IN THE COURT OF COMMON PLEAS

SUMMIT COUNTY, OHIO

KAREN WILSON,

Plaintiff,

-vs-

JUDGE MURPHY
CASE NO. 2002-06-3340

YOUN PARK, M.D., et al.,

Defendants.

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Deposition of YOUN W. PARK, M.D., taken as if upon cross-examination before Tami A. Mitchell, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Buckingham, Doolittle & Burroughs, 4518 Fulton Drive, N.W., Canton, Ohio, at 2:40 on Wednesday, February 5, 2003, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

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W I T N E S S I N D E X

E X H I B I T I N D E X

YOUN W. PARK, M.D., of lawful age, called by the Plaintiff for the purpose of cross-examination, as provided by the Rules of Civil Procedure, being by me first duly sworn, as hereinafter certified, deposed and said as follows:

CROSS-EXAMINATION OF YOUN W. PARK, M.D.

BY DONNA TAYLOR-KOLIS:

Q. Doctor, for the record will you state your name and professional address, please.

A. My name is Dr. Youn W. Park, M.D. and my office address is 105 Fifth Street, S.E., Barberton, Ohio 44203.

Q. All right. Doctor, by way of introduction I do extend my apologies that I cannot be present there. We are going to do the best we can via telephone.

My name is Donna Kolis. I have been retained to represent the estate of Geraldine Bailes. The purpose of my deposition is to go through your office notes with you to determine what you knew about conditions that she had and find out what your medical thinking was in that regard.

If at any time, Doctor, I ask a question you do not hear because of this mechanism, or that

you don't understand, I would ask that you let me know that that's what the situation is. Can I secure that agreement from you?

A. Okay. Thank you. I understand.

Q. Obviously you have to answer all the questions verbally, especially in this circumstance I won't be able to see you shake your head yes or no. Can I secure that agreement from you?

A. Yes.

Q. I sent some written questions to you -- to your attorney. I haven't received an answer back from him. I am going to ask you quite a few background questions. Did you bring with you your curriculum vitae?

A. Yes.

MR. GRIFFIN: We already did that.

MS. TAYLOR-KOLIS: We'll mark that Plaintiff's 1.

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(Thereupon, Plaintiff's Exhibit 1 was marked for purposes of identification.)

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Q. Beginning with college, first of all, starting with college go all the way through medical school, tell me your education that led you to

your profession.

A. I was graduated from Yonsei University College of Medicine in Seoul, Korea and I did my internship in Barberton, rotating internship, and then I did my general surgery residency in Good Samaritan Hospital in Cincinnati and I did my residency for my specialty, that is ears, nose and throat, otolaryngology, Medical College of Virginia, Richmond, Virginia.

Q. I need you to slow down. I'm not there so I can't see dates. In what year did you graduate from medical school in Seoul, Korea?

A. 1971.

Q. Following that when did you come to this country for your medical training?

A. 1974.

Q. Between 1971 and 1974 what did you do?

A. I was a surgeon in Korea Navy Medical Corp.

Q. Okay. So you came to this country in 1974. Did you have to take an examination in order to obtain the credentials so you could participate in a residency program?

A. Of course. That is what we call ECFMG and I passed that and with that I came over and I did FLEX examination that is medical license to

continue my training and practice medicine. I get that in 1975 in the state of Michigan.

Q. Did you pass both those examinations on your first sitting?

A. Yes.

Q. You indicated I thought in 1974 you participated in an internship program at Barberton Hospital?

A. Correct.

Q. And that was just a general internship?

A. Yes.

Q. Okay. Then you did general surgery, and I'm sorry, I did not hear where you did your general surgery residency?

A. Good Samaritan Hospital, Cincinnati, Ohio, 1975 to 1976.

Q. Okay. And then, Doctor, why did you change programs after the end of one year?

A. This is the requirement. Before you go into otolaryngology, you have to have general surgery training.

Q. I understood that. I was curious, you started in general surgery and changed your mind or what, as a requirement?

A. That's right, as a requirement.

Q. And then the last place where you were would be

Medical College of Virginia?

A. Yes.

Q. And that was from when to when?

A. 1976 to 1979.

Q. All right. And is there a fellowship available in otolaryngology?

A. Yes.

Q. Did you take a fellowship?

A. No, I didn't.

Q. I wanted to be sure about that. You concluded your medical education or the in-class part and residency part in 1979, correct?

A. Yes.

Q. All right. Following that, Doctor, I'm going to guess you became board certified in one or more subspecialties?

A. Yes.

Q. Fair guess. Can you tell me what board certifications you hold and what years you obtained them?

A. That was the American Board of Otolaryngology. I passed it the same year I was graduated from my residency program in 1979.

Q. Okay. Doctor, now concluding your residency training program and successful completion of

your board certification, can you tell me generally what you have done since then, where you practiced medicine?

A. Yes. I have been practicing basically in Akron, Summit County area, and also I have been teaching for Northeastern Ohio University College of Medicine starting with instructor and then now I'm clinical professor of otolaryngology in NEOUCOM.

Q. Slow down a little bit. When you first came to this general area, did you go into private practice?

A. Correct.

Q. And what was the name of your practice?

A. Y. W. Park, M.D., Incorporated.

Q. And was that in 1979?

A. Correct.

Q. And have you -- is that how your business has remained since 1979?

A. Yes.

Q. Doctor, do you have any partners?

A. No.

Q. Are you a solo practitioner, I guess that's what I would call it?

A. Yes.

Q. Beginning with when you first came to this general area, what hospitals have you had privileges at and if they're still current let me know.

A. Currently I am attending physician of the section of otolaryngology at Barberton Citizens Hospital, also attending physician at Akron City Hospital and associated with Summa Hospital and also Akron General Hospital, Children'S Hospital Medical Center of Akron.

Q. Doctor, do you treat pediatric otolaryngology patients?

A. Yes.

Q. How would you say your practice divides out between adults and children?

A. Probably about 60 to 70 percent adults and 20, 30 percent I would say children.

Q. Doctor, going back to what you told me in terms of your participation in the education of medical students, I'm interested in that. You told me you were an instructor at NEOUCOM originally?

A. Yes.

Q. You're teaching in the medical school, the first four years of instruction; is that right?

A. Yes. I teach medical school students in programs

they call PDL, which is physical diagnosis laboratory, and I teach medical students there and also I teach residents in Akron -- Barberton Citizens Hospital family practice and also I teach general medical staff on the hospitals.

Q. I want to be clear about this. Going backwards to NEOUCOM, you're a clinical professor there; is that what you said?

A. Correct.

Q. In addition which you said you give some instructor training to residents at Barberton Citizens Hospital?

A. I teach them.

Q. That's residents for family medicine?

A. That's correct.

Q. It's not a residency in otolaryngology?

A. There is no otolaryngology program in the Akron area.

Q. All right. Doctor, once again I don't have your CV in front of me but since you completed medical school and your residency training have you participated in authoring any articles?

A. Yes. You will see these from my 18 page CV that I have authored over 80 scientific articles in medical journals and also made a contribution in

a book, Surgical Pathology of Laryngeal Neoplasm, published by Chapman and Hall in London.

Q. It's so difficult taking telephone depositions. You've got 80 articles and telling us about your participation in a textbook, correct?

A. Yes. It's not a textbook. I would say it's a reference book on surgical pathology all large tumors, voice box tumor, I made contributions there, and also my book will be published soon.

Q. Are you referring to a different publication other than the one on surgical pathology?

A. My own book I'm talking about.

Q. Okay. Tell me, your book is in press I gather?

A. It's ready to publish. I'm seeking some financial support from organizations here. And the title of that book will be a Study of Otolaryngology, Head and Neck Cancer.

Q. Did you write this book completely on your own or do you have people who contributed?

A. No, it's my own.

Q. Don't have any people contributing chapters. You're the editor, you're the author?

A. Correct.

Q. Doctor, in your study of neck and head cancer, do you discuss cancer of the nasal vestibule?

A. Yes. Over 80 of my publications about 25 of those are for nasal disease and 15 of those are mostly related to tumors of nose or nasal cavity.

Q. Okay. When will a copy of your book be available for public consumption is the easiest way to describe it?

A. This was given to the organization to review and, you know, as soon as I receive something I will start the process of actually publishing here because this requires so much financial burden on me so I need some financial support from some organizations, American Cancer Society, Commission on Minority Health. They are reviewing this.

Q. Let me ask you this, Doctor. We might stay on the same subject matter.

You're indicating your book does include within it chapter or chapters on nasal cancer, correct?

A. Not specifically chapters but some of those have a presentation of that including the nasal and sinus disease including tumors.

Q. All right. The nature of your publication or the audience you're trying to attract is -- the purpose of your publication is to help people

identify these particular cancers, make diagnosis?

A. And how to manage it. My main audience will be medical school students and mostly family practitioners and primary care physicians.

Q. Okay. Doctor, let me ask you this question. We are going to use the year 1997.

A. Okay.

Q. Standards of care change over time based upon new discoveries in medicine or trials that say you should do something a different way. If you were teaching medical students in 1997 how to make a diagnosis of a cancer of the vestibule of the nose, what would you tell them to be looking for?

A. If you suspect cancer of the nasal vestibule, you first of all have to review the history but on the physical examination part you should see such as mass or obstructing lesion or nose bleeding or swollen eye or double vision, presenting mass in the mouth or cheek area or neurological deficit. That is indication of something happening such as cancer of the nasal or so-called sinonasal cavity we call it because nasal cavity and sinus altogether is sinonasal cavity.

Q. Okay. Would you agree or disagree, Doctor, a

non-healing ulcer in the nose should have within it a differential diagnosis of possibly a nasal cancer?

