

2005

# June W. Cox Pete v. Dr. Robert L. Youngblood, St. Marks Hospital : Brief of Appellant

Utah Court of Appeals

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**IN THE UTAH COURT OF APPEALS**

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JUNE W. COX PETE,

Plaintiff-Appellant,

vs.

DR. ROBERT L. YOUNGBLOOD, ST.  
MARKS HOSPITAL, and JOHN DOES I-  
IV, XYZ CORPORATIONS I-IV,

Defendants-Appellee.

Court of Appeals No. 20050268-CA

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**ADDENDUM TO BRIEF OF APPELLANT**

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Appeal from the Orders Entering Summary Judgment for Defendant and Denying  
Plaintiff's Motion for Jury Trial by the District Court of the Third Judicial District,  
the Honorable J. Dennis Fredrick, Presiding

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UTAH APPELLATE COURTS  
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## **EXHIBIT A**

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pendente lite, resulting in series of endless suits *Briggs v Hess*, 122 Utah 559, 252 P2d 538 (1953)

#### COLLATERAL REFERENCES

**Utah Law Review.** — Recent Developments in Utah Law — Civil Procedure, 2001 Utah L Rev 1026

**Am. Jur. 2d.** — 59 Am Jur 2d Parties §§ 225 et seq., 231 to 233

**C.J.S.** — 67 C J S Parties § 58 et seq

**A.L.R.** — Enforceability of warrant of attorney to confess judgment against assignee, guarantor, or other party obligating himself for performance of primary contract, 5 A L R 3d 426

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## PART V. DEPOSITIONS AND DISCOVERY

### Rule 26. General provisions governing discovery.

(a) *Required disclosures; Discovery methods.*

(a)(1) *Initial disclosures.* Except in cases exempt under Subdivision (a)(2) and except as otherwise stipulated or directed by order, a party shall, without awaiting a discovery request, provide to other parties:

(a)(1)(A) the name and, if known, the address and telephone number of each individual likely to have discoverable information supporting its claims or defenses, unless solely for impeachment, identifying the subjects of the information;

(a)(1)(B) a copy of, or a description by category and location of, all discoverable documents, data compilations, and tangible things in the possession, custody, or control of the party supporting its claims or defenses, unless solely for impeachment;

(a)(1)(C) a computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 all discoverable documents or other evidentiary material on which such computation is based, including materials bearing on the nature and extent of injuries suffered; and

(a)(1)(D) for inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be entered in the case or to indemnify or reimburse for payments made to satisfy the judgment

Unless otherwise stipulated by the parties or ordered by the court, the disclosures required by Subdivision (a)(1) shall be made within 14 days after the meeting of the parties under Subdivision (f). Unless otherwise stipulated by the parties or ordered by the court, a party joined after the meeting of the parties shall make these disclosures within 30 days after being served. A party

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shall make initial disclosures based on the information then reasonably available and is not excused from making disclosures because the party has not fully completed the investigation of the case or because the party challenges the sufficiency of another party's disclosures or because another party has not made disclosures

(a)(2) *Exemptions*

(a)(2)(A) The requirements of Subdivision (a)(1) and Subdivision (f) do not apply to actions

(a)(2)(A)(i) based on contract in which the amount demanded in the pleadings is \$20,000 or less,

(a)(2)(A)(ii) for judicial review of adjudicative proceedings or rule making proceedings of an administrative agency,

(a)(2)(A)(iii) governed by Rule 65B or Rule 65C,

(a)(2)(A)(iv) to enforce an arbitration award,

(a)(2)(A)(v) for water rights general adjudication under Title 73, Chapter 4, and

(a)(2)(A)(vi) in which any party not admitted to the practice law in Utah is not represented by counsel

(a)(2)(B) In an exempt action, the matters subject to disclosure under subpart (a)(1) are subject to discovery under subpart (b).

(a)(3) *Disclosure of expert testimony*

(a)(3)(A) A party shall disclose to other parties the identity of any person who may be used at trial to present evidence under Rules 702, 703, or 705 of the Utah Rules of Evidence

(a)(3)(B) Unless otherwise stipulated by the parties or ordered by the court, this disclosure shall, with respect to a witness who is retained or specially employed to provide expert testimony in the case or whose duties as an employee of the party regularly involve giving expert testimony, be accompanied by a written report prepared and signed by the witness or party. The report shall contain the subject matter on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, a summary of the grounds for each opinion, the qualifications of the witness, including a list of all publications authored by the witness within the preceding ten years, the compensation to be paid for the study and testimony, and a listing of any other cases in which the witness has testified as an expert at trial or by deposition within the preceding four years

(a)(3)(C) Unless otherwise stipulated by the parties or ordered by the court, the disclosures required by Subdivision (a)(3) shall be made within 30 days after the expiration of fact discovery as provided by Subdivision (d) or, if the evidence is intended solely to contradict or rebut evidence on the same subject matter identified by another party under paragraph (3)(B), within 60 days after the disclosure made by the other party

(a)(4) *Pretrial disclosures* A party shall provide to other parties the following information regarding the evidence that it may present at trial other than solely for impeachment

(a)(4)(A) the name and, if not previously provided, the address and telephone number of each witness, separately identifying witnesses the party expects to present and witnesses the party may call if the need arises,

(a)(4)(B) the designation of witnesses whose testimony is expected to be presented by means of a deposition and, if not taken stenographically, a transcript of the pertinent portions of the deposition testimony, and

(a)(4)(C) an appropriate identification of each document or other exhibit, including summaries of other evidence, separately identifying those which the party expects to offer and those which the party may offer if the need arises

Unless otherwise stipulated by the parties or ordered by the court, the disclosures required by Subdivision (a)(4) shall be made at least 30 days before trial. Within 14 days thereafter, unless a different time is specified by the court, a party may serve and file a list disclosing (i) any objections to the use

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under Rule 32(a) of a deposition designated by another party under subparagraph (B) and (ii) any objection, together with the grounds therefor, that may be made to the admissibility of materials identified under subparagraph (C). Objections not so disclosed, other than objections under Rules 402 and 403 of the Utah Rules of Evidence, shall be deemed waived unless excused by the court for good cause shown.

(a)(5) *Form of disclosures.* Unless otherwise stipulated by the parties or ordered by the court, all disclosures under paragraphs (1), (3) and (4) shall be made in writing, signed and served.

(a)(6) *Methods to discover additional matter.* Parties may obtain discovery by one or more of the following methods: depositions upon oral examination or written questions; written interrogatories; production of documents or things or permission to enter upon land or other property, for inspection and other purposes; physical and mental examinations; and requests for admission.

(b) *Discovery scope and limits.* Unless otherwise limited by order of the court in accordance with these rules, the scope of discovery is as follows:

(b)(1) *In general.* Parties may obtain discovery regarding any matter, not privileged, which is relevant to the subject matter involved in the pending action, whether it relates to the claim or defense of the party seeking discovery or to the claim or defense of any other party, including the existence, description, nature, custody, condition, and location of any books, documents, or other tangible things and the identity and location of persons having knowledge of any discoverable matter. It is not ground for objection that the information sought will be inadmissible at the trial if the information sought appears reasonably calculated to lead to the discovery of admissible evidence.

(b)(2) *Limitations.* The frequency or extent of use of the discovery methods set forth in Subdivision (a)(6) shall be limited by the court if it determines that: (i) the discovery sought is unreasonably cumulative or duplicative, or is obtainable from some other source that is more convenient, less burdensome, or less expensive; (ii) the party seeking discovery has had ample opportunity by discovery in the action to obtain the information sought; or (iii) the discovery is unduly burdensome or expensive, taking into account the needs of the case, the amount in controversy, limitations on the parties' resources, and the importance of the issues at stake in the litigation. The court may act upon its own initiative after reasonable notice or pursuant to a motion under Subdivision (c).

(b)(3) *Trial preparation: Materials.* Subject to the provisions of Subdivision (b)(4) of this rule, a party may obtain discovery of documents and tangible things otherwise discoverable under Subdivision (b)(1) of this rule and prepared in anticipation of litigation or for trial by or for another party or by or for that other party's representative (including the party's attorney, consultant, surety, indemnitor, insurer, or agent) only upon a showing that the party seeking discovery has substantial need of the materials in the preparation of the case and that the party is unable without undue hardship to obtain the substantial equivalent of the materials by other means. In ordering discovery of such materials when the required showing has been made, the court shall protect against disclosure of the mental impressions, conclusions, opinions, or legal theories of an attorney or other representative of a party concerning the litigation.

A party may obtain without the required showing a statement concerning the action or its subject matter previously made by that party. Upon request, a person not a party may obtain without the required showing a statement concerning the action or its subject matter previously made by that person. If the request is refused, the person may move for a court order. The provisions of Rule 37(a)(4) apply to the award of expenses incurred in relation to the motion. For purposes of this paragraph, a statement previously made is (A) a written statement signed or otherwise adopted or approved by the person making it, or (B) a stenographic, mechanical, electrical, or other recording, or

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a transcription thereof, which is a substantially verbatim recital of an oral statement by the person making it and contemporaneously recorded.

(b)(4) *Trial preparation: Experts.*

(b)(4)(A) A party may depose any person who has been identified as an expert whose opinions may be presented at trial. If a report is required under Subdivision (a)(3)(B), any deposition shall be conducted within 60 days after the report is provided.

(b)(4)(B) A party may discover facts known or opinions held by an expert who has been retained or specially employed by another party in anticipation of litigation or preparation for trial and who is not expected to be called as a witness at trial, only as provided in Rule 35(b) or upon a showing of exceptional circumstances under which it is impracticable for the party seeking discovery to obtain facts or opinions on the same subject by other means.

(b)(4)(C) Unless manifest injustice would result,

(b)(4)(C)(i) The court shall require that the party seeking discovery pay the expert a reasonable fee for time spent in responding to discovery under Subdivision (b)(4) of this rule; and

(b)(4)(C)(ii) With respect to discovery obtained under Subdivision (b)(4)(A) of this rule the court may require, and with respect to discovery obtained under Subdivision (b)(4)(B) of this rule the court shall require, the party seeking discovery to pay the other party a fair portion of the fees and expenses reasonably incurred by the latter party in obtaining facts and opinions from the expert.

(b)(5) *Claims of privilege or protection of trial preparation materials.* When a party withholds information otherwise discoverable under these rules by claiming that it is privileged or subject to protection as trial preparation material, the party shall make the claim expressly and shall describe the nature of the documents, communications, or things not produced or disclosed in a manner that, without revealing information itself privileged or protected, will enable other parties to assess the applicability of the privilege or protection.

