11 documents from him that he hasn't have any documents from him that he hasn't have any 12 A Yes. 10 want to make sure you don't have any 14 kind of situation, to your knowledge? 11 is what I received. 15 A Well, have seeing him already, and I saw him 18 something like that, and I don't know 16 MR. PESKIN: No. AII I 17 n kight. Hat refering a flerwards. Were 20 Q When is the anext time you saw Mr. F 18 you involved, at any time, when you were caring <th>23</th>	23
3 in a position where you are what's known as a 3 MR. PESKIN: I'm saying 4 gate keeper? You know what I mean by that, what 5 there are and 'II probably come aco 5 that means? 5 I noticed them as I was going throug 6 types. 5 I noticed them as I was going throug 7 Q So that in an HMO setting, a patient has a 7 I noticed them as I was going throug 9 authorize or seek authorization for referrals to 9 MR. GRAY: Okay. I ju 9 wart to make sure you don't have any documents from him that he hasn't had 12 A Yes. 11 wart to make sure you don't have any 13 Q Okay. Was Mr. Fusco a patient who was in that 14 is what I received. 14 kind of situation, to your knowledge? 15 MR. RESKIN: No. All I 14 kind of situation, to your knowledge? 15 MR. RESKIN: They wou 15 a Well, the was seeing him already, and I saw him 13 MR. PESKIN: They wou 16 Jont: Hiking about referrals afterwards. Were 22 A January the 4th, 2002. 23 Q I'm talking about referrals afterwards. Were 24	nion
4 gate keeper? You know what I mean by that, what 4 there are and I'll probably come acid there are indications of contacts with 5 that means? 5 I noticed them as I was going througing there are indications of contacts with 7 Q. So that in an HMO setting, a patient has a primary care physician, who then has to authorize or seek authorization for referrals to specialists or for diagnostic testing. Are you 8 I know. 10 specialists or for diagnostic testing. Are you 10 Walk. Healthcare about authorization. 11 12 A Yes. 11 occuments from him that he hasn't he opportunity 11 13 Q. Okay. Was Mr. Fusco a patient who was in that the wind of situation, to your knowledge? 15 MR. PESKIN: No. All I 14 kind of situation, to your knowledge? 15 MR. PESKIN: No. All I 14 14 kind of situation, the was seeing him already, and I saw him 16 MR. PESKIN: They wou in his chart. But well probably come acid they are you don't have any resolection for 14 you involved, at any time, when you were caring or n- what is that May of '01 for high blod presenser. 17 18 Well, Hat referral may have been made by you involved, at any time, when you were caring primary care physician for purposes of his HMO? 24 A That's a physician assistant.	
5 that means? 5 I noticed them as I was going through 6 A Yes. 7 Q So that in an HMO setting, a patient has a 7 U.S. Healthcare about authorization. I 7 Q So that in an HMO setting, a patient has a 7 U.S. Healthcare about authorization. I 9 authorize or seek authorization for referrals to 9 MR. GRAY: Okay. I ju 9 authorize or seek authorization for referrals to 9 MR. GRAY: Okay. I ju 10 specialists or for diagnostic testing. Are you 10 want to make sure you don't have am 11 documents from him that he hasn't ha opportunity 13 12 A Yes. 11 is what I received. 14 is what I received. 14 kind of situation, to your knowledge? 14 is what I received. 15 MR. GRAY: Okay. No. 15 a don't - I didn't refer him to Dr. Jene Blanc, already, and I saw him 16 MR. PESKIN: They wou 17 in his chart. But we'll probably come 18 on what is that May of '01 for high blood 20 BY MR. PESKIN: 21 Q When is the next fine you awa mote on November 8ti 22 Q Im talking about ref	
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7 Q So that in an HMO setting, a patient has a primary care physician, who then has to authorize or seek authorization for referrals to specialists or for diagnostic testing. Are you in with me? 7 U.S. Healthcare about authorization. 10 specialists or for diagnostic testing. Are you in with me? 9 MR. GRAY: Okay. I ju want to make sure you don't have any documents from him that he hasn't he opportunity 13 Q Okay. Was Mr. Fusco a patient who was in that kind of situation, to your knowledge? 11 MR. GRAY: Okay. II it wast to make sure you don't have any documents from him that he hasn't he opportunity 13 Q Okay. Was Mr. Fusco a patient who was in that kind of situation, to your knowledge? 13 MR. GRAY: Okay. II it wast I received. 14 kind of situation, to your knowledge? 14 is what I received. 15 15 A Well, that refernal may have been made by somebody else. 16 MR. GRAY: Okay. 16 19 something like that, or at least what I 19 is something like that, or at least what I 19 20 A Right. Hav referrals afterwards. Were you involved, at any time, when you were caring for Mr. Fusco in seeking authorization for 22 23 Q Who is HK? 2 A No. 3 A I don't know. He just came to see me. If that 6 Makes	ough the chart,
8 primary care physician, who then has to 9 I know. 9 authorize or seek authorization for referrals to 9 MR. GRAY: Okay. I ju 10 specialists or for diagnostic testing. Are you 10 want to make sure you don't have any 11 with me? 10 want to make sure you don't have any 12 A Yes. 10 want to make sure you don't have any 13 Q Okay. Was Mr. Fusco a patient who was in that 13 MR. GRAY: Okay. I ju 14 kind of situation, to your knowledge? 14 is what I received. 15 A Well, he was seeing Dr. Jene Blanc, 14 is something like that, or at least what I 16 I don't I didn't refer him to Dr. Jene Blanc, 17 in his chart. But we'll probably come 16 somebody else. 18 Something like that, or at least what I 19 somebody else. 19 is something like that, or at least what I 10 on what is that May of '01 for high blood 20 BY MR. PESKIN: 12 pressure. 22 Q Who is HK? 24 24 you invoked, at any time, when you were caring 25 Q Okay. I sa	
9 authorize or seek authorization for referrals to specialists or for diagnostic testing. Are you with me? 9 MR. GRAY: Okay. I ju want to make sure you don't have any documents from him that he hasn't ha apportunity 12 A Yes. 10 want to make sure you don't have any documents from him that he hasn't ha apportunity 13 Q Okay. Was Mr. Fusco a patient who was in that kind of situation, to your knowledge? 11 documents from him that he hasn't ha apportunity 13 Q Okay. Was Mr. Fusco a patient who was in that la kind of situation, to your knowledge? 13 MR. GRAY: Okay. All I 14 is what I received. 14 is what I received. 16 MR. GRAY: Okay. Okay. All I 17 he was seeing him already, and I saw him and is that May of '01 for high blood 16 12 pressure. 19 is something like that, or at least what I 19 something like that, or at least what I 10 20 P making about referrals afterwards. Were you involved, at any time, when you were caring for Mr. Fusco in seeking authorization for 21 A Right. 21 referrals to specialists? 2 1 A Right. 22 1 A floh't know. He just came to see me. If that 6 makes me so, it is so. 2	n. That's all
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15 Q Okay. Let's talk about when you first started 15 has it looks like a number of phone	
	-
17 for a blood pressure check? 17 A Okay.	