A. Yes.

Q. Okay. And if you have a non-healing ulcer, first of all, we do it this way, hypothetically presume someone does a physical examination and finds an ulceration --

A. Okay.

Q. -- in the vestibule of the nose. We'll make it that simple. What would you want to know about the history that preceded the lesion or we are going to use the word ulceration?

MR. GRIFFIN: Talking in general here?

MS. TAYLOR-KOLIS: Right.

A. Generally when you see ulcerations this can be many things. For example, such a simple infection such as herpes viral infection can create ulceration of the -- ulceration can happen as a trauma such as people who pick their nose or blow the nose all the time, they can have some ulceration. Of course, other infectious process also can cause ulceration. So the first treatment option or evaluation is history, how

long they have ulceration, when there has been treatment given. If medical treatment successfully heals the ulceration, than cancer is not one of the most important differential diagnoses here.

Q. Okay. If a person hypothetically presented to you and indicated a history of a non-healing ulceration in the nose, would you initially prescribe treatment for them?

A. Yes, that's correct.

Q. Okay. Over what period of time would you have them back for reevaluation to see whether or not the ulceration healed?

A. Depends on history and past medical treatment history. Maybe few weeks, maybe two weeks, maybe -- depends on the past history. Patient has non-healing ulcer, one month, two month, three week, months, I may not wait that long. If it is not treated specifically by specialist, for example, I would treat medically to see myself the effective treatment.

Q. And if it -- what would be the time period if it didn't completely heal that you would become concerned and go look for the differential diagnosis of a nasal cancer?

A. I wouldn't go by certain time but as I said, generally speaking, maybe two weeks or so generally but, again, this is generally. I'm speaking depends on the person. It should be individualized.

Q. Okay. Does the standard of care require an otolaryngologist to perform a biopsy on a non-healing ulceration in the vestibule of a nose if it doesn't heal within, say, four weeks?

A. If you have suspicion of a cancer, yes. But the patient if not treated properly then you don't have to jump into biopsy. You only biopsy it if it's not healing and you have suspicion of some malignancy because there's many other conditions other than cancer. They can have a recurrence, they can have recurrent ulceration and recurrent nature of problems such as infection, herpes virous, this is one example they can recur, coming back every few months, things like that. It does not require biopsy.

Q. Doctor, would you agree with me that the existence of a non-healing ulcer in and of itself in the nose does give rise to a suspicion it may be a nasal cancer?

A. If there's a persisting ulcer in spite of all the

medical treatment and persistent ulcer, yes.

Q. All right. We are going to switch gears and stop talking about medicine for a minute and go back into a few preliminary questions I need to ask you.

You're licensed to practice medicine in the state of Ohio?

A. Yes. And also Michigan and California.

Q. Okay. I was going to ask if you had any other licensure. When were you licensed in Michigan?

A. 1995.

Q. For what purpose did you become licensed in Michigan?

A. Because of the convenience of taking the examination at that time.

Q. Did you practice medicine in Michigan?

A. Reci -- what you call it.

Q. Reciprocity?

A. I got license in Ohio and California from Michigan license.

Q. Is that license current?

A. Yes.

Q. What about California license, when did you get that?

A. That was 1979.

Q. And is that license current?
A. Yes.
Q. Have you practiced medicine in the state of California?
A. No.
Q. Do you intend to?
A. Maybe if I move, if I become sick and tired of this weather I go to California.
Q. Good enough answer, Doctor.

Doctor, your attorney is going to object to this question and wait for his objection. Other than this lawsuit can you tell me about other occasions which you have been sued in the last ten years?

A. Well, one time I sued -- I was sued about a few years ago but they dropped, you know, litigation so actually so far I never had to go through the jury or anything, no settlement, no paying out award or judgement, nothing against me so far.
Q. Okay. So if I understood your testimony, I hope that I did, other than this lawsuit you only actually have been sued one other time?
A. Yes. That's the only one.
Q. Okay. Who is your professional negligence carrier in this instance?

A. That is GE Medical Protective.

Q. Okay. You may or may not know the answer to this question. If you don't, your attorney will tell me at a later time. Do you know what your limits of coverage under this policy?

MR. GRIFFIN: I will answer the discovery. I just pulled it out. I apologize.

Q. We'll get it in writing because you would be guessing. In anticipation of today's deposition did you review any medical literature?

A. Yes, I did.

Q. Tell me what you reviewed, please.

A. Just basic information on this because myself I have done extensive study on this subject even before this happened so actually I just reviewed some general review of this subject.

Q. When you say general review?

A. Like a textbook.

Q. What textbook did you look at?

A. For example, Ballinger's Textbook of Otolaryngology, Ballinger was the name of the textbook.

Q. Did you do any Internet research?

A. No.

Q. So you haven't done that. And other than Ballinger's do you believe you looked at any other textbooks?
A. In my possession before this happened many articles over the years I accumulated on this subject so some of them I reviewed.
Q. Doctor, I'm going to ask you the question, I already know the answer, but I am going to ask it anyway. You had an opportunity to review your own medical chart, correct?
A. Yes.
Q. What other medical records have you actually read and reviewed up to this point?
A. I don't understand what --
MR. GRIFFIN: Other records you have reviewed.
A. I don't think I reviewed any medical records other than information provided by my counsel on --
MR. GRIFFIN: You don't --
Q. Whatever your attorney discussed, don't discuss with me.
A. Not really. I didn't review any medical records.
Q. Have you looked at anyone's medical records other than your own?

MR. GRIFFIN: There hasn't been time to look at Manning's.

Q. Let me ask this question this way, Doctor. I don't want to say I'm asking an inappropriate question, I'm asking you one you may not know the answer to. Based upon your knowledge -- you haven't read any other medical records, right?

A. Not really.

Q. I gather you don't have an opinion at this point in time in any event as to whether or not someone else caused or contributed to Mrs. Bailes' death; is that right?

A. I don't think so.

Q. You don't think so or you don't have an opinion at this point?

A. Because I have limited information here, only thing I was exposed to, some of these consultations and letters prepared by Dr. Steinberger and Dr. Woods from Cleveland Clinic, that I saw it but from that information, there isn't anybody I can think of as contributing physician or anybody, you know, that can provide any other information.

MS. TAYLOR-KOLIS: Referring to Dr. Steinberger and Dr. Woods did they send

them to you or did he get those from some other source?

MR. GRIFFIN: They're in the records Greg produced.

Q. At the time Mrs. Bailes was diagnosed you were no longer her physician; is that right?

A. That's right. I saw her last time in September of 2000.

Q. All right. Doctor, I'm going to ask another question I know the answer to but I like to do that.

Upon reflection of your evaluation of the medical records do you believe you should have made a diagnosis of a nasal carcinoma prior to the time that diagnosis was made?

MR. GRIFFIN: Objection. Go ahead and answer.

A. There is no sign whatsoever that indicates there was any cancer that was developing here.

Q. What is your basis of that contention?

A. First of all, I have been treating her since 1986. And clearly shown in my medical record that she had initially vestibulitis which is inflammatory process of the nose right side in 1990. I treated it and it resolved. And then

later in 1993 I saw her. This time she has both sides soreness in the nose and I treated that, that resolved and improved but from time to time she had some soreness develop. Each time I treat it and subsequently that improved. So there was no time that make she suspect any cancer or anything at that point.

Q. Okay. I appreciate your generalized answer. We are going to go through your chart.

A. Okay.

Q. Do you have your original chart with you today?

A. Yes.

Q. I'm going to make an assumption, which is kind of a leap of faith, I may have all of your records. We'll find that out today. Your office previously submitted to me, it looks like December of 2001, your office records and I have taken them apart and attempted to put them in chronological order. You will correct me wherever I'm in error. The first medical note I have is dated August 8 I think it's 1986?

A. That's correct.

Q. Am I right that was your first encounter with Mrs. Bailes?

A. Yes.

Q. I don't know where you're sitting in relationship to the speaker phone, but you go in and out. I'm sorry if I repeat myself.

Tell me about the first visit with Mrs. Bailes. You took a history from this lady or what?

A. At that time I think by looking at handwriting this looks like my ex-staff took the medical history here. She was complaining of right side earwax and hearing problem, light headedness and chronic sinus trouble she had.

Q. Doctor, if you can tell based upon your chart because it is not apparent to myself, how is it that Mrs. Bailes became your patient? Did she self-refer to you or did a physician send her to you?

A. According to the report there was no referral statement here so if that's a referral from other physician, I send a report to referring physician but here there was no such information and I didn't have to send anybody about the medical evaluation or my management.

Q. Okay. So the answer to my question, Mrs. Bailes became aware you were an ENT and based on her problem she wanted to see someone that

specialized in ears and nose?

A. Yes. A lot of my patients, you know, refer from friends and family members, not necessarily doctor to doctor but many are from family and friends.

Q. As part of the history you would take at the time of initial presentation, would you explore environmental factors that might be contributing to her problems?

A. One is smoking and other things I do not have any information sufficient. As you know well-known carcinogenic agents like formaldehyde, paint, carpenter is exposed to wood dust, they have known increase chance of cancers of special type of nasal or sinus cancers, too. But here she has one of the history that is positive was she is a smoker and also she has some family history of cancer, too.

Q. Okay. In addition do you attempt to elicit anything about the work environment of your patients?

A. Well, as I said, you know, people who are carpenters or people working in formaldehyde or construction worker, painters maybe have some at risk increased chance of cancer possibility.

Q. What about people who work around dry cleaning fluid, do they have increase risk of nasal cancer?

A. I cannot specifically answer that question. I am not aware of any specific agent associated with dry cleaning and that type of environment.

Q. All right. Doctor, I apologize, but I think they train you guys to do this in medical school. Your handwriting is somewhat legible by not all intelligible. Starting with what you would recognize to be your handwriting at the top of the page where it says complaint, if you could read totally everything in your note.