(c) *Protective orders.* Upon motion by a party or by the person from whom discovery is sought, accompanied by a certification that the movant has in good faith conferred or attempted to confer with other affected parties in an effort to resolve the dispute without court action, and for good cause shown, the court in which the action is pending or alternatively, on matters relating to a deposition, the court in the district where the deposition is to be taken may make any order which justice requires to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense, including one or more of the following:

(c)(1) that the discovery not be had;

(c)(2) that the discovery may be had only on specified terms and conditions, including a designation of the time or place;

(c)(3) that the discovery may be had only by a method of discovery other than that selected by the party seeking discovery;

(c)(4) that certain matters not be inquired into, or that the scope of the discovery be limited to certain matters;

(c)(5) that discovery be conducted with no one present except persons designated by the court;

(c)(6) that a deposition after being sealed be opened only by order of the court;

(c)(7) that a trade secret or other confidential research, development, or commercial information not be disclosed or be disclosed only in a designated way;

(c)(8) that the parties simultaneously file specified documents or information enclosed in sealed envelopes to be opened as directed by the court.

If the motion for a protective order is denied in whole or in part, the court may, on such terms and conditions as are just, order that any party or person

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provide or permit discovery. The provisions of Rule 37(a)(4) apply to the award of expenses incurred in relation to the motion.

(d) *Sequence and timing of discovery.* Except for cases exempt under Subdivision (a)(2), except as authorized under these rules, or unless otherwise stipulated by the parties or ordered by the court, a party may not seek discovery from any source before the parties have met and conferred as required by Subdivision (f). Unless otherwise stipulated by the parties or ordered by the court, fact discovery shall be completed within 240 days after the first answer is filed. Unless the court upon motion, for the convenience of parties and witnesses and in the interests of justice, orders otherwise, methods of discovery may be used in any sequence and the fact that a party is conducting discovery, whether by deposition or otherwise, shall not operate to delay any other party's discovery.

(e) *Supplementation of responses.* A party who has made a disclosure under Subdivision (a) or responded to a request for discovery with a response is under a duty to supplement the disclosure or response to include information thereafter acquired if ordered by the court or in the following circumstances:

(e)(1) A party is under a duty to supplement at appropriate intervals disclosures under Subdivision (a) if the party learns that in some material respect the information disclosed is incomplete or incorrect and if the additional or corrective information has not otherwise been made known to the other parties during the discovery process or in writing. With respect to testimony of an expert from whom a report is required under Subdivision (a)(3)(B) the duty extends both to information contained in the report and to information provided through a deposition of the expert.

(e)(2) A party is under a duty seasonably to amend a prior response to an interrogatory, request for production, or request for admission if the party learns that the response is in some material respect incomplete or incorrect and if the additional or corrective information has not otherwise been made known to the other parties during the discovery process or in writing.

(f) *Discovery and scheduling conference.*

The following applies to all cases not exempt under Subdivision (a)(2), except as otherwise stipulated or directed by order.

(f)(1) The parties shall, as soon as practicable after commencement of the action, meet in person or by telephone to discuss the nature and basis of their claims and defenses, to discuss the possibilities for settlement of the action, to make or arrange for the disclosures required by Subdivision (a)(1), and to develop a stipulated discovery plan. Plaintiff's counsel shall schedule the meeting. The attorneys of record shall be present at the meeting and shall attempt in good faith to agree upon the discovery plan.

(f)(2) The plan shall include:

(f)(2)(A) what changes should be made in the timing, form, or requirement for disclosures under Subdivision (a), including a statement as to when disclosures under Subdivision (a)(1) were made or will be made,

(f)(2)(B) the subjects on which discovery may be needed, when discovery should be completed, whether discovery should be conducted in phases and whether discovery should be limited to particular issues,

(f)(2)(C) what changes should be made in the limitations on discovery imposed under these rules, and what other limitations should be imposed,

(f)(2)(D) [Effective May 2, 2005, see notes] the deadline for filing the description of the factual and legal basis for allocating fault to a non-party and the identity of the non-party, and

(f)(2)(E) any other orders that should be entered by the court.

(f)(3) Plaintiff's counsel shall submit to the court within 14 days after the meeting and in any event no more than 60 days after the first answer is filed a proposed form of order in conformity with the parties' stipulated discovery plan. The proposed form of order shall also include each of the subjects listed

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in Rule 16(b)(1)-(6), except that the date or dates for pretrial conferences, final pretrial conference and trial shall be scheduled with the court or may be deferred until the close of discovery. If the parties are unable to agree to the terms of a discovery plan or any part thereof, the plaintiff shall and any party may move the court for entry of a discovery order on any topic on which the parties are unable to agree. Unless otherwise ordered by the court, the presumptions established by these rules shall govern any subject not included within the parties' stipulated discovery plan.

(f)(4) Any party may request a scheduling and management conference or order under Rule 16(b).

(f)(5) A party joined after the meeting of the parties is bound by the stipulated discovery plan and discovery order, unless the court orders on stipulation or motion a modification of the discovery plan and order. The stipulation or motion shall be filed within a reasonable time after joinder.

(g) *Signing of discovery requests, responses, and objections.* Every request for discovery or response or objection thereto made by a party shall be signed by at least one attorney of record or by the party if the party is not represented, whose address shall be stated. The signature of the attorney or party constitutes a certification that the person has read the request, response, or objection and that to the best of the person's knowledge, information, and belief formed after reasonable inquiry it is: (1) consistent with these rules and warranted by existing law or a good faith argument for the extension, modification, or reversal of existing law; (2) not interposed for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation; and (3) not unreasonable or unduly burdensome or expensive, given the needs of the case, the discovery already had in the case, the amount in controversy, and the importance of the issues at stake in the litigation. If a request, response, or objection is not signed, it shall be stricken unless it is signed promptly after the omission is called to the attention of the party making the request, response, or objection, and a party shall not be obligated to take any action with respect to it until it is signed.

If a certification is made in violation of the rule, the court, upon motion or upon its own initiative, shall impose upon the person who made the certification, the party on whose behalf the request, response, or objection is made, or both, an appropriate sanction, which may include an order to pay the amount of the reasonable expenses incurred because of the violation, including a reasonable attorney fee.

(h) *Deposition where action pending in another state.* Any party to an action or proceeding in another state may take the deposition of any person within this state, in the same manner and subject to the same conditions and limitations as if such action or proceeding were pending in this state, provided that in order to obtain a subpoena the notice of the taking of such deposition shall be filed with the clerk of the court of the county in which the person whose deposition is to be taken resides or is to be served, and provided further that all matters arising during the taking of such deposition which by the rules are required to be submitted to the court shall be submitted to the court in the county where the deposition is being taken.

(i) *Filing.*

(i)(1) Unless otherwise ordered by the court, a party shall not file disclosures or requests for discovery with the court, but shall file only the original certificate of service stating that the disclosures or requests for discovery have been served on the other parties and the date of service. Unless otherwise ordered by the court, a party shall not file a response to a request for discovery with the court, but shall file only the original certificate of service stating that the response has been served on the other parties and the date of service. Except as provided in Rule 30(f)(1), Rule 32 or unless otherwise ordered by the court, depositions shall not be filed with the court.

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(1)(2) A party filing a motion under Subdivision (c) or a motion under Rule 37(a) shall attach to the motion a copy of the request for discovery on the response which is at issue

(Amended effective Jan 1, 1987, November 1, 1999, April 1, 2000, November 1, 2000, November 1, 2002, May 2, 2005 )

**Advisory Committee Note for Discovery Rules Amendments. —**

**Objectives** The 1999 amendments to Rules 16, 26, 30, 32 and 33 comprise a new model for discovery and case management in state court cases. The objective of the new model is simply to better manage litigation by planning. The amendments achieve this simple objective as follows:

1) They require the parties and encourage the judge to evaluate the case early in the process and to plan appropriate discovery.

2) They establish default deadlines and limits to govern those cases in which the parties cannot agree to a discovery plan and do not seek a judicial order, and

3) They require each party to disclose to other parties the names of persons with discoverable information supporting that party's claims or defenses, a description of documents supporting that party's claims or defenses, a computation of damages and the existence of insurance agreements.

The rule changes are intended to simplify discovery and promote full disclosure of discoverable information. The limits and deadlines specified in these rules are not intended to fit all cases. Parties should cooperate and stipulate to and courts should consider different deadlines and limits appropriate for specific cases. The rule changes that implement these objectives are as follows:

**Discovery and Scheduling Conference of the Parties** Rule 26(f) The 1999 amendments require the parties to meet and confer about the case as soon as practicable after commencement of the action. (The deadline for filing the stipulated discovery plan effectively limits the time for the conference to within 46 days after the first answer is filed.) To help ensure the case does not stall, the rule imposes on plaintiff's counsel the obligation to schedule the meeting and to submit to the court the discovery plan and order resulting from the meeting. At the meeting the parties settle what they can and develop a discovery plan for any remaining issues. At this point the content of the discovery plan is entirely within the control of the parties. The rule suggests elements commonly raised in the course of discovery, but counsel should tailor the discovery plan to meet the needs of the particular case. Within 14 days after the meeting, plaintiff's counsel prepares a stipulated discovery plan and order, which is submitted to the court for approval. If the parties cannot agree or can only partially agree to a stipulated discovery plan, the plaintiff must and any party may move for a discovery order. If the court does not order otherwise, the default deadlines and limits of the rules govern. Discovery proceeds in the normal course and in accordance with the discovery plan after the discovery and scheduling conference. The parties

are required to meet once but subsequent meetings as necessary to amend the discovery plan are not precluded.

A later added party is bound by the discovery order but can conduct a discovery and scheduling conference to obtain a stipulated amendment to the original plan. If the parties will not stipulate to reasonable discovery by a later added party, the court can order appropriate relief upon motion. The court should be sensitive to the nature, extent and timing of discovery by a later added party.

**Scheduling and Management Conference with the Court** Rule 16(b) The 1999 amendments provide that any party can file a motion for a discovery order on issues the parties cannot agree upon and the court will rule upon that motion. Any party may seek a scheduling and management conference with the court but, because of large caseloads, the rules permit the court to decline the conference. By conducting a scheduling and management conference, however, the court has the opportunity early in the process to evaluate the case and manage it accordingly, to explore mediation and settlement, to resolve disputes over the nature and extent of discovery and to identify issues collateral to the litigation. It is not anticipated that judges will manage a case contrary to the stipulation of the parties. However, the court's interest in case management is independent of that of the parties and the court needs the discretion independently to manage the case especially when the parties cannot agree.

The scheduling and management conference is designed to encourage the parties and the court to take earlier and better control of the litigation. If possible, the trial date should be set at this conference as well as dates for all of the necessary pretrial steps and any modifications to the presumptions established by the discovery rules.

To avoid possible confusion surrounding the multiplicity of objectives of the various conferences with the court, the amendments delete the long list of objectives found in the former rule which the committee determined are adequately covered under subsection (a). The objectives remain sound. The scheduling and management conference is a particular type of conference with specified and limited objectives. Any other conference prior to trial is properly called a pretrial conference and the objectives are more varied. In addition to the objectives in the rule itself the following objectives may be appropriate:

- (1) forming and simplifying issues and eliminating frivolous claims and defenses
- (2) obtaining admissions of fact and stipulations to documents,
- (3) obtaining stipulations or rulings on the admissibility of evidence
- (4) referring matters to mediation or other alternative dispute resolution

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(5) adopting special procedures for managing actions that may involve complex issues of fact or law, multiple parties, or unusual proof problems, and

(6) the form and substance of a pretrial order

**Required Initial Disclosures** Rule 26(a) The 1999 amendments require each party to provide to all other parties the names of persons with discoverable information supporting that party's claims or defenses, a description of documents supporting that party's claims or defenses, a computation of any damages it claims and any insurance that may satisfy some or all of any judgment. This exchange of information occurs within 14 days after the discovery and scheduling conference of the parties. A party can only disclose that which is known at the time. As further information is developed, the party is under a duty to supplement the initial disclosures. If a party fails to comply with the disclosure rule, Rule 37(f) requires the court to prohibit the use of the witness or evidence at trial unless the failure was harmless or there is good cause for the failure. The court may order any other sanction it determines to be appropriate and Rule 37(f) provides some examples.