18 A Yes. 18 Q What procedures are in place to notif	otify you when
19 Q And other than that, were there any significant 19 the patient has contacted the office, e	
20 complaints? 20 requesting a prescription, or refills, or	
21 A He was seeing Dr. Jene Blanc for a skin 21 of that nature?	-
22 infection. 22 A Nurses write down the request and I	d I put down,
23 Q Okay. 23 "Okay," or "Come in," or whatever	
24 MR. GRAY: Before we go 24 Q Okay.	
25 any further, Larry, are you saying that there 25 A in the chart.	

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	~	25			27
	Q	Can you turn on that sheet I just showed you,			Yes.
2		there's a phone call on 3-27-02, right about the	2		Okay. This would have been your handwriting?
3	۸	middle of the page there.	3		Yes.
4		3-27-02?	4	Q	So in response to the information you received
5	Q	Yeah. There's a handwritten note here, then	5		from your nurse about Mr. Fusco's phone call,
6	^	there's a telephone message slip.	6		and his complaints, and his request for
7	А	Okay. That's '02. Okay. Okay. 3-27-02	7		prescription, you asked your nurse to get a hold
8	~	there's a message here. Yes.	8		of him to have him come in?
9	Q	Okay. Now, that you see the telephone message slip?	9		Right.
11	۸	Yes,	10 11		Okay. And he came in on March 29th?
12		It says, "Lee," and then it says is it	11	A	Well, it's April 1st on mine. Well, excuse me.
13	Q	"Krajec"?	13	-	That must be
14	Δ	Yes.	14		There's a telephone triage first?
15		Who is Krajec?	15		Yeah. I may have told him to come in and he
16	-	He's a doctor that was on call.	16	A	comes in on April the 1st.
17		Okay. And Lee would be referring to you?	17	0	All right. Do you have any idea why there would
18	Q	There's no other Dr. Lee's?	18	Q	be this telephone triage?
19	Α	Myself.	19	Δ	Sometimes I can tell a patient to come in now
20		And it's received by an A can you read that	20		and sometimes they can't and they have to come
21	~	name?	21		in when they can. Sometimes the schedule is
22	А	I don't know. A. D'George, maybe.	22		booked and they have to come in a couple days
23		A. D'George? Do you know who that is maybe?	23		afterwards.
24		R.N.?	24	Q	Okay. This looks like a telephone triage
25	А	No. I don't know who that is.	25		assessment documentation form. First of all,
				·····	
	0	26 What shout on the new Your name? Therefore			28
1	Q	What about on the previous page? There's a handwritten note. It says, "Patient phoned	12		can you tell if Mr. Fusco had been seen in an emergency room at any time between the time
3		complaining of back pain, frequency and burning	3		that he called and the time that you saw him on
4		with voiding"?	4		April 1st?
5	А	That was my nurse.	5	А	Well, on 4-1-02 it says, "Follow up E.R."
6			6		Okay. All right. So if we can get the sequence
7	Ā	Yes.	7	~	right, on the 27th he called your office and he
8	Q	That's your nurse?	8		was complaining of back pain and burning with
9	A	•	9		voiding, correct?
10	Q	Okay. So if a phone call like that came into	10	А	Uh-huh. Yes.
11		your office and was taken by your nurse, would	11	Q	He talked to a nurse, the nurse talked to you,
12		her practice be to talk with you about that, or	12		it appears. You said, "Have him come in for an
13		advise you of it?	13		appointment," right?
14		Yes.	14	А	Yes
15	Q	Okay. And it says, "Requests prescription." I	15	Q	Is there any way to tell from your records or do
16		think. "REQ RX." See that after the	16		you recollect whether the message delivered to
17	Α	1 F I	17		Mr. Fusco was: "Come in today," or, "Come in
18	Q		18		tomorrow," or, "Let's just get an appointment
19	A	,	19		for you"?
20	Q	· · · · · · · · · · · · · · · · · · ·	20	A	No. "Come in." Usually when it's acute
21	^	patient to come in?	21		symptoms, I tell them to come in as soon as
22		Below that it says, "Come in."	22	0	possible.
23 24	Q A	"Call patient, no answer" No. Above that. Small.	23 24	Q	Okay. But you would have no way of knowing from these records the mechanism for scheduling that
24	A Q		24		appointment? In other words, whether Mr. Fusco
120	~ 2	CORRENT :	125		appointment: in other words, whether Mr. rusco

29	31
1 told your facility, "I can't get in today," or 1 than he's responding to the Cipro	
	don't know
3 an appointment on April 1st"? 3 whether	
4 A I don't I can't answer that. You know 4 Q Do you know whether he had an	an infection?
5 Q I wouldn't expect that you could. I'm just 5 A Well, his symptoms that we're ta	talking about
6 trying to figure out if there's no way to know 6 suggest that he had urine tract in	infection.
7 from just these records what happened that 7 Q Okay. Were there urine cultures	es done?
8 caused Mr. Fusco to get an appointment for 8 MR. GRAY: I don'	n't know if
9 April 1st. In other words, whether it was he 9 it will help you, Doctor, but I have	ve in my notes
10 wasn't available till then or there wasn't an 10 that the emergency room did do d	o culture on
11 appointment till then? 11 culture and sensitivity and the res	esults were
12 A That may be usually, I tell people to come in 12 returned on March 30th.	
13 as soon as possible when they have these 13 A Yeah. The results are here.	