A. Ears stopped up, right side sinus trouble with drainage and coughing. And duration ear problem for one month. Impacted right ear, cleaned out, TM, tympanic membrane both normal. I drew the picture showing that initial examination of abnormality in the nose including thickening and deformity of the nasal septum.

Q. Slow down. Impacted wax. If you can read that sentence again.

A. Impacted wax right side cleaned out.

Q. Okay. Underneath that drawing is clearly the nasal passages, correct?

A. Yes.
Q. Okay. Now, you have is that an arrow going back and forth?
A. That is widening, it's thickening of the septum. Septum is the structure that holds the center of the wall that divides right and left side of the nasal passage. That structure was thickened and that direction is showing widening or thickening of the septum.
Q. To what did you attribute the fact she was experiencing a widening or thickening septum?
A. This is very common problem, about 25 percent of general population has this finding of nasal deformity so a lot of thickening deformity contributes to nasal sinus problems.
Q. All right. Then, Doctor, underneath that you say -- does that scribble say impression?
A. Yes.
Q. All right. You want to read to us what your impression is?
A. Impacted view hypertrophic rhinitis.
Q. What do you mean by that?
A. Hypertrophic rhinitis meaning swollen or enlarged structure inside the nose that is one of the inflammatory changes. Hypertrophic rhinitis

meaning nasal and sinus inflammation from the swelling or enlargement of some of the structure we call turbinate inside the nasal passage. There's -- each side three bumps to increase surface area to moisturize, humidify and warm the air in the nasal passages, in and out, and this was swollen. That is what I answer.

Q. What clinical significance was that to you, if any?

A. If significant enough they may interfere with drainage of sinus which may result in sinus infection.

Q. Okay. As a result of your impression what therapy did you prescribe or indicate was necessary for this patient?

A. I gave antibiotic and nasal spray that was topical steroid to keep the swelling down on hypertrophic rhinitis.

Q. What topical steroid?

A. Name was Beconase.

Q. Is that's the first on the top?

A. Yes.

Q. And then what antibiotic did you give her?

A. EES.

Q. Standing for?

A. It's erythromycin.
Q. Erythromycin was prescribed for which problem?
A. Because of hypertrophic rhinitis and since she was allergic to penicillin this was the medicine given.
Q. Did you anticipate, Doctor, that these prescriptions would change that thickening?
A. No.
Q. Okay. What was the purpose of the prescription?
A. Prescription antibiotic was for rhinitis, inflammatory changes is here particularly very likely associated with bacterial agent and antibiotic will kill the germ by doing that, keep the swelling down and improve the nasal problem.
Q. Okay. The next recorded visit I have, and once again, if I'm in error you may tell me. It looks like UL I'm thinking this is July 12, 1989?
A. Yes.
Q. I'm right or wrong?
A. Correct.
Q. Because it's sort of cut off on my copy. Before I go on to that, at the bottom it says I think script toward the right-hand side is return PRN?
A. Which one?
Q. Before we move on, back on initial visit.

A. Yes, return office PRN as needed.
Q. I wanted to make sure. She doesn't come back to you as needed for a little while?
A. Three years.
Q. Couple years. She comes back to you in July of 1989?
A. Yes.
Q. We are going to go through the same drill we did previously. Start with complain of, read what she's complaining of?
A. Bad drainage. Hearing bad on the right side.
Q. Okay.
A. And my finding indicates impacted cerumen, that is wax more on the right than left side and tympanic membrane, again is eardrum, was dull and canal erythema meaning ear canal was reddening and also again old finding of septal deviation positive.
Q. So the septal deviation is the initial finding from your visit in August of 1986 and that remained unchanged?
A. Never changes.
Q. Okay. Did you inquire as to whether she continued with the initial therapy that you had prescribed for her in 1986, that being the

steroidal nasal spray?

A. Actually this time patient was treated and mostly patient was complaining of drainage and ear was main concern this time even though we treat it again for the nose and drainage problem with antibiotic but this time something new was ear problem and this time she has external titis meaning outer ear infection on the right side.

Q. Okay. We are going to get to that in a second. You at this point your impression was, go ahead, was the external?

A. Impacted cerumen and external titis right.

Q. Okay. So once again you got EEE, you are giving some form of erythromycin and that's for the external titis?

A. Yes.

Q. What is underneath?

A. That is -- this is ear drop because she had ear infection.

Q. I'm starting to learn to read your handwriting. Return one week?

A. Correct.

Q. She did come back in a week, correct?

A. Yes.

Q. Read for me, if you can, starting at the top your

note, the first two sentences.

A. External otitis better. Still funny feeling.

Q. When you write still funny feeling?

A. It's ear, ear is better but still ear is not quite normal.

Q. The ear, okay. You got a diagram of the nasal passages again?

A. Yes.

Q. There's some little arrow on each side, one on the right and one on the left?

A. Yes. That is hyperactive turbinate I told you about earlier. They're swollen bump. That is turbinate normal structure. As a result of inflammation, this was swollen more so on the right. As you can see, three arrow on the right, one arrow on the left.

Q. When I see multiple arrows, that's your way of differentiating more symptomatology, right?

A. Correct.

Q. So she has that symptomatology both in the right and left nostril, correct?

A. Yes. Both sides but more so on the right side in terms of swelling.

Q. Okay. And right below your drawing of the nasal passages can you read that?

A. Ear external titis and throat negative. Nose rhinosinusitis.
Q. Okay. This is where I'm going to have to trust you. My records got cut off at the bottom. I have an impression line.
A. Yeah.
Q. Can you read that?
A. Rhinosinusitis and treatment was Tussie Organtin and Beconase AQ, again steroid nasal spray. Sample was given.
Q. What is under -- sinusitis is the top. You told me something different and you got Beconase spray again. That's where it's cut off.
A. Tussie Organtin.
Q. Okay. Good enough. Then to the left there's a line on the bottom?
A. Need complete hearing test and reflex test.
Q. Okay. So that's what you suggested for her relative to her hearing complaint?
A. Yes.
Q. And did you make a referral for her to have that done?
A. No. We did it in my office, hearing test. She have hearing test done in '89, August 3rd.
Q. I see it. Okay. Do you interpret those hearing

tests or do you have a technician who does them for you?

A. We call an audiologist. They write down their opinion but we don't have to read that. Actually we pretty much know what this signify.

Q. I guess what were you looking for, what were you looking for -- I can't believe this. Why did you want her to have a hearing test?

A. Because she had ear problem and when you have ear problem that is treated and still not completely clear and also that -- also tympanic membrane one time there was dull appearance meaning possible tip of middle ear infection as well as outer ear infection. That is why this test will give us information about middle ear and outer associated ear problem such as hearing loss, things like that you cannot determine without test.

Q. Were you happy with the findings of her audiology test?

A. Yes.

Q. What did they essentially tell you?

A. Slight bilateral symmetrical nerve damage, hearing loss and normal middle ear pressure, normal static compliance and acoustic reflex and speech discrimination is quite excellent. So

this was not that remarkable finding so pretty good shape.

Q. Okay. So that was your visit with her in 1989?

A. Yes.

Q. July 19th. And then she comes back to see you, according to records I have, February 6th 1990, correct?

A. Yes.

Q. Okay. Let's go through once again the complaint that she presents with if you would read them into the record for us.

A. Okay. Complain of ear infection, hearing loss and right ear sore and canal with wax, cleaned out, TM, meaning tympanic membrane, was okay, right vestibules positive, meaning she has for the first time specifically she has vestibulitis meaning inflammation of the anterior part of nasal cavity. She didn't complain particularly but I found out nasal vestibulitis here. And that is soreness in the nose. That was 1990, February.

Q. When you said she had nasal vestibulitis this time, you don't make a drawing of the nasal passages, correct?

A. I don't make a drawing every time. Whenever I

think it will help me understand better, that's why I do that.

Q. So that I know, how did you make the diagnosis of vestibulitis?

A. By looking at -- physical examination is very easy.

Q. And when you make the diagnosis of vestibulitis, tell me what that means.

A. That means there's inflammation of the nose, inflammation of nose characteristically they will have some swelling, may have some sore, may have some crusty formations or itch or pain. It's inflammation.

Q. And because you didn't make a drawing, I'm going to have to ask the question this way, was this a bilateral finding, Doctor?

A. No. Specifically said right side.

Q. I didn't hear that. That's why I asked. So the notation right in front of the diagnosis, that stands for right?

A. Correct.

Q. And then the last one underneath vestibulitis?

A. Probably sensory floor neural hearing loss which seems to get worse. As we grow older, this is natural that we lose some hearing, normal

physiological changes.

Q. Okay. Your impression then was external otitis?

A. Correct. And sensory neural hearing loss and vestibulitis.

Q. And your prescription or therapy for that was what?

A. Neomycin ointment to the nose. When you have soreness or things like that nature we give this medication.

Q. I see that it says at the bottom return but I can't tell what your advice was on the return?

A. PRN.

Q. Okay. Just wanted to make sure.

The next visit, although it's very blurry, is it September something of 1991?

A. Yes. 26th.

Q. What was the date?

A. September 26th.

Q. I'm going to cheat and write it on my sheet of paper. What complaints did she present with on that day?

A. Ear closed up over one week with ache on the right side.

Q. And your impression?

A. Impacted cerumen, again, wax and removal of

cerumen was treatment, return advice PRN.

Q. Okay. She had no nasal complaints at that visit?

A. No.

Q. Do you believe that you would have physically examined her nose on that visit?

A. Every single person walks into my office, no exception, everybody get nasal examination.

Q. Thank you. So that's your custom and habit because you are an ENT even though they present and may be complaining about ears you still examine all the systems?