**Expert reports** Rule 26(a)(3) Unlike the Federal Rules of Civil Procedure, an expert's report need not be written and signed by the expert. The report may be signed by the witness or the party. In addition to the qualifications of the expert, the report must contain the subject matter on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, and a summary of the grounds for each opinion. In effect, the report will serve in lieu of responses to standard interrogatories. The committee considered but decided not to adopt the federal rule governing expert reports. Both plaintiffs' attorneys and defense attorneys reported on the high cost of reports by experts, the growth of non-practicing experts as a profession, and the need to depose experts regardless of a written report. The expert should not be permitted to testify at variance with the report, regardless whether the expert or the party prepares or signs it. For this reason, the committee believes the expert should prepare and sign the report whenever possible and should always review and approve the report. For genetics testing in paternity cases, compliance with Utah Code Section 78-45a-10 is sufficient to satisfy the expert report requirement unless a party objects and specifically requests a report under the rule.

**Exempt cases** Rule 26(a)(2) The scope of the exemption is very limited. If a case is exempt, the parties do not need to meet and confer under Rule 26(f), and they do not need to disclose under Rule 26(a)(1). All other discovery provisions apply to exempt cases. All information subject to mandatory disclosure in a non-exempt case is subject to discovery using traditional methods in an exempt case. The committee did not seek to exempt simple cases. The rule amendments benefit simple as well as complex litigation. The only exempt cases are those identified in Rule 26(a)(2).

**Depositions** Rule 30 The party taking the deposition may designate and pay for any method of recording the deposition. Any other party may designate and pay for an additional method of recording. The rule prohibits argumentative and suggestive objections.

**Default Deadlines and Limits** The discovery rules establish presumptive deadlines and limits, the purpose of which are to encourage stipulations to deadlines and limits suitable to the needs of the particular case. If the discovery needs of the parties are not equivalent, the court, in entering a discovery order, should consider whether the presumptive deadlines and limits are being used by one party to frustrate legitimate discovery. The discovery rules establish the following new deadlines and limits, *any of which can be modified by stipulation of the parties or order of the court*.

Procedure	Deadline or Limitation
Discovery and scheduling conference of the parties	Held as soon as practicable after commencement of the action. (The deadline for filing the stipulated discovery plan effectively limits the time for the conference to within 46 days after the first answer is filed.)
Stipulated discovery plan and order	Submit to court within 14 days after the discovery and scheduling conference but in no event more than 60 days after the first answer is filed.
Required initial disclosures	Provide within 14 days after the discovery and scheduling conference.
Supplement required initial disclosures	At appropriate intervals.
Amend response to interrogatories, request for production or request for admission	Seasonably.
Initial disclosures by later added party	Provide within 30 days after being served.
Motion by later added party to amend the discovery plan	File within a reasonable time after being joined.
Number of depositions oral and written	Ten per side.
Review and modify record of deposition	Within 30 days after notice that record is available but only if deponent requested opportunity to review record prior to completing deposition.

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Procedure	Deadline or Limitation
Interrogatories	No more than 25 questions, including discrete subparts
Fact discovery	Begins after the parties conduct their discovery and scheduling conference Closes 240 days after first appearance by a defendant
Identify expert witnesses and disclose expert reports	Within 30 days after close of fact discovery
Identify rebuttal expert and disclose rebuttal expert reports	Within 60 days after disclosure by other party of expert identity and report
Deposition of expert witness	Conduct within 60 days after disclosure of the expert's report
Certify that case is ready for trial <sup>1</sup>	File immediately upon the close of all discovery
Pretrial disclosure of "will call" and "may call" witnesses, deposition testimony, and exhibits	Provide at least 30 days prior to trial
Objections to pretrial disclosures	File within 14 days after pretrial disclosure
Trial	Schedule as soon after certificate of readiness as is mutually convenient for court and parties

Code of Judicial Administration Rules 4-104 and 4-502 are being repealed and the provisions of those rules are being integrated into the Rule of Civil Procedure. The certificate of readiness for trial required by 4-104 is now in URCP 16(b) and the restrictions on filing discovery documents with the court are now in Rule 26(i).

**Amendment Notes.** — The 2002 amendment added Subdivision (b)(5). The 2005 amendment, effective May 2, 2005, added Subdivision (f)(2)(D) and made related changes. It was approved as an expedited amendment under Rule 11-101(6)(F) and is subject to further change after the comment period.

**Compiler's Notes.** — The Supreme Court order approving the amendments directed that the new procedures be applicable only to cases filed on or after November 1, 1999.

This rule corresponds to Rule 26, F.R.C.P. **Cross-References.** — Admissibility of evidence, § 78-21-3, U.R.C.P. 43(a). Continuance to permit discovery, U.R.C.P. 56(f). Depositions upon oral examination, U.R.C.P. 30(c). Depositions, use in court proceedings, U.R.C.P. 32. Depositions, when taken, U.R.C.P. 30(a). Exclusion of deposition from evidence, U.R.C.P. 32(b). Expert and other opinion testimony, U.R.E. 701 to 706. Fee for filing notice of deposition concerning action in another state, § 78-7-35. Liability insurance, admissibility of, U.R.E. 411. Motions, evidence on, by depositions, U.R.C.P. 43(b). Privileges, §§ 78-24-8, 78-24-9, U.R.E. 501 et seq. Summary judgment, discovery supporting or opposing motion for, U.R.C.P. 56(e). Terminate or limit examination, motion to, U.R.C.P. 30(d).

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Continuance to permit discovery, U.R.C.P. 56(f).

Depositions upon oral examination, U.R.C.P. 30(c).

Depositions, use in court proceedings, U.R.C.P. 32.

Depositions, when taken, U.R.C.P. 30(a).

Exclusion of deposition from evidence, U.R.C.P. 32(b).

Expert and other opinion testimony, U.R.E. 701 to 706.

Fee for filing notice of deposition concerning action in another state, § 78-7-35.

Liability insurance, admissibility of, U.R.E. 411.

Motions, evidence on, by depositions, U.R.C.P. 43(b).

Privileges, §§ 78-24-8, 78-24-9, U.R.E. 501 et seq.

Summary judgment, discovery supporting or opposing motion for, U.R.C.P. 56(e).

Terminate or limit examination, motion to, U.R.C.P. 30(d).

## NOTES TO DECISIONS

Appellate review  
 — Denial of discovery request  
 Applicability of rule  
 Failure to comply  
 Privilege against self-incrimination  
 Protective order  
 — Attorney-client privilege  
 — Trade secrets  
 — Waiver  
 Purpose of rule  
 Scope of discovery  
 — In general  
 — Insurance agreements  
 — Official information privilege  
 — Relevance  
 Trial preparation  
 — Discovery from state  
 — Eminent domain  
 — Evidence  
 — Insurance documents  
 — Otherwise discoverable records  
 — Subjective matters  
 — Testimony of witness

Witness fees  
 Work product immunity  
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## Appellate review.

### — Denial of discovery request.

When denial of a discovery request is determined on review to have been in error, the burden of demonstrating that the erroneous denial was not prejudicial is upon the party resisting discovery. *Askew v Hardman*, 884 P.2d 1258 (Utah Ct. App. 1994), rev'd on other grounds, 918 P.2d 469 (Utah 1996).

### Applicability of rule.

The taking of depositions pursuant to the Utah Rules of Civil Procedure is applicable in an action to remove a public official from office for malfeasance pursuant to Title 77, Chapter 6. *State v. Geurts*, 11 Utah 2d 345, 359 P.2d 12 (1961).

The exception to immunity under this rule was not applied in this case. The underlying

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litigation represented an extremely sensitive relationship between a capital defendant and his lawyers. A discovery policy that creates a significant likelihood that files in such a case will be opened in subsequent proceedings to the state, and thus the prosecution, would dramatically impair the trial preparation process. *Salt Lake Legal Defender Ass'n v Uno*, 932 P2d 589 (Utah 1997)

#### **Failure to comply.**

Court properly limited defendant's witness's testimony after defendant failed to respond to interrogatories requesting defendant's affirmative defenses before the scheduled discovery completion date. *Stevenett v Wal-Mart Stores, Inc.*, 1999 UT App 80, 977 P2d 508

The failure to respond in writing to a discovery request is not excused on the basis that the discovery is objectionable without a written objection or motion for a protective order under this rule. *Hales v Oldroyd*, 999 P2d 588 (Utah Ct App 2000), cert denied, 4 P3d 1289 (Utah 2000)

Trial court did not abuse its discretion in excluding evidence of certain billing statements submitted in support of an attorney fees claim, as party proffering it had failed to supplement its discovery responses to the opposing party containing those statements. *Am Interstate Mtg Corp v Edwards*, 2002 UT App 16, 41 P3d 1142

#### **Privilege against self-incrimination.**

Privilege against self-incrimination may be asserted in civil discovery proceedings to refuse to answer interrogatories, questions posed in depositions, demands for production of documents, and requests for admissions, however, to sustain an assertion of the privilege, a party must show that the response sought to be compelled might be incriminating. *First Fed Sav & Loan Ass'n v Schamanek*, 684 P2d 1257 (Utah 1984)

#### **Protective order.**

##### **—Attorney-client privilege.**

Trial court abused its discretion when it prohibited disclosure of all confidential information in a wrongful discharge suit brought by an insurance company's former in-house counsel, limited disclosure of information that was reasonably necessary to the claim was permissible under Utah R Prof Conduct 16, and attorneys were authorized under Utah R Prof Conduct 16(d) to retain copies of client files upon the termination of an attorney-client relationship. *Spratley v State Farm Mut Auto Ins Co.*, 2003 UT 39, 78 P3d 603

##### **—Trade secrets.**

Materials that are the subject of a protective order under Subdivision (c)(7) are not automatically privileged for purposes of Exemption 4 of the federal Freedom of Information Act because the determination of whether documents contain trade secrets under Exemption 4 is to be made solely by applying the express exemption for trade secrets and confidential commercial or financial information found in the exemption itself. *Anderson v Department of Health &*

*Human Servs.*, 907 F2d 936 (10th Cir 1990)

##### **—Waiver.**

Inaction and delay in filing a motion for protection with respect to documents alleged to be work product waives whatever right a defendant may have been able to assert. Moreover, a defendant's failure to demonstrate any diligence whatsoever in asserting the privilege is itself a waiver. *Gold Standard, Inc v American Barrick Resources Corp.*, 805 P2d 164 (Utah 1990)