14 symptoms. 14 Q Okay. And what do the results s	say?
15 Q "These symptoms" meaning what? 15 A It says patient has over 100,000	0 enterococcus
16 A Symptoms of what he's complaining about, burning 16 faecalis.	
17 sensation on voiding. 17 Q And what's the significance of th	that? ·
18 Q Okay. Now, can you find in your record a record 18 A It's positive for organism for urin	ine tract
19 of the emergency room visit that apparently 19 infection.	
20 occurred on March 29th? 20 Q What was your understanding of	of the extent of the
21 A Yes. It's right here. 21 hematuria that Mr. Fusco had? W	Was it
22 Q Okay. Let me just take a look at that real 22 microscopic or frank blood in his i	s urine,
23 quick, if I can. My records have problems. 23 according to the reports that you	u had?
24 Okay. When a patient of yours is seen in 24 A It was just blood in urine. I don'	n't have
25 the emergency room, here at this hospital, I 25 information if it was microscopic of	c or not.
30	
1 assume your office is notified? 1 Q Okay. It was enough for him to	32 to notice, is that
2 A Seen in the emergency room? 2 fair to say? I mean, it wasn't sor	
3 Q If they're seen in the emergency room, do they 3 was found on a urinalysis? It wa	-
4 notify your office? 4 saw when he urinated?	
5 A We get a report. 5 A Yes, his urine was abnormal. So	So that's why he
5AWe get a report.5AYes, his urine was abnormal. So6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it	•
	•
6 Q Okay. Would you have gotten a copy of that 6 was concerned. I don't know if it	f it was frank or
6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.	f it was frank or act infection,
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it microscopic.8AI sometimes if it's too soon, like this, it takes a little while.8QOkay. Aside from a urinary tract what other conditions would you differential for somebody who had0QOkay. When you saw Mr. Fusco on April 1st, were100	f it was frank or act infection, ou have in a
6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it8QOkay. Aside from a urinary tract9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who ha11you aware at that time that he had been in the11their urine?	f it was frank or act infection, au have in a had frank blood in
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it microscopic.8AI sometimes if it's too soon, like this, it takes a little while.789takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were you aware at that time that he had been in the takes a little while.1012emergency room?12A12Well, for a person who has blood	F it was frank or act infection, bu have in a nad frank blood in od in urine, you
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it microscopic.8AI sometimes if it's too soon, like this, it takes a little while.7what other conditions would you uldifferential for somebody who ha their urine?10QOkay. When you saw Mr. Fusco on April 1st, were you aware at that time that he had been in the emergency room?10Q13AYes.13	F it was frank or act infection, bu have in a nad frank blood in od in urine, you infection.
6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it8QOkay. Aside from a urinary tract9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who ha11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract ir14QDid you know what he had been in the emergency14That's the first thing. And dependent	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what
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6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it microscopic.8AI sometimes if it's too soon, like this, it takes a little while.7microscopic.9takes a little while.9What other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were you aware at that time that he had been in the emergency room?10Q13AYes.12A14QDid you know what he had been in the emergency room for?13A16AUrine tract infection.16factors are involved, we go from	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there.
6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it9Q9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who hat11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract in14QDid you know what he had been in the emergency14That's the first thing. And depending16AUrine tract infection.16factors are involved, we go from17QOkay. I need to take a look at that note17Q	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a
6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it8QOkay. Aside from a urinary tract9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who ha11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract ir14QDid you know what he had been in the emergency14That's the first thing. And depen15room for?15other symptoms he has, dependin16AUrine tract infection.16factors are involved, we go from17QOkay. I need to take a look at that note17QAnd what other conditions we18because that's one of the notes that did not18malignancy, somewhere in the uring	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or
6QOkay. Would you have gotten a copy of that6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it9Okay. Aside from a urinary tract9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who ha11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract ir14QDid you know what he had been in the emergency14That's the first thing. And depen15room for?15other symptoms he has, dependin16AUrine tract infection.16factors are involved, we go from17QOkay. I need to take a look at that note17Q18because that's one of the notes that did not18malignancy, somewhere in the urine19reproduce.19kidneys, cause blood in the urine	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or he?
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it takes a little while.9Okay. Aside from a urinary tract what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were you aware at that time that he had been in the you aware at that time that he had been in the emergency room?10QOkay. Wen you saw Mr. Fusco on April 1st, were their urine?10Okay. Graphic and their urine?12AYes.11their urine?12AWell, for a person who has blood basically check for urinary tract in That's the first thing. And depen tother symptoms he has, depending factors are involved, we go from17QOkay. I need to take a look at that note because that's one of the notes that did not reproduce.17QAnd what other conditions we malignancy, somewhere in the urine 2020When you saw Mr. Fusco on April 1st, was20ADepending on the person's age,	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or he? e, yes.
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it takes a little while.8QOkay. Aside from a urinary tract what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were you aware at that time that he had been in the emergency room?10QOkay. When you saw Mr. Fusco on April 1st, were their urine?10differential for somebody who ha their urine?12AYes.12AWell, for a person who has blood basically check for urinary tract ir That's the first thing. And depen to ther symptoms he has, depending to ther symptoms he has, depending16AUrine tract infection.16factors are involved, we go from tract infection.17QOkay. I need to take a look at that note because that's one of the notes that did not the reproduce.17QAnd what other conditions we malignancy, somewhere in the urine the urine20When you saw Mr. Fusco on April 1st, was there any is there any indication that there20ADepending on the person's age, 2121there any is there any indication that there21QAt this point, when you saw Mr.	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or he? e, yes. r. Fusco on the 1st
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it9Okay. Aside from a urinary tract9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who hat11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract ir14QDid you know what he had been in the emergency14That's the first thing. And depen15room for?15other symptoms he has, dependin16AUrine tract infection.17QAnd what other conditions we17QOkay. I need to take a look at that note17QAnd what other conditions we18because that's one of the notes that did not18malignancy, somewhere in the urine20When you saw Mr. Fusco on April 1st, was20ADepending on the person's age,21there any is there any indication that there21QAt this point, when you saw Mr.22was confirmation that he did, in fact, have a22of April, did you consider a more	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or he? e, yes. r. Fusco on the 1st re extensive
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it9Q9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who ha11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract in14QDid you know what he had been in the emergency14That's the first thing. And depen15room for?15other symptoms he has, dependin16AUrine tract infection.16factors are involved, we go from17QOkay. I need to take a look at that note17Q18because that's one of the notes that did not18malignancy, somewhere in the urine19reproduce.19kidneys, cause blood in the urine20When you saw Mr. Fusco on April 1st, was20A21there any is there any indication that there21Q22was confirmation that he did, in fact, have a22of April, did you consider a more23urinary tract infection when he presented to the23workup for the source of his blee	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or he? e, yes. r. Fusco on the 1st re extensive eeding?