A. Correct.

Q. If there's no information I'm going to assume it's a negative system review at that point?

A. Yes. So many cases I do not write down. I usually write down positive findings.

Q. Okay. The next encounter that I could see, I could be wrong about this, there's a sheet that looks like a cover sheet and has your name printed on it.

A. This time she prepared medical history herself. This is her own writing.

Q. Let's see if we are looking at the right document. At the top it looks like Geraldine Bailes, today's date August 11, 1993, right?

A. Yes.
Q. Is that the first time you had her fill out a form like that?
A. I think so. The first one it looks like my office, my office staff prepared for them by asking, but this one she prepared herself.
Q. I didn't see an initial patient history form filled out by the patient herself. Do you have a document that would have matched your August 8th, 1986 initial visit?
A. Well, at that time in my practice I usually asked -- my office staff just asked the questions and prepared that but later we changed it to the patient themselves writing in and filling in.
Q. Patient self report?
A. Yes.
Q. My question I need to know if this document exists or doesn't exist or accidentally didn't get sent to me. When she initially became your patient in 1986 --
A. Yes.
Q. -- I can't find a document, a corresponding initial patient history note document. Is there one?
A. I told you that the one our staff prepared

information saying right ear water like sensation, hearing problem, light headedness of one month, chronic sinus.

Q. That's what I'm trying to clarify. I understand -- that's what you're considering the history.

A. History and medical information obtained by my office staff by asking the patient.

Q. All right. If we look at August 11th, 1993. She is self writing that her complaint, I'm assuming this is why she came to see you is sores in both sides of nose, can't smell, can't hear real good and have a lot of drainage; is that right?

A. Yes.

Q. And if I skip -- at that point you're also asking her on the next page or at least with what is my next page, indicate any family history or problem that she has had?

A. Yes. She has family history of cancer in family and she's a smoker. She clearly marked there, too.

Q. Okay. Doctor, there seems to be a hash mark she checked off headache, correct?

A. Yes.

Q. On your copy, since you have the original, did

she checkoff cancer?
A. Yes.
Q. Did you ask her about that history?
A. Did not write down in detail but cancer marking, you know telling me that she has cancer in family history.
Q. But did you -- were you cognizant she may have had a personal cancer history?
A. No. I didn't ask anything personal cancer because she didn't, you know, provide me anything about cancer other than marking this including family, cancer in family.
Q. Doctor, are you saying August 11th, 1993 you were unaware she had D & C for cancer in the cervix?
A. Did not register in the medical history.
Q. Doctor, if you want to look back on the first page past surgeries, what does it say?
A. That one is past surgery history and D & C cancer of cervix.
Q. Okay. That's what I was asking you to confirm. You looked at this and were aware she had some personal history?
A. You were asking front page, later check the back page marking that's why I went over that without going through that past surgery.

Q. She checked off family -- cancer in family. Did you ask her about that?
A. I don't think I specifically asked her about that because there's no note of that.
Q. Let's go to your office visit of August 11th, 1993. You didn't draw the nasal passages for me but that's all right. Let's go through the complaint if you would read them.
A. Same as her own writing, nose sore, drainage, cannot smell and she had nasal vestibulitis which is reason she had sore nose which she had years back right side, now this time she has sore both sides. And she had septum erythema and mucous, pus, pus in the sinus also swelling was positive.
Q. Can you tell me if this is a bilateral condition or -- she says it was in both?
A. Yes, yes.
Q. Did you see actual sores or did you just see an area that looked inflamed?
A. Exactly. So that's why -- I instead of describing it I wrote down my clinical impression of nasal vestibulitis which is saying that there's inflammatory changes.
Q. Okay. So it is at that point you saw inflammatory change and no ulceration or lesion,

correct?

A. No.

Q. Okay. All right. At that point -- you can continue with what your writing says?

A. Local treatment done for vestibulitis. Usually this means antibiotic ointment. I'm treating at my office both ear impacted cerumen, wax, cleaned it out, tympanic membrane, neck was negative.

Q. What were you looking for in the neck?

A. Neck, for example, mass or node or any other lesion in the neck if there's anything abnormal particularly we are talking about.

Q. I didn't understand the last sentence. You said particularly something?

A. Where there is particularly something.

Q. Doctor, once again, just sort of adding do you also examine the neck when your patients come in?

A. I always examine the neck. Sometimes I write negative, sometimes I don't.

Q. All right. We'll let that answer stand. Your impressions, if you want to read your impressions, please?

A. Vestibulitis, rhinosinusitis, impacted cerumen.

Q. All right. Your prescription or therapy for those things?

A. Because she's allergic to amoxicillin, I thought amoxicillin but I put no because she was allergic and gave Bacteride and sample Lorabid which is antibiotic.

Q. Your advice was return as needed, correct?

A. That's correct.

Q. Back in January of 1996?

A. Yes. So three years later, which means she didn't have much of any problem here, as I can understand, because she is nice person she will follow my advice. If there's problem, she will come in here. But she didn't until '96.

Q. Tell us about her complaint on January 5th.

A. Sore throat and soreness going to the ears as well, throat sore glottis changes with edema. Impacted cerumen, cleaned out from left. Nasal hypertrophic and turbinate three positive meaning significant hypertrophy and also cleaned out ear means nasal mucous with suction system.

Q. The hypertrophy of the turbinate, is this an additional finding past what you have gone through?

A. No, it's the same thing she has been having all these years including all the earlier visits I mentioned. Hypertrophic rhinitis that is --

signifies hypertrophic turbinate actually.
Q. Okay. And your impression?
A. Was rhinofascitis, this time nose as well as some throat infection there and impacted cerumen.
Q. Your prescription or therapy?
A. Ceftin and Flonase.
Q. Okay. And it doesn't say, so I presume you told her to return as needed?
A. Of course.
Q. February 17th, 1997?
A. Yes. Sinus infection and was on antibiotic.
Q. Let me stop you there. She is complaining of sinus infection and on antibiotic?
A. Was on antibiotic.
Q. You didn't prescribe those antibiotics?
A. No.
Q. You're going to take it that Ms. Bailes did not self diagnose?
A. Must be by some other physician.
Q. Did you inquire what physician made the diagnosis?
A. No.
Q. Wouldn't it be -- would it be part of your custom to inquire as to what other treating physicians were treating your patient for sinus infection?

A. If this is something nothing to do with my specialty, probably I will ask for. But if it is my specialty because most people who have treatment when they come to my office they already been treated by other physician and when they come in I don't each time ask their family physician what has been going on because they usually tell me and maybe that's the reason they are coming to me because treatment given by other physician may not be working. So if it's my field problem, they usually don't specifically ask family physician how they are treating patient, give specific name of medicine. In many cases a lot of patients cannot remember or give precise name of medicine.

Q. Doctor, you treat sinus infections, don't you?

A. Yes.

Q. At the time of her visit, did you know how long she had a sinus infection?

A. This is, as I said, ongoing problem. Every few years she comes in with sinus infection flare-ups. So actually this is, as you can see so far we discussed already about sinus infections in the past, once in awhile she has this flare-up of sinus infection.

Q. Is that what you're calling sinusitis, sinus infection?
A. That's correct.
Q. Did you -- do you think you might have inquired with what type of antibiotic she has been on?
A. No. I write down specifically what is provided by the patient.
Q. So sinus infection, ears stopped up and you'll have to go --
A. Ear stopped up. Both ears impacted with cerumen, wax, cleaned it out, tympanic membrane, which is eardrum, negative, septum deviated, turbinate erythema positive, neck was negative again.
Q. Same impression?
A. Yes. So this is ongoing problem every few years she has this flare-up.
Q. Okay. She next time you saw about a year -- a little more than that?
A. Yes.
Q. September 4th, 1998, September 4th, 1998?
A. Yes.
Q. Okay. Why don't you read that into the record for us.
A. Okay. Here she came in with ear to be cleaned out, specifically for the impacted cerumen that

has been going on all these years. So I examine, impacted cerumen, both sides, cleaned it out with suction and curette. And usually I don't write this, how I clean, sometimes I just write but usually I don't because it's routine stuff. But sometimes I write. Usually writing this means little bit difficult situation I write down how and what was used. If it easy, I usually don't write. A little difficulty, use this thing, what I use. So this is telling me that this time it probably was a little bit difficult to clean the ear.

Q. Okay.

A. And then septal deviation hypertrophic obstruct, significant obstruction although patient was not complaining of the sinus this time, but I treat it any way with a steroid topical to the nose.

Q. Doctor, I'm going to ask you a question. This obstruction that you're discussing, this is the first time you used the phrase obstruction. Are you describing something that was always there?

A. It's been there all this time from the beginning.

Q. I wanted to be sure about that. And I think you have gone through what your impression was.

A. Impacted cerumen, rhinositis, septal deviation.

Q. Okay. And, once again, return as needed?
A. Yes.
Q. Mrs. Bailes comes to you on November 15, 1999, correct?
A. Yes.
Q. I didn't miss any visits in between?
A. No.
Q. Okay.
A. So that's another couple years here.
Q. Okay. Tell us about her complaints on November 15th, 1999?
A. Sore nose. Ear plugged, cheek was hurting and sore. And examination showed obstruction as before. There was a crust, crust meaning scabby, dried up mucous that is debris sitting on the lining of the nose, that's what it meant.
Q. That's the lining of the left side, correct?
A. Yes.
Q. Let me ask you a couple questions. First of all, this is the first time that she has complaint of facial pain. Would you agree with that?
A. Yes.
Q. That her cheek hurt?
A. Uh-huh.
Q. Can you tell me because it says cheek, not

pleural, like this pain is all over her face. Can you remember which cheek was hurting her?