#### **Purpose of rule.**

The purposes of discovery rules are to make discovery as simple and efficient as possible by eliminating any unnecessary technicalities, and to remove elements of surprise or trickery so that the parties and the court can determine the facts and resolve the issues as directly, fairly and expeditiously as possible. *Ellis v Gilbert*, 19 Utah 2d 189, 429 P2d 39 (1967)

#### **Scope of discovery.**

##### **—In general.**

Discovery should be liberally permitted where it is used in eliminating non-controversial matters and in identifying, narrowing and clarifying the issues on which contest may prove to be necessary. *State ex rel Rd Comm'n v Petty*, 17 Utah 2d 382, 412 P2d 914 (1966)

The use of discovery should not be extended to permit ferreting unduly into detail, nor to have the effect of cross-examining the opposing party or his witnesses, nor should it be distorted into a "fishing expedition." *State ex rel Rd Comm'n v Petty*, 17 Utah 2d 382, 412 P2d 914 (1966)

##### **—Insurance agreements.**

Defendant in personal injury action had to answer in discovery procedure whether he was insured and name of any insurer and amount of coverage, scope of inquiry as defined in phrase "the subject matter of the action" allowed questions pertaining to prospect of actually recovering damages as against contention that discovery in question was unwarranted intrusion into private affairs. *Ellis v Gilbert*, 19 Utah 2d 189, 429 P2d 39 (1967)

##### **—Official information privilege.**

Police department personnel and internal affairs files are within the scope of discovery, but the trial court is required to balance the competing interests through an in camera examination of the materials for which the official information privilege is claimed. *Madsen v United Television, Inc.*, 801 P2d 912 (Utah 1990)

##### **—Relevance.**

The ultimate objective of any lawsuit is a determination of the dispute between the parties, and whatever helps to attain that objective is "relevant" to the lawsuit. *Ellis v Gilbert*, 19 Utah 2d 189, 429 P2d 39 (1967)

Defendant's stipulation that she would not use a vehicle valuation comparison at trial removed any need plaintiffs might have had for information useful to impeach that document, and the information sought was therefore irrelevant.

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evant and undiscoverable *Major v Hills*, 1999 UT 44, 980 P 2d 683

#### **Trial preparation.**

For written materials to fall under the protection of Subdivision (b)(3), three criteria must be met: the material must be (1) documents and tangible things otherwise discoverable, (2) prepared in anticipation of litigation or for trial, (3) by or for another party or by or for that party's representative. *Gold Standard, Inc v American Barrick Resources Corp*, 805 P 2d 164 (Utah 1990)

#### **—Discovery from state.**

One of the special circumstances which the court may consider in determining whether to permit discovery of materials prepared in anticipation of litigation is that the party from which discovery is sought is the state, defendant in eminent domain action could properly discover names and addresses of state witnesses and state's appraisal of value of land and improvements to be taken, but not value of underground pipe installations on state land and what plaintiff considered to be highest and best use of defendant's property. *State ex rel Road Comm'n v Petty*, 17 Utah 2d 382, 412 P 2d 914 (1966)

#### **—Eminent domain.**

A condemnor's appraisal report in eminent domain cases is subject to pretrial discovery, and does not lie within the aegis of the attorney's work-product immunity. *Utah DOT v Rayco Corp*, 599 P 2d 481 (Utah 1979)

#### **—Evidence.**

Because evidence gathered to introduce at trial is discoverable, the trial court erred in failing to require the defendant to disclose a surveillance video and the accompanying testimony. *Roundy v Staley*, 1999 UT App 229, 984 P 2d 404

#### **—Insurance documents.**

Documents in an insurance claim file may be protected as work product, however, whether a document prepared by an insurer is prepared in anticipation of litigation is a question of fact to be determined by the trial court on a case-by-case basis. *Askew v Hardman*, 918 P 2d 469 (Utah 1996)

In determining whether documents in an insurance claim file were prepared in anticipation of litigation, the trial court should consider the nature of the requested documents, the reason the documents were prepared, the relationship between the preparer of the document and the party seeking its protection from discovery, the relationship between the litigating parties, and other relevant facts. *Askew v Hardman*, 918 P 2d 469 (Utah 1996)

#### **—Otherwise discoverable records.**

Claim of privileged communication as to records given to attorney, based on generalization that litigation was anticipated from the day records were started, did not provide grounds for barring otherwise justified discovery of records. *Jackson v Kennecott Copper Corp*, 27 Utah 2d 310, 495 P 2d 1254 (1972)

Attorney involvement is only one factor to be

weighed in determining whether material was prepared in anticipation of litigation. *Gold Standard, Inc v American Barrick Resources Corp*, 805 P 2d 164 (Utah 1990)

A letter prepared because of a threatened suit outlining a retainer agreement and setting up a plan for allocating costs and burdens among the clients in the event of litigation, but which did not contain any legal strategies, theories, or conclusions of the clients or their attorneys, was not work product, nor was it protected by the attorney-client privilege. *Gold Standard, Inc v American Barrick Resources Corp*, 801 P 2d 909 (Utah 1990)

#### **—Subjective matters.**

Prohibition in former Rule 30(b) against discovery of "any part of the writing that reflects an attorney's mental impressions, conclusions, opinions, or legal theories, or, except as provided in Rule 35, the conclusions of an expert" dealt only with subjective matters, not with evidence of objective facts, that is, occurrences, conditions and circumstances. *Mower v McCarthy*, 122 Utah 1, 245 P 2d 224 (1952)

Provision prohibiting discovery of attorney's "mental impressions, conclusions, [etc]" was absolute and prohibited discovery of such matters in all cases, trial court erred in ordering discovery upon showing of undue prejudice, hardship or injustice. *Mower v McCarthy*, 122 Utah 1, 245 P 2d 224 (1952)

#### **—Testimony of witness.**

Where plaintiff in wrongful death action sought transcript of testimony of witnesses to fatal accident, given by them to defense counsel in preparation for litigation, there was adequate showing of undue prejudice, hardship and injustice to plaintiff if transcript was not produced, since it appeared that transcript provided the only source of information contained in it, that plaintiff had used due diligence in seeking to obtain such information in other ways, and that matter in transcript was not privileged, therefore, production was ordered, notwithstanding that transcript was part of defense counsel's "work product." *Mower v McCarthy*, 122 Utah 1, 245 P 2d 224 (1952)

#### **Witness fees.**

Repeated dilatory conduct and failure to comply with a pretrial order requiring plaintiffs to provide defendant with their exhibit list justified trial court's refusal to allow plaintiffs to introduce exhibits at trial. *Young v State*, 2000 UT 91, 16 P 3d 549

#### **Work product immunity.**

Unlike the attorney-client privilege, which belongs to the client and therefore may be unilaterally waived by the client, the work product doctrine has consistently recognized the interests of both the client and the attorney. The majority rule is that both may assert work product immunity. *Salt Lake Legal Defender Ass'n v Uno*, 932 P 2d 589 (Utah 1997)

When an attorney asserting work product immunity committed an ethical violation in obtaining the evidence at issue, the court should order disclosure of the evidence so long as the disclosure would not damage the adver-

sary process more than the underlying legal misbehavior has done *Featherstone v Schaerrier*, 2001 UT 86, 34 P 3d 194

**Cited in** *Jensen v Thomas*, 570 P 2d 695 (Utah 1977), *Onyeabor v Pro Roofing, Inc.*, 787 P 2d 525 (Utah Ct App 1990), *Berrett v Denver & R G W R R*, 830 P 2d 291 (Utah Ct App ),

cert denied, 836 P 2d 1383 (Utah 1992), *Benson ex rel Benson v I H C Hosps*, 866 P 2d 537 (Utah 1993), *Chatterton v Walker*, 938 P 2d 255 (Utah 1997), *R & R Energies v Mother Earth Indus., Inc.*, 936 P 2d 1068 (Utah 1997), *Harper v Summit County*, 963 P 2d 768 (Utah Ct App 1998), aff'd, 2001 UT 10, 26 P 3d 193

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**Brigham Young Law Review.** — Curbing Discovery Abuse in Civil Litigation Enough is Enough, 1981 B YU L Rev 579

Curbing Discovery Abuse in Civil Litigation We're Not There Yet, 1981 B YU L Rev 597

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**Am. Jur. 2d.** — 23 Am Jur 2d Depositions and Discovery §§ 12 to 14

**C.J.S.** — 27 C J S Discovery §§ 20 to 23, 63

**A.L.R.** — Right of party to have his attorney or physician, or a court reporter, present during his physical or mental examination by a court-appointed expert, 7 A L R 3d 881

Timeliness of application for compulsory physical examination of injured party in personal injury action, 9 A L R 3d 1146

Pretrial examination or discovery to ascertain from defendant in action for injury, death, or damages, existence and amount of liability insurance and insurer's identity, 13 A L R 3d 822

Medical malpractice action, scope of defendant's duty of pretrial discovery in, 15 A L R 3d 1446

Disclosure of name, identity, address, occupation, or business of client as violation of attorney-client privilege, 16 A L R 3d 1047

Compelling party to disclose information in hands of affiliated or subsidiary corporation, or independent contractor, not made party to suit, 19 A L R 3d 1134

Physician-patient privilege, commencing action involving physical condition of plaintiff or decedent as waiving, as to discovery proceedings, 21 A L R 3d 912

Waiver of incompetency of witness, taking deposition or serving interrogatories in civil case as, 23 A L R 3d 389

Libel and slander application of privilege attending statements made in course of judicial proceedings to pretrial deposition and discovery procedures, 23 A L R 3d 1172

Physician-patient privilege, pretrial testimony or disclosure on discovery by party to personal injury action as to nature of injuries or treatment as waiver of, 25 A L R 3d 1401

Right of defendant in personal injury action to designate physician to conduct medical examination of plaintiff, 33 A L R 3d 1012

Dead man's statute, personal representative's loss of rights under, by prior institution of discovery proceedings, 35 A L R 3d 955

Assertion of privilege in pretrial discovery proceedings as precluding waiver of privilege at trial, 36 A L R 3d 1367

Patient's statements or declarations, admissibility of physician's testimony as to, other than res gestae, during medical examinations, 37 A L R 3d 778

Privilege against self-incrimination as ground for refusal to produce noncorporate documents in possession of person asserting privilege but owned by another, 37 A L R 3d 1373

Discovery, in medical malpractice action, of names of other patients to whom defendant has given treatment similar to that allegedly injuring plaintiff, 74 A L R 3d 1055

Applicability of attorney-client privilege to evidence or testimony in subsequent action between parties originally represented contemporaneously by same attorney, with reference to communication to or from one party, 4 A L R 4th 765

Physician-patient privilege as extending to patient's medical or hospital records, 10 A L R 4th 552

Propriety of discovery order permitting "destructive testing" of chattel in civil case, 11 A L R 4th 1245

Refusal of defendant in "public figure" libel case to identify claimed sources as raising presumption against existence of source, 19 A L R 4th 919