6QOkay. Would you have gotten a copy of that consultation, or discharge summary?6was concerned. I don't know if it7consultation, or discharge summary?7microscopic.8AI sometimes if it's too soon, like this, it9Okay. Aside from a urinary tract9takes a little while.9what other conditions would you10QOkay. When you saw Mr. Fusco on April 1st, were10differential for somebody who hat11you aware at that time that he had been in the11their urine?12emergency room?12AWell, for a person who has blood13AYes.13basically check for urinary tract ir14QDid you know what he had been in the emergency14That's the first thing. And depen15room for?15other symptoms he has, dependin16AUrine tract infection.17QAnd what other conditions we17QOkay. I need to take a look at that note17QAnd what other conditions we18because that's one of the notes that did not18malignancy, somewhere in the urine20When you saw Mr. Fusco on April 1st, was20ADepending on the person's age,21there any is there any indication that there21QAt this point, when you saw Mr.22was confirmation that he did, in fact, have a22of April, did you consider a more	F it was frank or act infection, bu have in a had frank blood in od in urine, you infection. ending on what ding on what other m there. vell, would a urinary tract or he? e, yes. r. Fusco on the 1st re extensive eeding? ntibiotic

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		33			35
1		responds with that. And if he responds well,	1	А	Yes.
2		then there's no need to proceed further.	2	Q	When a patient's got a complaint of this nature?
3		Now, when you saw him on April 1st, your notes	3	А	
4		indicate that he that he was reporting that	4	Q	And when these calls come in this one looks
5		he had improved somewhat, at the time you saw	5		like it came in at 8:11 a.m. If you look at the
6		him?	6		bottom, "Time completed."
7		Yes. Indicates that he did get better.	7	-	Okay. Yes.
8	+	Okay. Now, he had been on he had been on	8	Q	
9	•	Cipro already?	9	_	Yes,
10		Yes.	10	Q	And it indicates that he had been scheduled for
11		Through the emergency room by the time he saw			a same day appointment on April 3rd?
12		you, correct?	12		Yes.
13		Yes.	13		All right. And did you see him on April 3rd?
14		And he reported to you that his symptoms were	14		Yes.
15		better, including the symptom of blood in his urine?	15	Q	Okay. Now, did you type was there a
17		Yes.	16		typewritten note from you for that date?
18		Okay. So would that have been something that	17		Yes
10	~	was reassuring to you at that time?	18 19	Q	It says, "Chief complaint, the patient is over
20		Yes.	20	٨	here for follow-up for hematuria"? Yes.
21		Okay. And would you have expected that his	20		All right. It states, "42 year old male,
22		condition would continue to improve if the	22	Q	treated with antibiotics for hematuria. States
23		source of his bleeding was related solely to a	23		that he got better, however, today patient did
24		urinary tract infection now that he was on Cipro	24		have some hematuria also. Is on Cipro. Has
25		and presumably would continue to take it?	25		frequency." At the end of the history section
					requerey. The the end of the history section
		34			36
		Yes, unless, like I said before, if he has other	1		it says, "The patient states that he does work
2		conditions, like if he had other conditions	2		on chemicals, but he's very careful."
3		that may not, however, I would expect him to get	3		Would you have been asking him questions
4		better. Okay. When's the next time your office heard	4		about chemical exposure? Would that be part of
6			5	٨	your routine practice?
7		from Mr. Fusco after your appointment on the 1st?	67	_	Yes.
8		On April the 3rd.	8	Q	,
9		Okay. What happened on April the 3rd?	9		about chemical exposure in a patient with symptoms of hematuria?
10		He called and states that he still is urinating	10	۵	Sometimes they can have other problems like
11		blood.	11	Л	bladder cancers and things like that.
12		Okay. Let me back up for a second.	12	Ο	Yeah. I mean, is there an association between
13	-	Again, there's the signature at the bottom.	13	Y	chemical exposure and certain cancers?
14		It looks like A. D'George?	14	А	
15		Yeah. That's a telephone nurse.	15	Q	Like bladder cancer? You're aware of that?
16		Okay. Is that a telephone nurse that's employed	16	A	Yes.
17		by your clinic?	17	Ő	
18	А	Employed by the clinic and hospital.	18	Ŧ.	somewhere in your differential was the thought
19		Okay. And when well, the form says,	19		of cancer?
20		"Ashtabula Clinic Family Practice, Telephone	20	А	Yes.