A. Well, probably this was left side. I cannot tell you on my record because it doesn't say specifically which one but, again, cheek hurting is one of the most typical sign of rhinosinusitis. Lot of people with sinus infection cheek hurt, face hurt, that's major symptom of sinusitis, very common symptom of sinus infection.

Q. Now, when you saw this crusting, did you ask her about it?

A. Crusting is very typical of vestibulitis. Vestibulitis she has all this time. One of the very typical picture of vestibulitis crusting, inflammation and mucous drying up, scabbing.

Q. Didn't Mrs. Bailes report to you that she had been treating with Dr. Manning and he suggested she come and see you because this area wasn't healing?

A. She never gave me Dr. Manning. I never heard of Dr. Manning until I was involved in this legal process. She never gave me Dr. Manning's name as referring. I never met him or knew him and there is no record whatsoever showing Dr. Manning

specifically asked. There was no report sent out to him from my office either.

Q. Okay. We established you didn't know who Dr. Manning was?

A. Right, nobody specifically.

Q. Doctor, didn't Mrs. Bailes tell you that she had been treating for a sore in her nose for in excess a month and that's why she came to see you?

A. If that was the case as before as in February 1997, I probably could have wrote down there, for example, sinus infection, patient was on antibiotics. Any significant information given by other doctor I could have wrote down here. She didn't give any other such information. So there was no entry of previous treatment or Dr. Manning's examination or his treatment so there was no information given to me by the patient.

Q. You're absolutely certain about that?

A. Yes.

Q. Okay. Did you ask her how long this area in her nose had been sore?

A. As I said, this soreness going on back to 1990s and once in awhile sore developed. Each time we

give medical treatment they improve and next visit she was not complaining much about that.

Q. Doctor, would you agree with me that in no other note prior to 1999 did you find crusting and diagram it?

A. I didn't draw the picture here but as I said, crusting is one of the very typical symptoms of vestibulitis and that was since 1990. It was then on the right side, opposite side. So sometimes I write crust. As I said, there is no specific reason I drew the picture or is this something that sometimes may mean something, sometimes may not be so significant so sometimes I drew picture, sometimes I don't.

Q. Doctor, if consistently you have a positive finding when it's new do you draw the nostrils, don't you?

A. Not necessarily. Vestibulitis finding since 1990 didn't draw the picture but diagnosis specifically say that there was a disease process going on, inflammation in the nasal passage. I didn't draw the picture but it is written in as vestibulitis. As I said, I don't draw the picture all the time. Sometimes I do, sometimes I don't.

Q. What was your therapy that you prescribed at that time?
A. Earwax I cleaned it out, nasal mucous, erythema and swelling. I gave Cipro antibiotic, gave Bactrim cream which has been working for vestibulitis. Bactrim cream was given to use topically in the nose and also I give ear drops.
Q. Vestibulitis how are you defining it?
A. Vestibulitis is inflammation of vestibule, nasal vestibule is so-called nostril inside nose, entrance of the nose. Before it become nasal cavity there is vestibule meaning small room before real nasal cavity. This is area that hair grows. Inside nasal passage no hair, nasal vestibule there is hair growth. Inflammation of vestibule, anterior part of nasal passage there is inflammation which means front part of nasal cavity. That's what we are talking about.
Q. All right. Once again, when you use the term vestibulitis, any medical professional who is an ENT uses that you're talking about inflammation, correct?
A. Yes.
Q. You're not talking about ulceration?
A. No.

Q. Scabbing?
A. If there is ulceration I could say ulceration, it's a crust.
Q. In any event your advice -- you told us what you prescribed for her to do. You told her to return?
A. Ten days.
Q. Ten days. 11-23. And did she return?
A. November 23 she returned.
Q. I think it's clear in the record Mrs. Bailes is a very compliant patient relative to anything you asked her to do, wasn't she?
A. That's correct.
Q. She didn't miss any medical visits?
A. Not really.
Q. She came back on November 23rd, 1999?
A. That's correct.
Q. Tell us what your notes say.
A. Follow-up rhinosinusitis. Again, septal thickening all along she had with erythema, earwax, clean it out both, ear profusion or perforation, no hole or fluid is building up and neck was negative. Again, you may notice there was no vestibulitis description here, meaning there wasn't much of a problem at that point.

Treatment again. So I didn't even write down vestibulitis, meaning there has been improvement as before.

Q. You didn't write any note involving vestibulitis, you didn't mention it?

A. This is the first time she has this problem I would have but this is ongoing problem so I didn't write down anything specifically about that because this has been going on for years and each time improve with treatment.

Q. Doctor, you -- hang on one second. I have to look at another document. We are just about done. So if you want to hang on for a second.

You see the patient again on September 5th 2000, correct?

A. That was the last time. And at that time she complained of sore nose and mouth lesion.

Q. When you say sore nose, are you indicating that she said my nose is sore or she has a sore?

A. It is complaint, meaning patient's own word complaining of sore nose not my finding. It is her complaining, her description.

Q. She complains of sore nose and what else?

A. Also nose lesion.

Q. Okay. And her ears?

A. Clogged up.
Q. And she had ongoing problem with ear wax, correct?
A. That's right.
Q. Once again, were you aware that she had seen someone for her complaint?
A. No, I didn't know anything about that. If she said something I usually make note but here again, she didn't say anything about that.
Q. Okay. Why don't you tell us -- once again, clear as day there is no diagram of the nasal passages, correct?
A. Yes.
Q. Tell us your findings.
A. Impacted cerumen, cleaned out, septal deviation with vestibulitis. Again, she has vestibulitis occurring. Since last visit another ten months later she was having sore nose showing up with sore nose again. So that was my finding but this time she also has right buckle lesion meaning inside cheek there was whitish lesion.
Q. I'm sorry inside?
MR. GRIFFIN: Cheek.
A. Cheek.
Q. Do you know which cheek that was?

A. Right side.
Q. Okay. That's right. It's on your sheet. All right.
A. And whitish lesion need examination. That's what it means needs examination.
Q. Okay.
A. And impression was vestibulitis right buckle lesion. We actually made appointment for Barberton Citizens Hospital outpatient clinic for procedure. And what is surprising to me is that patient, such a nice patient who always follow my advice, never miss appointment. She didn't show up. Actually she called us and cancelled.
Q. Did you know why she cancelled that procedure?
A. I didn't know until today. Actually I heard that the reason was insurance related problem.
Q. Right. When a patient calls and cancels a procedure you feel is necessary, do you take it upon yourself and discuss the issue?
A. Usually I don't unless sometimes they will leave message, specifically many of the patients may call us this is situation, what to do. So sometimes I make arrangement, especially person like her, Mrs. Bailes for 14 years I saw, you know, sometimes I can see the patient without

actual charging it. Sometimes they call us and explain to us. But actually I gave instruction to my staff that if they cancel, if they gave specific reason to write down but there was no reason, no such information other than she cancelled surgery. She requested, actually per her request.

Q. All right. What significance to you is a lesion?

A. She knows that I will take no chance, anything there is abnormal, anything suspicious of any significance disease, she knows I will do something about it. She know that I will further investigate until we find answer. That's why that's another reason that I was surprised that she did not go through this procedure. When we -- when we advise buckle lesion biopsy, this buckle lesion was whitish.

Whitish lesion in the mouth usually indicates one of the pigment lesions and this can be associated with such things as cancer. So, again, we don't do any biopsy or anything unless you have some suspicion of something more serious conditions. So I recommended that but she cancelled here. When we do this type of lesion biopsy, I almost always do unless patient refuse

or there was nose bleed or something I also check the upper part of digestive tract because if you have cancer happening in one area, there is chance something may be happening in that surrounding area, too.

When we took a biopsy, usually I check the whole area including nose, back of throat, everything.

Q. And I'm sorry. I'm trying to listen. It's very hard to do it this way.

A. That's okay.

Q. What I want to clarify, you wanted this lesion looked at. Did you have suspicion there could be a cancer?

A. Yes. Because any whitish lesion in general we recommend biopsy because this is whitish lesion is possible. If it's not, it may be possibly associated with cancer.

Q. Did you tell her that that is why you wanted this done?

A. Yes. Because only way to confirm is biopsy.

Q. Let me ask the question in a different way. You're testifying she had been your patient for 14 years, she was a nice lady. You have her set up for this examination that you are saying was

an endeavor to look for a cancer. You find out she cancelled and you didn't call her to discuss this?

A. No. Actually I didn't mean this was a cancer. Doing a biopsy to document actual nature of the problem. And biopsy in general, biopsy can turn out to be not cancer, too. In fact, that happened to her husband, too. So we do -- whenever there is some suspicion, we take a biopsy. Many of them turn out to be negative. It's good. But if it is positive, we don't want to miss that.

Q. That's kind of my point. I'm delighted for your patients and people that have biopsies that are negative but the reason that you scheduled was to rule out the concern there was cancer, correct?

A. Yeah. We want to establish diagnosis.

Q. Okay. Have you reviewed Dr. Manning's records?

A. I have a chance to briefly review his note that he mentioned that just before Dr. Steinberg's biopsy he said there was no ulceration, something like that I noted that just before biopsy, again, there was no lesion or ulceration on his examination there either. I don't know the exact date however.

Q. I'm a little confused. Can you tell me what part of Dr. Manning's records your referring to?
A. I'm referring to the note of December 18th, 2000.
Q. Doesn't it say patient is concerned about non-healing nasal ulcer she has had for many years?
A. That's right. And then you go on if you see there is unable to see much of her nasal ulcer, do you see that.
Q. Yes. That doesn't say there isn't a nasal ulcer?
A. No. I'm just reading this saying that unable to see much of her nasal ulcer. But as I said, he described it as ulcer but in my record and my recollection there has been no actual ulcer. Ulcer characteristically shows defect on tissue like concavity, some defect to there. I never seen that in her nasal examination. Mostly I saw inflammatory changes and just debris sitting on top of the lining. That's all I saw. There was no time I saw mass or ulceration or obstruction from the nose or nose bleeding, any of those.
Q. Doctor, did you see Dr. Manning's office note of August 28th, 2000?