Absent or unnamed class members in class action in state court as subject to discovery, 28 A L R 4th 986

Necessity of determination or showing of liability for punitive damages before discovery or reception of evidence of defendant's wealth, 32 A L R 4th 432

Abuse of process action based on misuse of discovery or deposition procedures after commencement of civil action without seizure of person or property, 33 A L R 4th 650

Protective orders limiting dissemination of financial information obtained by deposition or discovery in state civil actions, 43 A L R 4th 121

Right of independent expert to refuse to testify as to expert opinion, 50 A L R 4th 680

Discovery right to ex parte interview with injured party's treating physician, 50 A L R 4th 714

Discovery of defendant's sales, earnings, or profits on issue of punitive damages in tort action, 54 A L R 4th 998

Discovery of identity of blood donor, 56 A L R 4th 755

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Propriety of allowing state court civil litigant to call expert witness whose name or address was not disclosed during pretrial discovery proceedings, 58 A L R 4th 653

Discovery, in civil proceeding, of records of criminal investigation by state grand jury, 69 A L R 4th 298

Discovery of trade secret in state court action, 75 A L R 4th 1009

Propriety and extent of state court protective order restricting party's right to disclose discovered information to others engaged in similar litigation, 83 A L R 4th 987

Discoverability of traffic accident reports and derivative information, 84 A L R 4th 15

State statutes or regulations expressly governing disclosure of fact that person has tested positive for human immunodeficiency virus

(HIV) or acquired immunodeficiency syndrome (AIDS), 12 A L R 5th 149

Restriction on dissemination of information obtained through pretrial discovery proceedings as violating Federal Constitution's First Amendment — federal cases, 81 A L R Fed 471

Protection from discovery of attorney's opinion work product under Rule 26(b)(3), Federal Rules of Civil Procedure 84 A L R Fed 779

Modification of protective order entered pursuant to Rule 26(c), Federal Rules of Civil Procedure, 85 A L R Fed 538

Academic peer review privilege in federal court, 85 A L R Fed 691

Crime-fraud exception to work product privilege in federal courts, 178 A L R Fed 87

## Rule 27. Depositions before action or pending appeal.

### (a) *Before action.*

(a)(1) *Petition.* A person who desires to perpetuate testimony regarding any matter that may be cognizable in any court of this state may file a verified petition in the district court of the county in which any expected adverse party may reside.

The petition shall be entitled in the name of the petitioner and shall state: (1) that the petitioner expects to be a party to an action cognizable in a court of this state but is presently unable to bring it or cause it to be brought, (2) the subject matter of the expected action and the petitioner's interest therein, (3) the facts to be established by the proposed testimony and the reasons to perpetuate it, (4) the names or a description of the persons expected to be adverse parties and their addresses so far as known, and (5) the names and addresses of the persons to be examined and the substance of the testimony expected to be elicited from each, and shall ask for an order authorizing the petitioner to take the depositions of the persons to be examined named in the petition, for the purpose of perpetuating their testimony

(a)(2) *Notice and service.* The petitioner shall thereafter serve a notice upon each person named in the petition as an expected adverse party, together with a copy of the petition, stating that the petitioner will apply to the court, at a time and place named therein, for the order described in the petition. At least 20 days before the date of hearing the notice shall be served either within or without the district or state in the manner provided in Rule 4(d) for service of summons; but if such service cannot with due diligence be made upon any expected adverse party named in the petition, the court may make such order as is just for service by publication or otherwise, and shall appoint, for persons not served in the manner provided in Rule 4(d), an attorney who shall represent them, and, in case they are not otherwise represented, shall cross-examine the deponent. If any expected adverse party is a minor or incompetent the provisions of Rule 17(c) apply.

(a)(3) *Order and examination.* If the court is satisfied that the perpetuation of the testimony may prevent a failure or delay of justice, it shall make an order designating or describing the persons whose depositions may be taken and specifying the subject matter of the examination and whether the depositions shall be taken upon oral examination or written interrogatories. The depositions may then be taken in accordance with these rules; and the court may make orders of the character provided for by Rules 34 and 35. For the purpose of applying these rules to depositions for perpetuating testimony, each reference therein to the court in which the action is pending shall be deemed to refer to the court in which the petition for such deposition was filed.

(a)(4) *Use of deposition.* If a deposition to perpetuate testimony is taken under these rules or if, although not so taken, it would be admissible in

**EXHIBIT B**

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## NOTES TO DECISIONS

**Damages**  
**Demand**

—Absence

—Time

Right preserved

—Appeal from industrial commission

—Court's discretion

Waiver

Cited

**Damages.**

There is no right to a jury trial on the issue of damages once default has been entered. *Amica Mut Ins Co v Schettler*, 768 P2d 950 (Utah Ct App 1989)

**Demand.**

## —Absence.

Court did not abuse its discretion in granting jury trial to defendant under Rule 39(b) over plaintiff's objections although defendant had not made proper demand for jury trial under this rule, where plaintiff was not prejudiced thereby. *James Mfg Co v Wilson*, 15 Utah 2d 210, 390 P2d 127 (1964)

## —Time.

Trial court did not abuse its discretion in denying party's request for a jury trial made four days prior to trial in violation of district court practice rule requiring such request to be made at least 10 days before trial. *Dyson v Aviation Office of Am, Inc*, 593 P2d 143 (Utah 1979) (decided before 1986 amendment added ten-day requirement)

**Right preserved.**

## —Appeal from industrial commission.

This trial rule is not applicable to trial de

novo in the district court on appeal from industrial commission's decision on a sex discrimination in employment case. *Beehive Medical Elecs, Inc v Industrial Comm'n*, 583 P2d 53 (Utah 1978)

## —Court's discretion.

When exists as to whether a cause should be regarded as one in equity or one in law, wherein the party can insist on a jury as a matter of right, the trial court may examine the nature of the rights asserted and the remedies sought in the light of the facts of the case to ascertain which predominates and, from that determination, make the appropriate order as to a jury or nonjury trial. *Corbet v Cox*, 30 Utah 2d 361, 517 P2d 1318 (1974)

**Waiver.**

Failure to make a written demand for a jury trial upon the opposing party waives any error in a court's failure to grant a jury trial. *Gasser v Horne*, 557 P2d 154 (Utah 1976)

Trial court properly denied a plaintiff's demand for a jury trial because it was deemed waived, pursuant to Utah Code Ann § 78-21-1 and Utah Const Art I, § 10, and pursuant to the procedures in U R C P 38 and 39, where the plaintiff had notice that the trial was set before the bench and it failed to object to a non-jury trial until the eve of trial. *Aspenwood, L L C v C A T, L L C*, 2003 UT App 28, 466 Utah Adv Rep 7, 73 P3d 947, cert denied, 72 P3d 685 (2003)

Cited in *Stickle v Union Pac R R*, 122 Utah 477, 251 P2d 867 (1952), *Best v Huber* 3 Utah 2d 177, 281 P2d 208 (1955), *Hansen v Stewart*, 761 P2d 14 (Utah 1988)

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**C.J.S.** — 50 C J S Juries §§ 10, 84 to 113

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Right in equity suit to jury trial of counterclaim involving legal issue, 17 A L R 3d 1321

Issues in garnishment as triable to court or to jury, 19 A L R 3d 1393

Statute reducing number of jurors as violation of right to trial by jury, 47 A L R 3d 895

Authority of state court to order jury trial in civil case where jury has been waived or not demanded by parties, 9 A L R 4th 1041

Right to jury trial in stockholder's derivative action, 32 A L R 4th 1111

Right to jury trial in action for declaratory relief in state court, 33 A L R 4th 146

Jury trial waiver as binding on later state civil trial, 48 A L R 4th 747

Paternity proceedings right to jury trial, 51 A L R 4th 565

Right to jury trial in action for retaliatory discharge from employment, 52 A L R 4th 1141

Right to jury trial in state court divorce proceedings, 56 A L R 4th 955

Validity of law or rule requiring state court party who requests jury trial in civil case to pay costs associated with jury 68 A L R 4th 343

Contractual jury trial waiver in state civil cases, 42 A L R 5th 53

Rule 38 of Federal Rules of Civil Procedure waived right to jury trial as revived by amended or supplemental pleadings, 18 A L R Fed 754

**Rule 39. Trial by jury or by the court.**

(a) *By jury.* When trial by jury has been demanded as provided in Rule 38, the action shall be designated upon the register of actions as a jury action. The trial of all issues so demanded shall be by jury, unless

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(a)(1) The parties or their attorneys of record, by written stipulation filed with the court or by an oral stipulation made in open court and entered in the record, consent to trial by the court sitting without a jury, or

(a)(2) The court upon motion or of its own initiative finds that a right of trial by jury of some or all of those issues does not exist, or

(a)(3) Either party to the issue fails to appear at the trial.

(b) *By the court.* Issues not demanded for trial by jury as provided in Rule 38 shall be tried by the court; but, notwithstanding the failure of a party to demand a jury in an action in which such a demand might have been made of right, the court in its discretion upon motion may order a trial by a jury of any or all issues.

(c) *Advisory jury and trial by consent.* In all actions not triable of right by a jury the court upon motion or of its own initiative may try any issue with an advisory jury or, with the consent of both parties, may order a trial with a jury whose verdict has the same effect as if trial by jury had been a matter of right.

**Compiler's Notes.** — This rule is similar to Rule 39, F.R.C.P.

#### NOTES TO DECISIONS

Advisory jury.

—Equity.

—Notice to parties.

Trial by consent.

—Equity.

—Motion for directed verdict.

Trial by court.

—Waiver of bench trial.

—Waiver of jury trial.

Trial by jury.

—Absence of demand.

—Quiet title action

Cited.

#### Advisory jury.

##### —Equity.

When there is a demand for a jury trial in an equity case, the jury will serve only in an advisory capacity unless both parties have clearly consented to accept a jury verdict. *Romrell v. Zions First Nat'l Bank*, 611 P.2d 392 (Utah 1980).

Trial court did not commit prejudicial error by allowing a jury to sit in an equity proceeding where the jury was retained merely as an advisory jury to consider the sole question of the reasonableness of plaintiff's reliance on defendant's act. *Tolboe Constr. Co. v. Staker Paving & Constr. Co.*, 682 P.2d 843 (Utah 1984).

##### —Notice to parties.

In an action involving both legal and equitable issues, where both parties demanded a jury trial without limiting their demand to particular claims, trial court should have notified the parties before the trial began of its intention to consider the jury advisory; it could not deem the jury's verdict advisory and nonbinding after the trial without such notice. *Goldberg v. Jay Timmons & Assocs.*, 896 P.2d 1241 (Utah Ct. App. 1995).

#### Trial by consent.

##### —Equity.

##### —Motion for directed verdict.

Where the case was essentially one in equity

but the parties and court appeared to have consented to presenting their case to a jury whose verdict would have "the same effect as if trial by jury had been a matter of right," under Subdivision (c), the determination of whether a directed verdict was proper was to be tested by the same rules governing cases at law. *Willard M. Milne Inv Co v Cox*, 580 P.2d 607 (Utah 1978).