21		Triage Assessment Documentation Form." Is there	21		Okay. Now, at this point, you testified earlier
22		somebody designated to answer phone field	22		that you would have expected that Mr. Fusco
23		phone calls from patients and fill out one of	23		would continue to improve on the antibiotic that
24		these triage forms, to your knowledge, when a	24		you had prescribed for him that had been
1 <u>~</u> 1			25		
25		call comes in?	20		prescribed in the emergency room and that you
		call comes in?	20		prescribed in the emergency room and that you

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37 1 A It's Candida yeast was found, hypertrophic 2 you're hearing about more blood in his urine, and in additon, if you look back at the triage 3 and in additon, if you look back at the triage 3 4 A Yes. The first one mick bit, bascally, no mailing mut 5 complaint, left lower back pain. See that? 5 6 Yes. 6 7 Q Did the fact that Mr. Fusco's symptoms 7 8 reappeared, at least in terms of hematuria, and numary site the reassuing in terms of there 9 aurinary tract infection? 10 10 concern that this might be something other than 10 12 A The fact that it has not gotten better, yes. 12 13 A May our worke an assessment plain here, 13 Q Wast your belief that that - those results of 14 "Mematuria, possibly uninary tract infection. 14 14 15 negative cytology, yes. 15 The patient is being treated with Cipro. We 14 14 15 A Pardon me? 14 M Kis auring possibly that Mr. Fusco's hematuria 16 </th <th></th> <th></th> <th></th> <th></th> <th></th>					
2 you're hearing about more blood in his urine, and in addition, if you look back at the triage assessment, there's also a lower back pain. 2 squamous cells neutrophils. That was the second one. The first one – it's like separated. The first one – it's like separated. The first one – it's like separated. The first one shows that, basciuly, no malignant 6 A Yes. 5 cells and neutrophils. 6 7 Q Did the fact that Mr. Fusco's symptoms 7 Q Well, did you consider that the results of that 8 reappeared, at least in terms of hematuria, and he was complaining of back pain, cause you any 7 10 concern that this might be something other than 10 11 a urinary tract infection? 11 12 A The fact that it has not gotten better, yes. 13 13 Q And you worbe an assessment plan here, "Heating, possibly urinary tract infection. 13 14 "Heating, possibly urinary tract infection. 14 15 The patient is being troated with Cipro. We 15 16 will increase fluids, we will refer this 2 17 The patient we hematuria, we will refer this 2 18 to Dr. Ravi at this point, on April 3rd? 2	1	37			39
3 and in addition, if you look back at the triage assessment, there's also a lower back pain. 3 one. The first one - it's like separated. The first one -it's like separated. 6 A Yes. Q. Weld, id our consider that the results of that a urinary tract infection? 11 a urinary tract infection? 11 A Because of his young age and because of his negative cyclodogy, yes. 12 A The fact that it has not gotten better, yes. 13 Q. Walk idvour sould nee out kidney cancer? 14 "Hematuria, possibly urinary tract infection. 14 14 The fact that it has not gotten better, well is patient; being treated with Cipro. Well to better, now may differential. 15 patient fact that the menaturia, we will refer this patient for cyclogy, and if the patient: ponditors to have hematuria, we will refer this patient back may inverse. 14 It his patient; with respect to his young age, that was very low on my differential. 24 A Ho's a urologist." Who's a this point, on April 3rd? 24 For his d	1	continued on April 1st. Now, on April 3rd,	1	А	It's Candida yeast was found, hypertrophic
4 assessment, ithere's also a lower back pain. 4 first one shows that, basically, no malignant 5 complaint, left lower back pain. See that? 5 cells and neutrophils. 7 Q Did the fact that Mr. Fusco's symptoms 7 Q Well, did you consider that the results of that 8 reappeared, at least in terms of hematuria, and 6 urinalysis to be reassuring in terms of there 9 being any possibility that Mr. Fusco's hematuria 9 being any possibility that Mr. Fusco's hematuria 10 concern that this might be something other than 10 was related to a malignanc? 11 a urinary tract infection? 11 A Because of his young age and because of his 12 A The fact that it has not gotten better, yes. 13 Q Wait your belief that that those results of 13 Q And you wrote an assessment plan here, 13 Q Would be are thin we cancer? 15 15 The patient is being treated with Cipro. We 15 A Perdon mc? 16 Q Would bear results on a UT on a urinalysis 16 conditions to have hematuria, we will 17 tablet twice a day, increase fluids, we will 18 A I is whit m aphetim thesyte. 21 <	2	you're hearing about more blood in his urine,	2		squamous cells neutrophils. That was the second
5 complaint, left lower back pain. See that? 5 cells identified. Mostly superficial squamous 6 A Yes. 6 cells and neutrophils. 7 7 Q bid the fact that Mr. Fusco's symptoms 7 Q Well, do uc consider that the results of that 8 reappeared, at least in terms of hematuria, and 8 urinalysis to be reassuring in terms of there 9 he was complaining of back pain, cause you any 9 belng any possibility that Mr. Fusco's hematuria 11 a urinary tract infection? 11 A De fact that it has not gotten better, yes. 12 12 A The fact that it has not gotten better, yes. 13 Q Wast your wole an assessment plan here, 14 He reasoure of his young age and because of his 14 "Hematuria, possibly urinary tract infection. 14 He UTI would rule out kidney cancer? 15 To be part of your object." Who's 10 10 A In this patient; with respect to his young age, 16 editions to have hematuria, we will refer this. 20 Okay. And what was the reason for that visit? 21 Dr. Ravi 21 Dr. Kavi at this point, on April 3rd? 24 A row his dibetes. 22 A Welf, if the was	3	and in addition, if you look back at the triage	3		one. The first one it's like separated. The
6 A Yes. 6 cells and neutrophils. 7 Q Did the fact that Mr. Fusco's symptoms 7 Q Well, did you consider that the results of that 9 being any possibility that Mr. Fusco's hematuria 0 unnay tract infection? 10 concern that this might be something other that 10 was related to a malignancy? 11 A The fact that it has not gotten better, yes. 10 A Because of his young age and because of his 12 A The fact that it has not gotten better, yes. 12 A Because of his young age and because of his 13 Q May toy worbe an assessment plan here, 14 the UTI would rule out kidney cancer? 14 the UTI would those results on a UT - on a unnalysis 17 rule out kidney cancer? 15 Dr. Ravi? 18 A In this patient; whor spot that thes that. 10 16 check urine for cytology, and if the patient 10 20 Q Kay. When was the next the you saw Mr. Fusco? 17 Dr. Ravi? 21 A I saw thim on April Hee Bth. 22 Q Ckay. And what was the reason for that visit? 12 A Well, if the was responding, and Y wated to a reason that her heawas responding, and Y watendet to a sway they on my d	4	assessment, there's also a lower back pain	4		first one shows that, basically, no malignant
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10 (Pages 37 to 40)

				
1	41			43
1	have no record of that in the chart.	1	А	"Was in last p.m." Okay. They recommend
2	Q Well, when you say given instructions on 4-25,	2		referral to Dr. Weiss. That's June 21st.
3	you don't do you know whose signature that	3	Q	Okay. I apologize. I thought I didn't see
4	is?	4		the 6 there.