MR. GRIFFIN: He saw these probably about one half hour before his

deposition.

Q. I'm not asking him to memorize. I'm asking him to read the note.

MR. GRIFFIN: You can pick and choose.

Q. This is from Dr. Manning's office August 28th, 2000?

A. Yeah.

Q. And that's approximately, how many days are in August, about seven days before she presents to you in September. Her complaint at that time she's having recurrent ulceration in the septum of the nose for many years?

A. Yes. That's his note but in my note there was no time there was ulcer. All I saw was crust formations and inflammatory changes.

Q. Is it your testimony that Dr. Manning doesn't know what an ulceration is?

A. No, I'm not saying that. I'm not saying that. But I only write down ulceration when I see actual defect in the tissue. Something is missing.

MR. GRIFFIN: So the record is clear, I'm going to object to the way you phrased the question. I'm not sure

Dr. Manning testified consistent with what you just represented. Of course we'll be able to see Dr. Manning's transcript hopefully within a day or so.

Q. When you say defect in the tissue, why don't you describe for us how you would describe what the defect in the tissue is?

A. Meaning like, you know, part of tissue is missing, like ulceration, meaning gouging tissue out or abrasive, something that -- some tissue is taken away. That is ulceration. Meaning here exposed underneath the lining there's some defect, sort of tissue is missing, that is ulceration and I didn't see any missing tissue, other defect in the tissue and I saw was a crusting, an inflammation meaning swelling, redness. So I cannot argue about his description because I cannot speak for him.

Q. When did you become aware Mrs. Bailes was diagnosed with a nasal carcinoma?

A. When I received this legal notice.

Q. You had no conversation with Dr. Steinberger about Mrs. Bailes' diagnosis or condition?

A. No.

Q. When he requested your records did you call him

to discuss the patient?

A. No. This happened without my knowledge. This happens all the time. Anybody who request for patient care which often this happens, we send it automatically. If the requesting physician specifically wants to talk to me, I will be very happy to discuss situation but usually they don't even call my office. Their office staff calls to my office staff. We don't have much communication. We just automatically send the record.

Q. All right. That was your last contact with Mrs. Bailes?

A. Correct.

Q. Have you spoken to Mrs. Bailes family?

A. No.

Q. Not ever?

A. I know Mr. Bailes. He was my patient some 14 years. I did surgery on him seven times. They are very nice people, you know, as I said they are very nice people and I have been taking care of them and all of a sudden she stopped coming and later I received a note, legal notice of this litigation. So I didn't have anything in between.

Q. Okay.

MS. TAYLOR-KOLIS: I have to be quiet to think if there's anything else I want to ask you. Doctor, I don't have any further questions for you at this point. Mr. Rossi is here. He represents Dr. Manning. I can't presume he does or doesn't have questions but we'll find out.

MR. ROSSI: Doctor, I don't have any questions for you. Thank you.

MS. TAYLOR-KOLIS: Thanks.

MR. GRIFFIN: You want to take a little break while you look things over?

MS. TAYLOR-KOLIS: No. I think I have it covered.

MR. GRIFFIN: Okay.

MS. TAYLOR-KOLIS: I take it you're going to --

MR. GRIFFIN: He's going to read.

MS. TAYLOR-KOLIS: I will waive the seven day reading requirement providing it not take longer than 30.

MR. GRIFFIN: Okay.

MS. TAYLOR-KOLIS: Does that seem reasonable?

MR. GRIFFIN: Yes.

YOUN W. PARK, M.D.

C E R T I F I C A T E

The State of Ohio,) SS:
County of Cuyahoga.)

I, Tami A. Mitchell, a Notary Public within and for the State of Ohio, authorized to administer oaths and to take and certify depositions, do hereby certify that the above-named witness was by me, before the giving of their deposition, first duly sworn to testify the truth, the whole truth, and nothing but the truth; that the deposition as above-set forth was reduced to writing by me by means of stenotypy, and was later transcribed into typewriting under my direction; that this is a true record of the testimony given by the witness; that said deposition was taken at the aforementioned time, date and place, pursuant to notice or stipulation of counsel; and that I am not a relative or employee or attorney of any of the parties, or a relative or employee of such attorney, or financially interested in this action; that I am not, nor is the court reporting firm with which I am affiliated, under a contract as defined in Civil Rule 28(D).

IN WITNESS WHEREOF, I have hereunto set my hand and seal of office, at Cleveland, Ohio, this 19th day of February A.D. 20 03.

Tami A. Mitchell, Notary Public, State of Ohio
1750 Midland Building, Cleveland, Ohio 44115
My commission expires October 23, 2004

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Youn W. Park, M. D., F.A.C.S.

CURRICULUM VITAE
SUMMARY

1. Clinical Professor of Otolaryngology at the Northeastern Ohio Universities College of Medicine

2. Head, Section of Otolaryngology, Barberton Citizens Hospital.

3. Diplomate, American Board of Otolaryngology.

4. Fellow; American Academy of Otolaryngology -Head and Neck Surgery, American College of Surgeons, American Academy of Facial Plastic and Reconstructive Surgery.

5. Member of many Professional and Specialty Organizations.

6. Have authored more than 80 scholarly publications in many prestigious medical journals such as Laryngoscope, Archives of Otolaryngology, Otolaryngology – Head and Neck Surgery, etc. These include the first case report in World literature on vocal cord paralysis from metastatic prostate carcinoma (Head and Neck, 15:455-458, 1993) and contribution to a book on Surgical Pathology of Laryngeal Neoplasm (Prof. Alfio Ferlito, Padua, Italy; Chapman and Hall, London, 1996).

7. My book entitled, "A Study of Otolaryngology – Head and Neck Cancers" will be published soon.

8. Authored many medical articles in local and national newspapers for the general public including the Akron Beacon Journal, the Barberton Herald, the Suburbanite, and the Korea Times-Chicago.

9. Given series of lectures, including abroad, as a visiting Professor and presented poster displays at many professional meetings.

NAME

CURRICULUM VITAE

Youn W. Park, M.D., FACS
105 Fifth St. SE Ste. 4
Barberton, Ohio 44203

Clinical Professor
Of Otolaryngology,

Northeastern Ohio Universities
College of Medicine

Head, Section of Otolaryngology
Barberton Citizens Hospital

DATE AND PLACE OF BIRTH	August 7, 1947 Chungju City, Korea	
EDUCATION Undergraduate	Premedical Course Yonsei University Seoul, Korea	1965-1967
MEDICAL	Yonsei University College Of Medicine, M.D. Seoul, Korea	1967-1971
MILITARY SERVICE	Korean Navy, Medical Corps-Surgeon	1971-1974
INTERNSHIP	The Barberton Citizens Hospital Rotating Barberton, Ohio	1974-1975
RESIDENCY	General Surgery Good Samaritan Hospital Cincinnati, Ohio	1975-1976
	Otolaryngology, Medical College of Virginia Virginia Commonwealth University Richmond, Virginia	1976-1979
LICENSURE AND CERTIFICATION	E.C.F.M.G. Michigan (#35877) Ohio (#43203) California (#A-33926)	1971 1975 1979 1979
	American Board of Otolaryngology	1979

PROFESSIONAL EXPERIENCE AND BACKGROUND

ICU Director Armed Forces Masan General Hospital Masan, Korea	1972-1973
Administrative Resident Department of Otolaryngology Medical College of Virginia Richmond, Virginia	1979-
Head, Department of Otorhinolaryngology Barberton Citizens Hospital Barberton, Ohio	1979-
Associate Staff Akron City Hospital Akron, Ohio	1980-
Associate Staff Saint Thomas Hospital Medical Center Akron, Ohio	1980-
Associate Staff Children's Hospital Medical Center Akron, Ohio	1980-
Active Staff Wadsworth-Rittman Hospital Wadsworth, Ohio	1986-1989
Associate Staff Akron General Medical Center Akron, Ohio	1991-

PROFESSIONAL ORGANIZATIONS AND POSITIONS HELD

Resident Member, Cincinnati Medical Society	1975.
Candidate-Member of American College of Surgeons	1976.
American Medical Association	1977-
Resident Member, American Council of Otolaryngology	1979.
Member, Ohio State Medical Society	1979-
Fellow, American Academy of Otolaryngology Head and Neck Surgery	1980-
Member, Northeastern Ohio Otolaryngological and Head And Neck Surgical Society	1980-
Fellow, American College of Surgeons	1989-
Member, Editorial Board Summit Medical Society Bulletin	1990-
Fellow, American Academy of Facial Plastic and Reconstructive Surgery	1991-

MAJOR EDUCATION INTEREST

Cancers of the Ear, Nose, Throat-
Head and Neck
Muco-Cutaneous Manifestation of
The Head and Neck Disorders.
Facial Paralysis, Neck Mass,
Vagus Nerve and Laryngeal Disorders.

MAJOR CLINICAL RESPONSIBILITIES

Otorhinolaryngology

RESEARCH INTERESTS

1. **Electrophysiologic Study of the Laryngeal Muscle for Vocal fold paralysis and it's treatment.**

2. **Use of various alloplastice material and microplate in Phonosurgery**

3. **Simple methods for acoustic assessment of vocal function.**

4. **Disorders of upper aerodigestive tract related to alcohol and tobacco use in adolescence.**

5. **Study on disorders of chemosensory function (smell and taste) and development of simple tests.**

6. **Biochemical and epidemiologic Study on granuloma gravidarum of nasal cavity.**

PULBICATIONS

1. Frable, M.A.; Hong, K., Park, Y.W.:
Facial Fractures at an Urban Hospital-
A review continued.
Virginia Medical, 105 (10): 700-701, 1978.