#### Trial by court.

##### —Waiver of bench trial.

Even though former statute providing for trial by court in absence of demand for jury was couched in mandatory terms, and a party might have an absolute right to have the issues tried by the court, the right could be waived, as by proceeding to trial before a jury. *Houston Real Estate Inv. Co v Hechler*, 47 Utah 215, 152 P. 726 (1915).

##### —Waiver of jury trial.

Where it did not appear that any demand for a jury trial was made, or that any objection or exception was made at any time during trial against right of the court to try the case without a jury, it would be presumed on appeal that a trial by jury was waived. *Perego v. Dodge*, 9 Utah 3, 33 P. 221 (1893), *aff'd*, 163 U.S. 160, 16 S. Ct. 971, 41 L. Ed. 113 (1896).

Trial court properly denied a plaintiff's demand for a jury trial because it was deemed waived, pursuant to Utah Code Ann. § 78-21-1 and Utah Const. Art. I, § 10, and pursuant to the procedures in U.R.C.P. 38 and 39, where the plaintiff had notice that the trial was set before the bench and it failed to object to a non-jury trial until the eve of trial. *Aspenwood, L.L.C. v. C.A.T., L.L.C.*, 2003 UT App 28, 466 Utah Adv. Rep. 7, 73 P.3d 947, cert. denied, 72 P.3d 685 (2003).

#### Trial by jury.

##### —Absence of demand.

Court did not abuse its discretion in granting

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jury trial to defendant, under this rule, over plaintiff's objections although defendant had not made proper demand for jury trial under Rule 38, where plaintiff was not prejudiced thereby *James Mfg Co v Wilson*, 15 Utah 2d 210, 390 P2d 127 (1964)

— **Quiet title action.**

This rule gives the right to have any legal

issue of fact tried by a jury upon proper demand, and plaintiff in an action to quiet title to mining claims was entitled to a jury trial on issues of fact *Holland v Wilson*, 8 Utah 2d 11, 327 P2d 250 (1958)

**Cited in** *Randall v Tracy Collins Trust Co*, 6 Utah 2d 18, 305 P2d 480 (1956), *Peirce v Peirce*, 2000 UT 7, 994 P2d 193

COLLATERAL REFERENCES

**Am. Jur. 2d.** — 47 Am Jur 2d Jury §§ 61, 69, 75A Am Jur 2d Trial § 714 et seq

**C.J.S.** — 50 C J S Juries §§ 98 to 105, 88 C J S Trial §§ 20, 203, 547 et seq

**A.L.R.** — When does jeopardy attach in a non-jury trial, 49 A L R 3d 1039

Discretion of district court under Rule 39(b) of Federal Rules of Civil Procedure, authorizing it to order jury trial notwithstanding party's failure to make seasonable demand for jury, 6 A L R Fed 217

**Rule 40. Assignment of cases for trial; continuance.**

(a) *Order and precedence.* The district courts shall provide by rule for the placing of actions upon the trial calendar (1) without request of the parties or (2) upon request of a party and notice to the other parties or (3) in such other manner as the courts may deem expedient. Precedence shall be given to actions entitled thereto by statute.

(b) *Postponement of the trial.* Upon motion of a party, the court may in its discretion, and upon such terms as may be just, including the payment of costs occasioned by such postponement, postpone a trial or proceeding upon good cause shown. If the motion is made upon the ground of the absence of evidence, such motion shall also set forth the materiality of the evidence expected to be obtained and shall show that due diligence has been used to procure it. The court may also require the party seeking the continuance to state, upon affidavit or under oath, the evidence he expects to obtain, and if the adverse party thereupon admits that such evidence would be given, and that it may be considered as actually given on the trial, or offered and excluded as improper, the trial shall not be postponed upon that ground.

(c) *Taking testimony of witnesses present.* If required by the adverse party, the court shall, as a condition to such postponement, proceed to have the testimony of any witness present taken, in the same manner as if at the trial; and the testimony so taken may be read on the trial with the same effect, and subject to the same objections that may be made with respect to a deposition under the provisions of Rule 32(c)(3)(A) and (B).

(Amended effective April 29, 1999.)

**Compiler's Notes.** — Subdivision (a) of this rule is similar to Rule 40, F R C P

**Cross-References.** — Amendment of plead-

ings to conform to evidence, continuance upon, U R C P 15(b)

NOTES TO DECISIONS

Abuse of discretion

Postponement

— In general

— Absence of party

— Discretion of court

— Inability of counsel to attend trial

— Unavoidable absence

— New theory of case

— Procedural delays

— Supporting affidavits

— Unavailable witness

— Lack of diligence

— Need

Cited

**Abuse of discretion.**

Where the plaintiff sought to substitute a new expert only after his previously-designated expert decided at the last minute not to testify and moved to substitute witnesses before the discovery completion date, the court could have obviated any prejudice by granting a motion for a continuance and requiring the plaintiff to pay for the expense of deposing the new expert, and it abused its discretion in excluding the substi-

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**EXHIBIT C**

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## IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT

IN AND FOR SALT LAKE COUNTY, STATE OF UTAH

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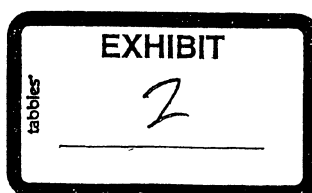
JUNE W. COX PETE,	:	MINUTE ENTRY RULING
Plaintiff(s),	:	CASE NO. 030902746 MP
vs.	:	Judge J. Dennis Frederick
DR. ROBERT L. YOUNGBLOOD,	:	Date: October 6, 2003
et al,	:	
Defendant(s),	:	

-----

After review of the pleadings and upon receipt of the Notice to Submit for Decision filed October 6, 2003, the Court rules as follows:

1. Plaintiff's Motion for Jury Trial is denied as untimely and for the reasons specified in the memoranda in opposition.

2. Counsel for defendant Youngblood to prepare the appropriate order.



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Case No. 030902746 MP

CERTIFICATE OF MAILING

I certify that on the 6th day of October, 2003, I sent by first class mail, a true and correct copy of the attached document to the following:

Brian L. Olson  
59 South 100 East  
St. George, UT 84770

Elliott J. Williams  
257 East 200 South, Suite 500  
P.O. Box 45678  
Salt Lake City, UT 84145-5678

  
\_\_\_\_\_  
District Court Deputy Clerk

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## **EXHIBIT D**

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**FILED DISTRICT COURT**  
Third Judicial District

OCT 28 2003

SALT LAKE COUNTY

By                      Deputy Clerk

ELLIOTT J. WILLIAMS (A3483)  
WILLIAMS & HUNT  
Attorneys for Defendant, Robert L. Youngblood, M.D.  
257 East 200 South, Suite 500  
Post Office Box 45678  
Salt Lake City, Utah 84145-5678  
Phone (801) 521.5678  
Facsimile (801) 364.4500

---

IN THE THIRD JUDICIAL DISTRICT COURT FOR SALT LAKE COUNTY

STATE OF UTAH

---

JUNE W. COX PETE,

Plaintiff,

v.

DR. ROBERT L. YOUNGBLOOD,  
ST. MARK'S HOSPITAL and JOHN DOES I-  
IV, XYZ CORPORATIONS I-IV,

Defendants.

ORDER DENYING PLAINTIFF'S  
MOTION FOR JURY TRIAL

Case No. 030902746

Judge J. Dennis Frederick

---

The Plaintiff's Motion for a Jury Trial came on regularly for disposition before the above-entitled court on October 6, 2003, the Honorable J. Dennis Frederick presiding. Having reviewed the pleadings and records on file herein, including the memoranda submitted by the respective parties and being fully advised in the premises, the Court concludes that the Plaintiff waived her right to a jury trial by failing to file a timely demand in compliance with the provisions of Rule 38, Utah Rules of Civil Procedure, and that Plaintiff failed to demonstrate sufficient justification to persuade the Court to exercise




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its discretion pursuant to Rule 39(b), Utah Rules of Civil Procedure, to relieve her of that waiver. Therefore, it is hereby,

ORDERED, ADJUDGED AND DECREED that the Plaintiff's Motion for a Jury Trial be and the same is hereby denied.

DATED this 28<sup>th</sup> day of October, 2003.

BY THE COURT

  
\_\_\_\_\_  
J. DENNIS FREDERICK  
District Court Judge

108804.1

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# AFFIDAVIT OF SERVICE

STATE OF UTAH )  
 : ss.  
COUNTY OF SALT LAKE )

JAMIE R. SIGLIN, being duly sworn, says that she is employed in the law offices of Williams & Hunt, attorneys for Defendant, Robert L. Youngblood, M.D., herein; that she served the attached Order Denying Plaintiff's Motion for Jury Trial, in Civil No. 030902746 before the Third Judicial District Court for Salt Lake County, State of Utah, upon the parties listed below by placing a true and correct copy thereof in an envelope addressed to:

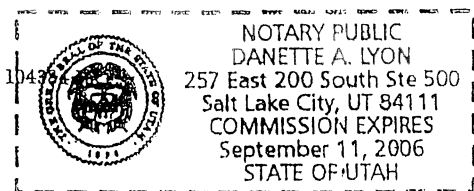
Counsel for Plaintiff  
Brian L. Olson  
Gallian, Westfall, Wilcox & Welker, L.C.  
59 South 100 East  
St. George, Utah 84770

and causing the same to be mailed first class, postage prepaid, on the 13<sup>th</sup> day of November, 2003.

  
Jamie R. Siglin

SUBSCRIBED AND SWORN TO before me this 13th day of November, 2003.

Naantha A. Lopez  
Notary Public



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## **EXHIBIT E**

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JAN 18 2005

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF SALT LAKE COUNTY  
IN AND FOR SALT LAKE COUNTY, STATE OF UTAH

Deputy Clerk

JUNE W. COX PETE,

Plaintiff,

vs.

DR. ROBERT L. YOUNGBLOOD, ST.  
MARK'S HOSPITAL and JOHN DOES I-  
IV, XYZ CORPORATIONS I-IV,

Defendants.

MINUTE ENTRY

Case No. 030902746

Hon. J. DENNIS FREDERICK

January 13, 2005

The above-entitled matter comes before the Court pursuant to Defendant's Motion for Summary Judgment and Motion to Strike. The Court heard oral argument with respect to the motions on January 10, 2005. Following the hearing, the matters were taken under advisement. The Court having considered the motions, memoranda, exhibits attached thereto, and for the good cause shown, hereby enters the following ruling.

Utah Rule of Civil Procedure 26 governs disclosure of expert testimony and states:

A party shall disclose to the other parties the identity of any person who may be used at trial to present evidence under Rules 702, 703, or 705 of the Utah Rules of Evidence.

Utah R. Civ. P. 26(a)(3)(A).

If a party fails to disclose a witness, as required by the Rules, Rule 37 provides that the party "shall not be permitted to use the witness. . . ." Utah R. Civ. P. 37(f).