5	A That's one of my nurses, also.	5		Was there a visit to the E.R. in June?
6	Q Okay. How do you know what kind of instructions	6	А	Yes, there is.
7	Mr. Fusco was given by your nurse?	7	Q	June 20th?
8	A My nurse read what I wrote down and told	8	А	June 20th. Yes.
9	Mr. Fusco to do what I wrote down. Check urine,	9	Q	Okay. And what was he in the emergency room
10	and Cipro was also called into the pharmacist.	10		for?
11	Q That arrow that goes down, it says, "Chart slip	11	А	Hematuria.
12	yes," and then there's an arrow that goes down	12	Q	Okay. How do they describe the hematuria?
13	from the telephone message on my copy here, and	13	А	"Voiding blood today."
14	then there's something that says, "UA do it"	14	Q	And what was their recommendation? What is the
15	before. What does that mean?	15		plan by the E.R.?
16	A UA do it.	16	А	They put him on Cipro.
17	Q And it appears to be scratched out. See what	17	Q	Okay.
18	I'm saying?	18	А	Called Dr. Weiss in the morning for follow-up.
19	A Uh-huh. I'm not sure what I was getting at at	19	Q	Do you know why they would have had him call
20	that time.	20		Dr. Weiss?
21	Q It says, "UA do it before UA if there is yeast	21	А	I have no idea why.
22	in UA"?	22	Q	There's a series of notes and then telephone
23	A That's note for myself. Basically, I wanted to	23		messages, and it looks like on 6-21, he was
24	check the urine to see if there's yeast in	24		given an appointment with Dr. Weiss. Is
25	urine, and see if there's any other reason that	25		Dr. Weiss number 28?
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	42	4	٨	44
1	he's having these symptoms at that time.	1	A	I don't know what number he is, but I guess he
2	he's having these symptoms at that time. Q Okay. I mean, in all fairness, Doctor, you	2	A	I don't know what number he is, but I guess he is according to what this says over here on the
2 3	he's having these symptoms at that time. Q Okay. I mean, in all fairness, Doctor, you really don't know what your nurse may have told	2 3		I don't know what number he is, but I guess he is according to what this says over here on the bottom.
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	45			47
1	A August the 9th.	1		urologist who recommended referral to Cleveland
2	Q Okay. And what was the reason for that?	2		Clinic.
3	A For diabetic follow-up.	3	Q	What was the size of the mass?
4	Q Was there any questions or concerns at that time	4	А	I don't know.
5	about his urinary problems?	5	Q	Do you have any opinion as to whether the mass
6	A No. He didn't complain of anything.	6		that was identified in December of 2002 was
7	Q When was your next appointment with him?	7		likely present in March of 2001?
8	A Well, it was supposed to be 9-27, but it was a	8	А	I can't say I can't say.
9	no show then. And then it was August	9	Q	You can't say one way or the other?
10	October 28th of 2002.	10	А	I can't say one way or the other.
11	Q Okay. And what was the reason for that visit?	11	Q	Okay. That's something that would be outside
12	A He was here for follow-up of diabetes.	12		your expertise?
13	Q Any issues with his urinary tract at that time,	13	А	That's correct.
14	and questions to him that you can see? Any	14	Q	You would defer to an oncologist on that, a
15	complaints by him?	15		surgeon?
16	A No.	16	А	I can't say.
17	Q And your next appointment with him?	17	Q	Okay.
1	A I didn't have a next appointment with him. Oh,	18		But well, never mind.
19	next appointment with him was in January the	19	Q	Okay. Do you have any explanation as to why
20	17th of '03.	20		Mr. Fusco wasn't referred to a urologist at any
21	Q What was that	21		time between March of 2001 and December, 2002?
22	MR. GRAY: Hold on one	22	А	He always responded appropriately with
23	second. I have in my own personal notes a visit	23		antibiotics and
24	in October of '02. October 28th. So I just	24		MR. GRAY: I'm just going
25	wanted to make sure	25		to I'm just going to object being vague, and
	46			48
1	46 THE WITNESS: October 28th.	1		48 also, I think it's a pretty open-ended question
1 2		1 2		48 also, I think it's a pretty open-ended question as far as I don't know if it's realistic for him
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1	49 MR. GRAY: I'm going to	4	0	51
1			Q	Well, what about MR. GRAY: I'm just going
2	object to the use of the word standard along with the word guidelines. Are you talking about	2		
3	quidelines	3		to object to the number of fronts. Are you
4	-	4		talking about certain age group? I'm just going
5	MR. PESKIN: Published.	5		to object to it.
6	MR. GRAY: Published	6		MR. PESKIN: Just a general
7	guidelines?	7		principal.
8	Q Published guidelines. Have you seen the	8		I mean, have you ever heard let's take it out
9	literature?	9		of context of blood and urine. How about a
10	A Well, the guidelines and recommendations are	10		patient that's bleeding from the rectum? Would
11	just that, recommendations, and you have to take	11		you agree with the principal that a patient that
12	each patient individually.	12		has bleeding from the rectum should be presumed
13	Q Well, I understand that. My question is simply:	13		to have cancer unless proven otherwise?
14	Are you aware of the existence of such	14		MR. GRAY: Objection.
15	guidelines for the treatment or evaluation of	15		THE WITNESS: Do I answer
16	patients presenting with microscopic hematuria	16		that?
17	or frank blood in their urine?	17		MR. GRAY: I'm just going
18	A Yes, there are standards for that.	18		to object to the question.
19	Q Okay. Had you were you familiar with those	19	Q	You can answer it.
20	standards in 2001, or have you become familiar	20		MR. GRAY: I think it's an
21	with them since?	21		unfair question and I think it's vague.
22	A I was familiar with them, yes.	22	A	You have to take individual at each
23	Q What's your understanding of what those	23		individual differently. If a person is young,
24	standards or guidelines suggest in terms of a	24		twelve years old, or five years old, that's
25	workup of a patient that has frank blood in	25		going to be very, very low on your differential
		1		
1	50 their urine?	. 1		52
1	their urine?	1	0	list.