2. Park, Y.W.: Harris, A.E.:
Keratosis Follicularis (Darier's Disease).
Archives of Otolaryngology, 105: 564-566, 1979.

3. Park, Y.W.; Harris, A.E.:
Granular Cell Myoblastoma. Residents page.
Archives of Otolaryngology, 105 (9): 1979.

4. Park, Y.W.:
Voice Restoration-New Procedure.
Corridors, (83): 1-2, 1983

5. Park, Y.W.:
Voice Restoration After Laryngectomy
The Bulletin, Summit County Medical Society, 57 (1): 21-23, 1983.

6. Park, Y.W.: Stokes, J.D.:
Smokeless Tobacco and Oral Cancer.
The Bulletin, Summit County Medical Society, 60 (9): 33-34, 1986.

7. Stokes, J.D,: Park, Y.W.:
Bilateral Papillary Cystadenoma Lymphomatosum
(Warthin's Tumor).
Archives of Otolaryngology, 113: 1000-1002, 1987.

8. Park, Y.W."
Diagnosis at a Glance-
Hereditary Hemorrhagic Telangiectasia and Facial Paralysis in
Herpes Zoster Oticus.
Emergency Medicine, 19 (10): 61-62, 1987.

PUBLICATIONS

9. Park, Y.W.:
Facial Paralysis in Ramsay Hunt Syndrome.
Emergency Medicine, 21 (3): 75-76, 1989.

10. Adkins, Henry and Park, Y.W.:
Sarcoidosis of the Larynx
Archives of Otolaryngology-Head and Neck Surgery,
115: 1476-1479, 1989.

11. Park, Y.W.:
Idiopathic Facial Paralysis,
Summit Medical Society Bulletin,
63: 19-20, 1989.

12. Park, Y.W.:
Disorders of Taste and Smell
Summit Medical Society Bulletin,
64: 19-22, 1990.

13. Park, Y.W.:
Possible Malignant Neck Mass
:A Diagnostic Approach.
The Bulletin, Summit Medical Society, 65:30-31, 1991.

14. Park, Y.W., and Park, M.H.:
Evaluation of the Neck Mass.
Resident & Staff Physician, 38:99-101, 1992.

15. Park, Y.W., and Oliverio, F.:
Laryngocele and Second Bronchial Sinus.
Emergency Medicine, 24: 49-50, 1992.

16. Getson, W.R., and Park, Y.W.:
Laryngeal Tuberculosis.
Archives of Otolaryngology-Head and Neck Surgery,
118: 878-881, 1992.

17. Park, Y.W., and Waldron, R.:
Osler-Weber-Rendu Disease.
Resident & Staff Physician,
38 (8): 52, 1992.

18. Park, Y.W.:
Inverting Papilloma and Branchial Cyst.
Emergency Medicine,
24 (13): 79-80, 1992.

PUBLICATIONS

19. Park, Y.W.:
Multiple Metachronous and Syncronous
Carcinoma of the Head and Neck.
Summit Medical Bulletin,
66 (7): 19-20, 1992.

20. Park, Y.W.:
Laryngocele.
Resident & Staff Physician,
38 (9): 88, 1992.

21. Park, Y.W.: Park, K.K.:
Multiple Primary Malignancies
Of the Upper Aerodigestive Tract.
Resident & Staff Physician,
38 (11): 49-54. 1992.

22. Getson, W.R., Park, Y.W.:
Tuberculose Laryngee.
French Journal d'ORL.
11:218-223, 1992.

23. Park, Y.W.:
Progressive Hemifacial Atrophy.
Otolaryngology-Head and Neck Surgery,
108:100-101, 1993.

24. Park, Y.W.:
Tonsilloliths, and Non-Hodgkin's
Lymphoma of the Tonsil.
Emergency Medicine,
25: 43-44, 1993.

25. Park, Y.W.:
Nasal Hemangioma.
Consultant,
33(7):85, 1993.

26. Park, Y.W.:
Thyroglossal Duct Fistula
And Winkler"s Disease.
Emergency Medicine,
25,(7):61-62, 1993.

PUBLICATIONS

27. Park, Y.W., Clarke, R.E.:
Spindle Cell Carcinoma of the Larynx With Simultaneous Carcinoma of the Thyroid Gland.
American Journal of Otolaryngology,
14(5): 350-353, 1993.

28. Park, Y.W., Park, M.H.:
Vocal Cord Paralysis from Prostate Carcinoma Metastasizing to the Larynx.
Head and Neck,
15(5): 455-458, 1993.

29. Park, Y.W., Littlejohn, R.:
Nasal Septal Abscess and Squamous Papilloma.
Emergency Medicine,
25(14): 55-56, 1993.

30. A Report of the First Case in World Literature
:Vocal Cord Paralysis from Metastasis.
BCM Medical Memos
3(3): 2, 1993.

31. Park, Y.W.:
Diagnosis At A Glance – Test Yourself:
1993 Roundup.
Emergency Medicine,
25(16): 85-94, 1993.

32. Park, Y.W.:
Squamous Papilloma of the Nose.
Consultant,
In press, 1994.

33. Park, Y.W.:
Squamous Cell Carcinoma
Of the External Ear.
Consultant,
34(9): 1352, 1994.

34. Park, Y.W., Knedler, L:
Pleonorphic Adenoma and Submandibular Sialolitheasis.
Emergency Medicine,
26:37-37, 1994.

PUBLICATIONS

35. Park, Y.W.:
Lichen Planus and Nasopharyngeal Carcinoma.
Emergency Medicine,
26(9): 27-28, 1994.

36. Park, Y.W.:
Squamous Cell Carcinoma of the Lip.
Consultant,
34(8): 1218, 1994.

37. Park, Y.W.:
Unilateral Vocal Fold Paralysis.
The Summit Medical Bulletin,
68(11): 17-19, 1994.

38. Park, Y.W., Adjan, M.:
Mucous Retension Cyst.
Consultant,
34(11): 1620,01994.

39. Park, Y.W.:
Oroantral Fistula.
Consultant,
34(12): 1750, 1994.

40. Park, Y.W.:
Test Yourself: Diagnosis at a Glance
1994 Roundup.
Emergency Medicine,
26(14): 19-27, 1994.

41. Park, Y.W.:
Lymphangioma.
Consultant,
35(2): 260, 1995.

42. Park, Y.W., Lohmeyer, B.:
Carcinoma of the Tonsil and Antrochoanal Polyp.
Emergency Medicine,
27(4): 33.34, 1995.

43. Park, Y.W., Coleman, P.:
Furunculosis of the Nasal Vestibule and Nasal Polyp.
Emergency Medicine,
27(6): 33-34, 1995.

PUBLICATIONS

44. Park, Y.W.:
Is the Hoarseness due to Vocal Cord Paralysis?
The Journal of Respiratory Diseases.
16(11): 988-1000, 1995.

45. Park, Y.W., Fracasso, P.:
Pyogenic Granuloma and Fibrous Dysplasia Of the Maxilla.
Emergency Medicine,
28(11): 33-34, 1995.

46. Park, Y.W.:
Spindle Cell Carcinoma of the Larynx.
In: Surgical Pathology of Laryngeal Neoplasms.
Ferlito, A., (Ed.)
Chapman and Hall, London,
1996

47. Park, Y.W., Adjan, M.:
Buccal Cavernous Hemangioma and Oral Candidiasis in AIDS.
Emergency Medicine,
28(10): 37-38, 1995.

48. Park, Y.W.:
Evaluation of Neck Masses in Children.
American Family Physician.
51(11): 1904-1912, 1995.

49. Park, Y.W.:
Clinical Evaluation of Neck Lumps.
BCH Medical Memos
5(11): 2, 1995.

50. Park, Y.W., et al.:
Test Yourself: 1995
Diagnosis At a Glance Roundup.
Emergency Medicine,
27(12): 19-28, 1995.

PUBLICATIONS

51. Park, Y.W.:
Snoring, OSAS and UPPP
Summit Medical Bulletin
70(2):23-24, 1996.

52. Park, Y.W., Tang, T.H.:
Otofuruncle and Auricular Hematoma.
Emergency Medicine
28(4): 29-30, 1996.

53. Park, Y.W., et al.:
Test Yourself: 1996
Diagnosis at a Glance Roundup.
Emergency Medicine,
28(12): 19-28, 1996.

54. Park, Y.W.:
Non-Hodgkin's Lymphoma of
The Anterior Maxillary Gingiva.
Otolaryngology – Head and Neck
Surgery,
119(1): 146, 1998.

55. Park, Y.W.:
Nasal Hemangioma: Disorders
That Affect the Vasculature.
Consultant,
39(4): 1033, 1999.

56. Park, Y.W.,
Carotoid Body Tumor.
Emergency Medicine
31(10): 37-38, 1999.

57. Park, Y.W.:
Hashimoto's Thyroiditis with Concurrent
Carcinoma of the Thyroid.
Emergency Medicine,
31(11): 47-48, 1999.

58. Park, Y.W., Eley, J.:
Nasal Vestibulitis and Nasal
Herpes Simplex.
Emergency Medicine,
Accepted for publication, February, 2002

PUBLICATIONS

59. Park, Y.W., Littlejohn, R.:
Fordyce Granula and Nicotinic Stomatitis.
Emergency Medicine,
Accepted for publication, February, 2002.

60. Park, Y.W., Husain, I.:
Lymphoma, Maxillary Sinus and
Squamous Papilloma of the Lip.
Emergency Medicine,
Accepted for publication, February, 2002.

61. Park, Y.W., Ritchey, W.:
Aphthous Ulcer and Black Hairy Tongue.
Emergency Medicine,
Accepted for publication, February, 2002.