In the instant matter, the Doxey Affidavit was not submitted until after the Plaintiff certified this case for trial. Moreover, this was the first time Defendant learned of Plaintiff's intent to utilize Dr. Doxey as an expert witness. In light of the aforementioned, the Court finds the Affidavit to be untimely and, accordingly, it is stricken. Moreover, because this case requires the presentation of expert testimony and none has been provided, summary judgment is appropriate. Finally, after reviewing the record in this matter, the Court is not

EXHIBIT

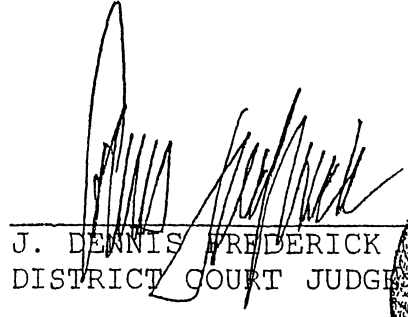
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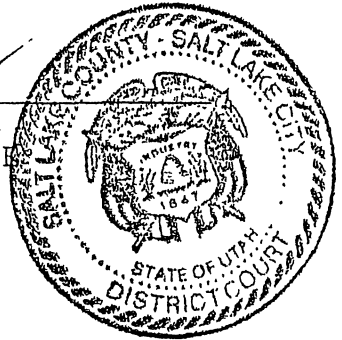
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persuaded the doctrine of *res ipsa loquitur* has any application.

Based upon the forgoing, Defendant's Motion for Summary Judgment and Motion to Strike are granted.

DATED this 14<sup>th</sup> day of January, 2005.

  
J. DENNIS FREDERICK  
DISTRICT COURT JUDGE



CERTIFICATE OF NOTIFICATION

I certify that a copy of the attached document was sent to the following people for case 030902746 by the method and on the date specified.

METHOD NAME

Mail CAROLYN P STEVENS JENSEN  
ATTORNEY DEF  
257 E 200 S STE 500  
PO BOX 45678  
SALT LAKE CITY, UT  
84145-5678

Mail BRIAN L OLSON  
ATTORNEY PLA  
59 S 100 E  
ST GEORGE UT 84770

Mail ELLIOTT J WILLIAMS  
ATTORNEY DEF  
257 E 200 S #500  
PO BOX 45678  
SALT LAKE CITY UT  
84145-5678

Dated this 18<sup>th</sup> day of Jan., 2005.

C. Beverley  
Deputy Court Clerk

000028

**EXHIBIT F**

000029

ELLIOTT J. WILLIAMS (A3483)  
CAROLYN STEVENS JENSEN (6338)  
**WILLIAMS & HUNT**  
Attorneys for Defendant, Robert L. Youngblood, M.D.  
257 East 200 South, Suite 500  
Post Office Box 45678  
Salt Lake City, Utah 84145-5678  
Phone (801) 521.5678  
Facsimile (801) 364.4500

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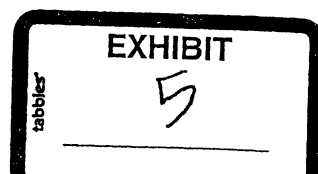
IN THE THIRD JUDICIAL DISTRICT COURT FOR SALT LAKE COUNTY  
STATE OF UTAH

---

JUNE W. COX PETE,	:	
	:	
Plaintiff,	:	<b>ORDER AND SUMMARY</b>
	:	<b>JUDGMENT</b>
v.	:	
	:	Case No. 030902746
DR. ROBERT L. YOUNGBLOOD,	:	Judge J. Dennis Frederick
ST. MARK'S HOSPITAL and JOHN DOES I-	:	
IV, XYZ CORPORATIONS I-IV,	:	
	:	
Defendants.	:	

---

2-15  
The above-entitled matter came on for hearing before the Honorable J. Dennis Frederick on January 10, 2005, at the hour of 9:00 a.m. on Defendant Robert L. Youngblood, M.D.'s (1) Motion for Summary Judgment, and (2) Motion to Strike. Brian L. Olson of Gallian, of Westfall, Wilcox & Welker, L.C., appeared on behalf of plaintiff June W. Cox Pete. Elliott J. Williams and Carolyn Stevens Jensen, of Williams & Hunt, appeared on behalf of Dr. Youngblood.



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The Court, having heard the arguments of counsel and having considered the pleadings, memoranda and affidavits filed by the parties, and being fully advised, issued a *Minute Entry*, dated *January 13, 2005*, in which it granted Dr. Youngblood's Motion for Summary Judgment and Motion to Strike. Pursuant to that Ruling, it is hereby

**ORDERED, ADJUDGED AND DECREED:**

1. Defendant Robert L. Youngblood, M.D.'s Motion for Summary Judgment is granted in its entirety, for the reasons set forth in this Court's Minute Entry dated January 13, 2005, which Ruling is incorporated herein by this reference; and
2. Defendant Robert L. Youngblood, M.D.'s Motion to Strike is granted in its entirety, for the reasons set forth in this Court's Minute Entry dated January 13, 2005, which Ruling is incorporated herein by this reference; and
3. Judgment is entered in favor of Defendant and against Plaintiff, no cause of action.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

**BY THE COURT**

---

J. Dennis Frederick  
District Court Judge

118499



AFFIDAVIT OF SERVICE

STATE OF UTAH                                 )  
                                                      : ss.  
COUNTY OF SALT LAKE                    )

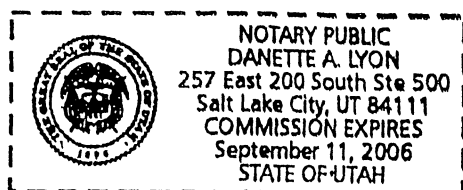
JACI M. WHIPPLE, being duly sworn, says that she is employed in the law offices of Williams & Hunt, attorneys for Defendant, Robert L. Young, M.D., herein; that she served the attached ORDER AND SUMMARY JUDGMENT in Case No. 030902746 before the Third Judicial District Court, Salt Lake County, State of Utah, upon the parties listed below by placing a true and correct copy thereof in an envelope addressed to:

Counsel for Plaintiff  
Brian L. Olson  
GALLIAN, WESTFALL, WILCOX & WELKER, L.C.  
59 South 100 East  
St. George, UT 84770

and causing the same to be mailed first class, postage prepaid, on the 24 day of January, 2005.

Jaci M. Whipple  
Jaci M. Whipple

SUBSCRIBED AND SWORN TO before me this 24th day of January, 2005.



Danette A. Lyon  
Notary Public

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## **EXHIBIT G**

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GALLIAN, WILCOX, WELKER & OLSON, L.C.  
Brian L. Olson #8070  
59 South 100 East  
St. George, UT 84770  
Telephone: (435) 628-1682

Attorneys for Plaintiff

IN THE THIRD DISTRICT COURT IN AND FOR  
SALT LAKE COUNTY, STATE OF UTAH

---

JUNE W. COX PETE,

Plaintiff,

vs.

DR. ROBERT L. YOUNGBLOOD, ST.  
MARKS HOSPITAL and JOHN DOES I-  
IV, XYZ CORPORATIONS I-IV  
Defendants.

:  
: **INITIAL DISCLOSURES**  
:  
:  
:  
:  
:  
:  
:  
: Case No. 030902746  
:  
: Judge J. Dennis Fredrick  
:

Plaintiff, through undersigned counsel, hereby provides the following information  
pursuant to Rule 26(a)(1), Utah Rules of Civil Procedure.

(A) The Name and, If Known, the Address and Telephone Number of Each Individual  
Likely to Have Discoverable Information Relevant to Disputed Facts Alleged with  
Particularity in the Pleadings, Identifying the Subject of the Information.

1. Plaintiff, c/o Gallian, Westfall, Wilcox, & Welker, 59 South 100 East, St. George,  
Utah, (435) 628-1682, possesses knowledge of all issues of disputed fact.
2. Defendant.

3. Dixie Oral Surgery, Custodian of Records, 10 Diagonal, Suite 204, St. George, Utah 84770 (435) 673-1554.

4. Dr. G. Paul Doxie, M.D., 736 South 900 East, Suite 201, St. George, Utah 84790 (435) 628-3342.

5. Dr. Bruce Wilkin and Dr. Todd Wilkin, 1475 Avenue G, Ely, Nevada 89301.

6. St. George Radiology, Custodian of Records, P.O. Box 657, Orem, Utah 84059-0657 (435) 628-8777.

7. Dixie Regional Medical Center, Custodian of Records, P.O. Box 30180, Salt Lake City, Utah 84120 (435) 634-4000.

8. Swallow's Drug, P.O. Box 218, Caliente, Nevada 89008.

Plaintiff is currently unaware of any other individuals that possess discoverable information. However, Plaintiff reserves the right to supplement this disclosure has additional parties are identified.

(B) A Copy Of, or a Description by Category and Location Of, All Documents, Data Compilations, and Tangible Things in the Possession, Custody, or Control of the Party That Are Relevant to Disputed Facts Alleged with Particularity in the Pleadings.

1. Medical records and billing states for services provided to Plaintiff as presented to the prelitigation screening panel and bates stamped 1 through 92.

2. Billing summary of Swallow's Drug, Caliente, Nevada, from May 31, 1994, through April 26, 2002.

3. Handwritten note of Defendant Robert L. Youngblood, M.D., dated December 13, 2002, together with medical records of Plaintiff dated August 9, 1970.

4. Certificate of Compliance of the Division of Occupational and Professional Licensing dated December 18, 2002.

5. Panel Opinion of the Division of Occupational and Professional Licensing dated December 12, 2002.

6. Dental x-ray films of Plaintiff taken by Todd C. Wilkin, DDS, are available upon request.

Plaintiff does not currently possess any documents relevant or discovery in this action. However, Plaintiff reserves the right to supplement this discovery as additional documents are identified and discovered.

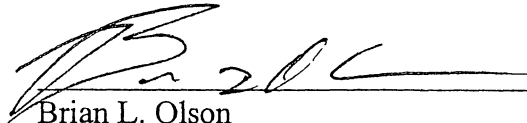
(C) A Computation of Any Category of Damages Claimed by the Disclosing Party, Making Available for Inspection and Copying as under Rule 34 the Documents or Other Evidentiary Material, Not Privileged or Protected from Disclosure, on Which Such Computation Is Based, Including Materials Bearing on the Nature and Extent of Injuries Suffered.

Plaintiff has incurred medical expenses from the date of her surgery in 1970, due to chronic sinus infections. The medical billing statements provided herewith show medical expenses of approximately \$1,100.00. Plaintiff is attempting to gather more detailed medical billing statements for the past 30 years related to this case. Consequently, Plaintiff is unable, at this juncture, to further compute her medical expense damages. More significantly, Plaintiff has suffered significant damages for pain and suffering associated with more than 30 years of chronic, and extreme, sinus infections as a direct result of the malpractice complained of herein. Plaintiff is unable to specifically calculate money damages for pain and suffering, or any permanent impairment, and reserves the right to update this disclosure as those amounts are determinable.

(D) For Inspection and Copying as under Rule 34 Any Insurance Agreement under Which Any Person Carrying on an Insurance Business May Be Liable to Satisfy Part or All of the Judgment Which May Be Entered in the Action or to Indemnify or Reimburse for Payments Made to Satisfy the Judgment.