2	their urine? MR. GRAY: Again, hold on	2	Q	list. As the patient gets older, the likelihood of
2 3	their urine? MR. GRAY: Again, hold on one second. I'm just going to the object for	2 3	Q	list. As the patient gets older, the likelihood of cancer being the cause of let's get back to
2 3 4	their urine? MR. GRAY: Again, hold on one second. I'm just going to the object for the record to the use of the word standard, and	2 3 4	Q	list. As the patient gets older, the likelihood of cancer being the cause of let's get back to blood in the urine. Would you agree that it
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2 3 4 5 6	their urine? MR. GRAY: Again, hold on one second. I'm just going to the object for the record to the use of the word standard, and I understand the Doctor referred to it, but you and I both know that in our profession, Larry,	2 3 4 5 6	А	list. As the patient gets older, the likelihood of cancer being the cause of let's get back to blood in the urine. Would you agree that it increases? As the patient is older, yes.
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		53			55
1		presented by occupational exposure to solvents	1	А	I'm sure I discussed it when I discussed the
2		because you asked him about that, correct?	2	Q	Are you looking at your typewritten note?
3	А	Correct.	3	А	Yes.
4	Q	What about at what age does one get into a	4	Q	Okay. Flip back a page to there's a
5		higher risk category for bladder cancers or	5		handwritten note that says 1-17-03. Is that
6		kidney cancers, to your knowledge?	- 6		some of that your handwriting?
7	А	Well, you'd have to ask the oncologist that to	7	А	Yes.
8		get a more precise answer. My understanding of	8	Q	It says, "Discuss kidney problems." Is that
9		bladder or renal cancer is cancer for old	9	-	your handwriting?
10		people.	10	А	Yes.
11	0	Is a history of frequent UTIs a risk factor for	11		Okay. What can you tell me about the
12		either bladder or kidney cancer?	12	~	discussion, if anything, that you would have had
13	Α	History of frequent UTI can be caused by many	13		with Mr. Fusco?
14		things. Diabetes is one of them, also.	14	Δ	Well, 1-17-03 the typewritten one is 1-17-03
15	0	I understand that. But I'm asking specifically	15		over here.
16	Ľ	with regard to bladder and kidney cancer. Would	16	Q	
17		a history of frequent UTIs	17	-	I'm going by this over here, and basically, we
18	Δ	No.	18	~	probably discussed I don't recall what we
19		be something that would cause you to have a	19		discussed, but we discussed the general events
20	Q	higher index of suspicion for somebody having	20		that occurred.
21		either bladder or kidney cancer?	20	0	
22	٨	No.	22	Q	Okay. Going back to when? Do you recall
22			23		Mr. Fusco expressing some concern to you about
24	Q	Did Mr. Fusco do you recall Mr. Fusco			having been diagnosed with kidney cancer and the
25		speaking with you about seeing a urologist at	24		fact that he had blood in his urine for some
25		any time?	25		time?
			1		
1	Δ	54 No	1	Δ	56 He talked about that . He was more concerned
1	A	No.	1	A	He talked about that. He was more concerned
2		No. Did you ever share with Mr. Fusco your thought	2		He talked about that. He was more concerned about his anxiety and pain medication.
2 3		No. Did you ever share with Mr. Fusco your thought of referring him to a urologist, to your	2 3		He talked about that. He was more concerned about his anxiety and pain medication. For going forward. What I'm asking you: Do you
2 3 4	Q	No. Did you ever share with Mr. Fusco your thought of referring him to a urologist, to your knowledge?	2 3 4		He talked about that. He was more concerned about his anxiety and pain medication. For going forward. What I'm asking you: Do you have any specific recollection of Mr. Fusco
2 3 4 5	Q	No. Did you ever share with Mr. Fusco your thought of referring him to a urologist, to your knowledge? I can't recall that.	2 3 4 5		He talked about that. He was more concerned about his anxiety and pain medication. For going forward. What I'm asking you: Do you have any specific recollection of Mr. Fusco talking with you or being upset about the fact
2 3 4 5 6	Q	No. Did you ever share with Mr. Fusco your thought of referring him to a urologist, to your knowledge? I can't recall that. Okay. So that note that we were looking at	2 3 4 5 6		He talked about that. He was more concerned about his anxiety and pain medication. For going forward. What I'm asking you: Do you have any specific recollection of Mr. Fusco talking with you or being upset about the fact that he had kidney cancer and had had blood in
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		Ι		
1	57 kidney problem," which is an indication that	1	۵	59 On May 16, '03, for diabetes.
2	there was some discussion. Fair?	2		Okay. Any discussion about his kidney cancer at
3	A Uh-huh.	3	Ŷ	that point, other than what he was going through
4	Q You I'm trying to determine if you, as you	4		in terms of treatment?
5	sit here, today, and part of the purpose for	5	Δ	No.
6	this deposition is for me to understand what	6		I'm going to ask you to flip back a second to
7.	your recollection is, and if you don't recall,	7	Ý	January 29th, the handwritten notes.
8	that's perfectly fine, too. I just want to know	8	Δ	Okay.
9	if you have any recollection of that of the	9		There's a note dated first of all, there's a
10	details of this discussion about Mr. Fusco's	10	Ŷ	note dated 1-28-03. It says, "Request chart,"
11	kidney problems. Any of them. Any of the	11		then it says "Beth" and "REF SP." I take it to
12	details.	12		mean referral specialist. Do you know who Beth
13	A We just discussed what happened.	13		is?
14	Q Meaning meaning what? That he had been	14	Δ	Where is that?
15	diagnosed with cancer?	15		It's on the handwritten note
16	A That he went to the emergency room, he went to	16	A	
17	Cleveland Clinic, and what they told him, things	17	0	
18	like that.	18	ų	be?
19	Q Okay. Aside from that, do you remember him	19	Δ	She's our referral specialist.
20	expressing any other concerns to you about the	20		Beth who?