62. Park, Y.W., Bhe, K.:
Angioedema and Fibroma of the Tongue and
Squamous Cell Carcinoma.
Emergency Medicine,
Accepted for publication, February, 2002.

63. Park, Y.W., Wu, Y.T.:
Cavernous Hemangioma of the Tongue and
Squamouc Cell Carcinom.
Emergency Medicine,
Accepted for publication, February, 2002.

64. Park, Y.W., Coleman, P.:
Bifid Uvula and Uvulitis.
Emergency Medicine,
Accepted for publication, February, 2002.

65. Park, Y.W., Oliverio, F.:
Ludwig Angina and Masticator Space Infection.
Emergency Medicine,
Accepted for publication, February, 2002.

66. Park, Y.W., Matthews, M.:
Keloid and Basal Cell Carcinoma of the Ear.
Emergency Medicine,
Accepted for publication, February, 2002.

PUBLICATION

67. Park, Y.W., Ghoubrial, S.:
Darwin's Tubercle and Preauricular
Sinus and Accessory Auricle.
Emergency Medicine,
Accepted for publication, February, 2002.

68. Park, Y.W., Pluskota, M.:
Caudal Septal Dislocation and Septal Perforation.
Emergency Medicine,
Accepted for publication, February, 2002.

69. Park, Y.W., Ison, R.:
Rosacea/Rhinophyma and Granuloma Gravidarum.
Emergency Medicine,
Accepted for publication, February, 2002.

70. Park, Y.W., Stokes, D.J.:
Leukemia Infiltration of the Nose and Adenocarcinoma
Of the Nose.
Emergency Medicine,
Accepted for publication, February, 2002.

71. Park, Y.W., Rucki, P.:
Dilantin Induced Gum Hyperplasia and Inflamatory
Fibrous Gingival Hyperplasia.
Emergency Medicine,
Accepted for publication, February, 2002.

72. Park, Y.W., Gilcrest, P.:
Geographic Tongue and Ankyloglossia.
Emergency Medicine,
Accepted for publication, February, 2002.

73. Park, Y.W., Tang, T.:
Parapharyngeal Abscess and Permod Cyst of the Neck.
Emergency Medicine,
Accepted for publication, February, 2002.

PUBLICATION

74. Park, Y.W.:
Squamous Cell Carcinoma of the Ear.
Emergency Medicine,
34(1): 9-10, 2002.

75. Park, Y.W.:
Chronic Stenosing External Otitis.
Emergency Medicine,
34(2): 9-10, 2002.

76. Park, Y.W.:
Preauricular Sinus and Accessory Auricle.
Consultant,
42(2): 256, 2002.

77. Park, Y.W., Dar, A.M.:
Squamous Papilloma of the Nose.
Emergency Medicine,
34(3): 9-10, 2002.

78. Park, Y.W., Cook, J.C.:
Infected Sebaceous Cyst of the Preauricular Area.
Emergency Medicine,
34(4): 9-10, 2002.

79. Park, Y.W., Littlejohn, R., Eley, J.:
Fordyce's Granules and Nasal Vestibulitis.
Emergency Medicine,
34(5): 9-10, 2002.

80. Park, Y.W., Hlivke, T.:
Parotid Gland Metastasis from Renal Cell Carcinoma.
Laryngoscope,
112: 453-456, 2002.

81. Park, Y.W.:
Nasal Granuloma Gravidarium.
Otolaryngology – Head and Neck Surgery,
126: 591-592, 2002.

PUBLICATION

82. Park, Y.W., Hussain, I.:
Non-Hodgkins Lymphoma of the Maxillary Sinus.
Emergency Medicine,
34(8): 9-10, 2002.

83. Park, Y.W., Dar, A., Cook, J.C.:
Sarcoidosis of the Nose and Perichondritis
Of the Auricle.
Emergency Medicine,
34(8) 9-10, 2002.

MISCELLANEOUS ACHIEVEMENT

1. Percentile 99 in the National Otolaryngology Residency In-training Examination, 1978.

2. Surgical Treatment of Chronic Aspiration,
The Second Annual Helen Young Post Graduate Medical Education Day.
Holiday Inn, Akron, OH, 1980.

3. "Middle Ear Fluid".
The Barberton Herald.
June 18, 1982.

4. "Surgery Restores Man's Voice".
The Barberton Herald.
February 8, 1983.

5. Evaluation of the Neck Mass
The Third Annual Helen Young Post Graduate Medical Education Day.
Quaker Square, Hilton, Akron, OH, 1984.

6. "Green Doctor Reports on Discovery".
The Surbanite.
September 27, 1993.

7. Vocal Cord Paralysis from "Prostate Carcinoma Metastasizing to the Larynx":
A Report of the First Case in World Literature.
Poster Presentation,
Fifth Annual Yonsei Medical Symposium
Washington, DC
August 5-8, 1993.

8. "On Cancer of the Head and Neck".
The Korea Times, Chicago.
October 30, 1993.

9. "Specialist at BCH Links Prostate Cancer and Vocal Cord Paralysis".
The Barberton Herald.
October 7, 1993.

10. Carcinoma of the Larynx with Simultaneous
Carcinoma of the Thyroid.
Poster Presentation,
Sixth Annual Yonsei Medical Symposium,
Atlantic City, NJ
August 4-6, 1994.

11. "What is Tinnitis and How is it Treated"?
A Question of Health.
Barberton Herald.
October 27, 1994.

12. Park, Y.W.:
Regarding Noise in the Ear.
The Korea Times, Chicago.
February 17, 1995.

13. Park, Y.W.:
Nasal Septoplasty.
The Barberton Herald.
April 13, 1995.

14. Park, Y.W.:
Breathing Problems following Nose Surgery.
The Akron Beacon Journal.
June 6, 1996.

15. Park, Y.W.:
After Septum Surgery, Complications Possible.
The Akron Beacon Journal.
April 5, 1997.

16. Park, Y.W.:
"Episodes of Vertigo Have Many Causes".
The Akron Beacon Journal.
February 18, 1997.

17. Park, Y.W.:
Voice Complications After Thyroid Surgery Explained.
The Barberton Herald.
March 19, 2001.

BOOK

Book titled "A Study of Otolaryngology – Head and Neck Cancers" will be published soon.

Currently, American Cancer Society and Ohio Commission on Minority Health are reviewing the book for funding of the process.

LAWYER'S NOTES

PAGE	LINE	

IN THE COURT OF COMMON PLEAS

SUMMIT COUNTY, OHIO

COPY

KAREN WILSON,

Plaintiff,

-vs-

JUDGE MURPHY
CASE NO. 2002-06-3340

YOUN PARK, M.D., et al.,

Defendants.

- - - -

Deposition of YOUN W. PARK, M.D., taken as if upon cross-examination before Tami A. Mitchell, a Registered Professional Reporter and Notary Public within and for the State of Ohio, at the offices of Buckingham, Doolittle & Burroughs, 4518 Fulton Drive, N.W., Canton, Ohio, at 2:40 on Wednesday, February 5, 2003, pursuant to notice and/or stipulations of counsel, on behalf of the Plaintiff in this cause.

- - - -

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BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP
Attorneys & Counselors at Law
Experience. Service. Excellence.[sm]

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March 31, 2003

2-5-03

Ms. Tami A. Mitchell
Mehler & Hagestrom
Court reports
1750 Midland Bldg.
Cleveland, OH 44115

RE: ***Karen Wilson, Administratrix of the Estate of Geraldine Bailes v. Youn Park, M.D., et al.***
Summit County Court of Common Pleas Case No: 2002-06-3340

Dear Ms. Mitchell:

Enclosed is Dr. Park's signature page and Errata Sheet.

Very truly yours,

Stephen P. Griffin

SPG/tld/sak
Encl.
c w/Encl.: Donna Taylor-Kolis, Esq.

«CT2:359176_1»

LAWYER'S NOTES

PAGE	LINE	
10	16	20 → 40
12	7	pathology of laryngeal
16	1	Ulceration, whether
16	16	delete "may be --"
16	18	three weeks or months
17	18	virus
18	11	1995 → 1975
19	15	time I was sued --
20	21	Ballinger's → Ballenger's
26	13	carpenter who is
27	15	duration of ear
28	14	thickening or deviation
28	21	Impacted cerumen,
30	17	like JUL
32	2	and mostly for
	7	titis → otitis
	12	same
	13	EEE → EES
	15	external otitis?
33	11	is hypertrophic
34	8	Tussiorganidin
	14	same
35	12,13	possibility
	15	and other associated
36	15	Vestibulitis
37	23	sensory neural hearing
43	13,14	Mucopus
	14	in the nose. Also

LAWYER'S NOTES

PAGE	LINE	
44	15	Whether there is
45	3	Bactroban
	15	, throat erythematous with
	17	hypertrophy of turbinate
	18	cleaned out (delete "ear")
46	3	rhinopharyngitis
51	15	vestibulitis is crusting
53	11	picture. Whether
	18	since 1990, but
	20	saying that
54	3	, nasal mucosal
	5	Bactroban cream
	6	Bactroban cream
55	2	I should say
	3	but it's a crust here.
	21	ear without effusion or
56	6	If this is the first
	24	Also mouth lesion.
57	20	right buccal
58	7	right buccal
59	16	advice buccal
	17	buccal lesion
60	17	Possibly, it may
62	21	from that, or
63	21	tissue, if something
65	4	, which this happens,

MS. TAYLOR-KOLIS: Does that seem reasonable?

MR. GRIFFIN: Yes.

YOUN W. PARK, M.D.

Signed before me this 6th of March, 2007

JAMES A. ZELLIA
Notary Public, State of Ohio
My Commission Expires 9-25-2007