21	care you provided?	21	A	
22	A No.	22		And her title is referral specialist?
23	Q Okay. Let's take it away from January 17th.	23		Yeah. She works as a referral specialist.
24	A Okay.	24		What does that job entail, to your knowledge?
25	-	25		Well, it looks like he was getting some surgery
			· ·	
		1		
	58			60
1	58 recall any other conversations with Mr. Fusco	1		60 and other procedures done, and needed a
1		1		
	recall any other conversations with Mr. Fusco			and other procedures done, and needed a
2	recall any other conversations with Mr. Fusco where there would have been a discussion about	2	Q	and other procedures done, and needed a referral, authorization for it and that's what
2 3	recall any other conversations with Mr. Fusco where there would have been a discussion about his kidney cancer?	23	Q	and other procedures done, and needed a referral, authorization for it and that's what she takes care of.
2 3 4	recall any other conversations with Mr. Fusco where there would have been a discussion about his kidney cancer? A Meaning that he was upset about care that I was	2 3 4	Q	and other procedures done, and needed a referral, authorization for it and that's what she takes care of. Okay. And you would I assume you would have
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	61		63
1	A I don't know.	1	goes too far further.
2	Q Don't know?	2	MR. PESKIN: As I told you,
3	A I know that if I work, I get paid.	3	I have no intention of prying into his personal
4	Q Okay. So you don't understand the details of	4	affairs in terms of asking him how much income
5	how your compensation is calculated?	5	he earns. I'm simply asking him his knowledge
6	A If I see more patients, if I work longer hours,	6	as to manner in which he's compensated. I think
7	I get paid more.	7	that's perfectly fair.
8	MR. GRAY: Objection,	8	MR. GRAY: Why don't you
9	Q Well, my question is: Do you understand you can	9	ask him if he treats if his treatment to
10	be seeing patients, and the degree to which the	10	certain patients are different based upon their
11	practice is reimbursed from that patient differs	11	income or their insurance. It might it might
12	from patient to patient; do you understand that?	12	jump right to the conclusion.
13	MR. GRAY: Hold on one	13	MR. PESKIN: That's a
14	second. What was the question again?	14	conclusion for somebody else to draw.
15	Q Do you understand that not all patients that you	15	MR. GRAY: Yeah. I know
16	see result in the same income to the practice?	16	that you're not interested in that conclusion,
17	A That's correct.	17	but go ahead.
18	Q · Okay. Do you know if your income is tied to	18	MR. PESKIN: I know what his
19	simply the number of visits, or is it tied to	19	answer would be. I'm just asking a question. I
20	the income that the practice receives?	20	know what the answer would be. Let me get back
21	MR. GRAY: I'm going to	21	to the question I was asking about.
22	object.	22	BY MR. PESKIN:
23	MR. PESKIN: I'm not asking	23	Q Is the amount that is your compensation tied
24	for the numbers. I'm just asking for the	24	to simply the number of patient visits, or the
25	system. So I don't think there's any reason to	25	income generated from your visits?
1	62		64
1 5	the extension of the terms of the term of the term of the term of the terms of te		
	instruct him not to answer these questions.	1	MR. GRAY: Objection.
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2	MR. GRAY: I don't I'm not exactly sure what the relevance is to this,	2 3	MR. GRAY: Objection. Q If you know. A I just have to answer that question like I did
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		65	
1		No, I did not.	THE STATE OF OHIO,) SS:
2	Q	Okay. No other contact with Mr. Fusco that	COUNTY OF CUYAHOGA.)
3		you're aware of?	
4		After May	I, Lynn A. Regovich, a Notary Public
5	Q	2003.	within and for the State of Ohio, duly commissione
6	А	2003, there was like some prescription	and qualified, do hereby certify that JOHN LEE,
7		request for pain medication. Other than that,	D.O., was first duly sworn to testify the truth,
8		no.	the whole truth and nothing but the truth in the
9	0	Yeah. I was talking about your face-to-face or	cause aforesaid; that the testimony then given by
10	Ľ	personal contact.	him was by me reduced to stenotypy in the preser
11	А	- 1	of said witness, afterwards transcribed on a
12	~		computer/printer, and that the foregoing is a true
		VIDEOGRAPHER: We have	and correct transcript of the testimony so given by
13		five minutes left on this tape.	him as aforesaid.
14		MR. PESKIN: I think I'm	I do further certify that this deposition was
15		about done. I have no other questions.	taken at the time and place in the foregoing
16		MR. GRAY: All right.	caption specified. I do further certify that I am
17		Great.	not a relative, counsel or attorney of either
18		Larry, can we agree to give him a little	party, or otherwise interested in the event of this
19		bit more time	action.
20		MR. PESKIN: Oh, sure.	IN WITNESS WHEREOF, I have hereunto set r
21		MR. GRAY: to read	hand and affixed my seal of office at Cleveland,
22		this? Okay. We'll read it.	Ohio, on this 5th day of January, 2005.
23		VIDEOGRAPHER: We're off the	
24		record at 3:35.	Lynn A. Regovich, Notary Public
25		(Deposition concluded at 3:35 p.m.)	within and for the State of Ohio My Commission expires June 14, 2008.
		66	
1			THE STATE OF)
2) SS:
3			COUNTY OF)
4			
5			Before me, a Notary Public in and for said
6			state and county, personally appeared the
7			above-named JOHN LEE, D.O., who acknowledged t
8			he did sign the foregoing transcript and that the
9			same is a true and correct transcript of the
			testimony so given.
10			IN TESTIMONY WHEREOF, I have hereunto
10			affixed my name and official seal at
11			
11 12			
11 12 13			this day of , 2005.
11 12 13 14			, 2005.
11 12 13 14 15			-
11 12 13 14			, 2005.
11 12 13 14 15			-
11 12 13 14 15 16			, 2005.
11 12 13 14 15 16 17			, 2005. JOHN LEE, D.O.
11 12 13 14 15 16 17 18 19			, 2005. JOHN LEE, D.O. Notary Public
11 12 13 14 15 16 17 18 19 20			, 2005. JOHN LEE, D.O.
11 12 13 14 15 16 17 18 19 20 21			, 2005. JOHN LEE, D.O. Notary Public
11 12 13 14 15 16 17 18 19 20 21 22			, 2005. JOHN LEE, D.O. Notary Public My Commission expires:
11 12 13 14 15 16 17 18 19 20 21 22 23			, 2005. JOHN LEE, D.O. Notary Public
11 12 13 14 15 16 17 18 19 20 21 22			, 2005. JOHN LEE, D.O. Notary Public My Commission expires:

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