None.

DATED this 6 day of October, 2003.

  
\_\_\_\_\_

Brian L. Olson

of and for

GALLIAN, WESTFALL, WILCOX & WELKER

Attorney for Plaintiff



Robert L. Youngblood, M.D.  
Plastic and Reconstructive Surgery

12-13-02

Mr Olsen;

This is a second copy of  
records for Mrs. Pete, as pro-  
mised. Please call me if you  
need anything else, or if you  
would like to discuss a settle-  
ment.

Sincerely,

R. L. Youngblood M.D.

000038

NAME	JUNE COX		ADMISSION DATE	8-9-70	ADMISSION TIME	7:20 P	ADMISSION NUMBER	M 498-632
HOME ADDRESS	CITY		STATE		ZIP		HOW LONG	HOME PHONE
	CALIENTE, NEVADA						?	?
MARITAL STATUS	?	AGE	34	SEX	F	BIRTH DATE	6-16-36	BIRTH PLACE
ATTENDING PHYSICIAN	DR. YOUNGBLOOD		ROOM & BED NO.	378	RATE	\$ 65.	DISCHG DATE	
ADMITTING DIAGNOSIS	POSSIBLE MULTIPLE INJURIES		SS NO.		OCCUPATN		DISCHG NUMBER	
EMPLOYER			RELTH TO PT	FATHER	ADD	PLOCHIE, NEVADA	GUS PH.	
NEAREST RELATIVE	ROBERT WILKINS		RELTH TO PT		ADD		PH.	
INSURANCE COMPANY	?	POLICY HOLDER					RELTH TO PT	
PLCY OR CNT NO.							GRP NO.	
INSURANCE COMPANY		POLICY HOLDER					RELTH TO PT	
PLCY OR CNT NO.							GRP NO.	
PRSN RESP FOR BILL	PATIENT	RELTH TO PT		ADD			PH.	
OCCUPAT'N		EMPLR & CITY					UNU PH.	
RESP PTY BANK		TYPE ACCT		BILL TO				
PREV ADM TO SMH	DATE	NAME AT TIME		PRE-AD BY		DATE	ADM BY	RSR



8-9-70

Dr. Youngblood

COX, June

C.C: Injuries to the face

P.I: This 35 year old white female was injured in a rodeo when her horse fell on her twice, sustaining multiple facial fractures, fracture of the right shoulder and lacerations of right eyebrow, lower lip and chin. She was flown by private airplane from Ely, Nevada to SLC for definitive treatment. She was admitted through the emergency room for observation for brain concussion and for preparation for surgery.

P.H: Usual childhood diseases without sequelae. Immunizations complete.

Surgery: Appendectomy as a child. Excision of lesion of left breast, reportedly benign, in December 1969.

Allergies: None known

System Review: Negative except for the left breast. The patient says she has a mass in the breast at this time.

F.H: Negative for high blood pressure, diabetes, heart disease, cancer and TB.

#### PHYSICAL EXAMINATION

Well developed, somewhat obese, middle-aged white female in acute distress with injuries to the face and right shoulder girdle. She is somewhat stuporous and incoherent.

Head: There is severe swelling over the right side of the face with lacerations of the right eyebrow, right lower lip and chin which has been sutured. The right eye is swollen shut, but the EOM's are intact as nearly as can be determined and PERRLA. Nose reveals blood within the nares and crepitation of the nasal bones. The right side of the face is depressed and there is crepitation over the mandible. Ears normal.

Neck supple, but with swelling in the right side of the neck.

Chest: There is severe tenderness over the right upper rib cage, but the breath sounds are clear and expansion is full.

Heart: Regular sinus rhythm with no murmurs or evidence of cardiomegaly. Rate 100.

Breasts: There is a surgical scar over the left lateral breast with a nondiscrete mass in the area of the scar. This is felt to be scar tissue.

Abdomen: There is a thick panniculus but no tenderness or evidence of organomegaly. Bowel sounds normal.

Genitalia and rectum: Normal adult female.

Extremities: Multiple abrasions over the arms and right shoulder girdle is markedly tender and immobile.

Neurologic: Sensorium cloudy and disoriented. Cerebellum not tested due to the severe injuries. Cranial nerves intact except for the mandibular nerve and the right ocular nerve is difficult to evaluate. DTR's 2+ and symmetrical and no pathological reflexes noted.

IMPRESSION: Brain concussion

1 Severe facial fractures of the right maxilla, nose and mandible. Lacerations of right eyebrow, lower lip and chin.

Fracture-dislocation of right humerus, scapula and ribs on right upper rib cage. 000040

dict: 8-17-70

R. L. Youngblood, M. D.

Sex UDS

Doctor YOUNGBLOOD

Classif

Pt's Name  
COX, JUNE

F

34

Room & Bed No  
378

Transportation WALK W.C. STR. BED

Chest  
Position

PA

L

AP

EXAMINATION DESIRED

CLINICAL PROBLEM

PREVIOUS X-RAY HERE WHEN REQUESTING PHYSICIAN

DATE EXAM DESIRED

8/9/70

REVIEW OF OUTSIDE FILMS FROM WHITE PINE GENERAL HOSPITAL, EAST ELY NEVADA,  
DATED 8/9/70

### SKULL AND FACIAL BONES:

THREE LATERAL FILMS OF THE SKULL AND FACIAL AREA AND ONE WATER'S VIEW SHOW NO EVIDENCE OF SKULL FRACTURE. A FRACTURE IS PRESENT IN THE ANTERIOR ASPECT OF THE MANDIBLE AND ALSO OF THE CONDYLOID PROCESS, BUT THE RESPECTIVE SIDES INVOLVED ARE NOT APPARENT. MULTIPLE FACIAL BONE FRACTURES ARE VISUALIZED BUT THE SIDES ARE NOT LABELED ON THE FILM. THESE FRACTURES ARE DESCRIBED IN DETAIL BELOW.

### RIGHT SHOULDER:

THE HEAD OF THE RIGHT HUMERUS IS DISLOCATED ANTERIORLY AND INFERIORLY TO THE ARTICULAR SURFACE OF THE GLENOID. A GREATER TUBEROSITY FRAGMENT HAS BEEN FRACTURED FROM THE HEAD OF THE HUMERUS AND LIES WELL ABOVE IT. THE RIGHT SCAPULA IS COMMINUTED, AS DESCRIBED IN GREATER DETAIL BELOW. THE RIGHT 3RD RIB IS FRACTURED IN ITS LATERAL ASPECT WITH INFERIOR DISPLACEMENT OF THE ANTERIOR FRAGMENT BY ABOUT 1/3 OF A BONE DIAMETER.

### RIBS:

IN ADDITION TO THE FRACTURED 3RD RIB, NON-DISPLACED FRACTURE OF THE ANTERIOR ASPECT OF THE RIGHT 2ND, 4TH, AND 5TH RIBS ARE PRESENT. I CANNOT DETECT ANY OTHER EVIDENCE OF RIB FRACTURE ON EITHER SIDE. THE HEART, GREAT VESSELS, LUNGS AND PLEURAL SPACES ARE JUDGED TO BE WITHIN NORMAL LIMITS.

FILMS TAKEN UPON ADMISSION TO ST. MARK'S HOSPITAL

### SKULL:

LATERAL, AND STEREO AP AND OCCIPITAL VIEWS SHOW NO EVIDENCE OF SKULL FRACTURE OR OTHER CRANIAL OR INTRACRANIAL ABNORMALITY.

CONTINUED.....

000041

T. KENNETH ORTON, M.D.

R. NEWELL FORD, M.D.

RICHARD Y. CARD, M.D.

ST. MARK'S HOSPITAL  
SALT LAKE CITY, UTAH

RADIOLOGY DEPARTMENT

DOCTOR'S COPY

RICHARD Y. CARD, M.D.

R. NEWELL FORD, M.D.  
T. KENNETH ORTON, M.D.

Chest Position: PA 1 4 \ AP

EXAMINATION DESIRED \_\_\_\_\_

**CLINICAL PROBLEM** \_\_\_\_\_

PREVIOUS X-RAY HERE \_\_\_\_\_ WHEN \_\_\_\_\_ REQUESTING PHYSICIAN \_\_\_\_\_

DATE EXAM DESIRED

8/9/70

CONTINUED.....

**FACIAL BONES:**

STEREOSCOPIC REVERSE WATER'S VIEWS SHOW A FRACTURE IN THE MIDDLE OF THE FLOOR OF THE RIGHT ORBIT WITH SEPARATION AT THE FRACTURE LINE. ALSO, THE RIGHT ZYGOMATICOFRONTAL SUTURE LINE IS SEPARATED. IT WOULD APPEAR THAT THERE IS PROBABLY A BLOWOUT TYPE OF FRACTURE INVOLVING THIS ORBIT. THE LATERAL WALL OF THE RIGHT MAXILLARY ANTRUM IS COMPLETELY DISRUPTED. THE ZYGOMATIC ARCH IS INTACT BUT THE ZYGOMA APPEARS TO BE FRACTURED AT ITS BASE BUT WITH NO DISPLACEMENT. THE NOSE APPEARS TO BE FRACTURED AT ITS TIP. A FRACTURE IS PRESENT IN THE RIGHT MANDIBLE IN THE ANTERIOR ASPECT OF THE HORIZONTAL RAMUS WITH SEPARATION AT THE FRACTURE LINE OF 4 TO 5 MM. THE CONDYLOID PROCESS OF THE LEFT MANDIBLE IS FRACTURED WITH SOME MEDIAL ROTATION OF THE CONDYLAR FRAGMENT.

**RIGHT SHOULDER:**

STEREOSCOPIC FILMS SHOW THAT THE ABOVE DESCRIBED DISLOCATION HAS BEEN REDUCED AND THE GREATER TUBEROSITY FRAGMENT IS IN EXCELLENT APPPOSITION AND ALIGNMENT AGAINST THE HUMERAL HEAD.

THE MULTIPLE FRACTURES INVOLVING THE RIGHT SCAPULA CONSIST OF A HORIZONTAL FRACTURE LINE JUST BELOW THE NECK. THIS MEETS A LONG OUTWARDLY CURVING FRACTURE LINE WHICH EXTENDS PRACTICALLY THE ENTIRE VERTICAL LENGTH OF THE SCAPULA, EMERGING ON THE MEDIAL ASPECT JUST ABOVE THE TIP. HORIZONTAL FRACTURE LINES ARE PRESENT IN THE SUPERIOR SCAPULAR ASPECT. ALL OF THESE FRAGMENTS APPEAR TO BE IN REASONABLY GOOD APPPOSITION.

**IMPRESSION: NO SKULL FRACTURE DEMONSTRABLE.**

FRacture OF THE TIP OF THE NASAL BONES WITHOUT DEMONSTRABLE DEPRESSION.

COMMINUTED FRACTURE OF THE RIGHT ORBIT IN ITS INFERIOR AND LATERAL ASPECT AND PROBABLY WITH A BLOWOUT COMPONENT.

SEVERELY COMMINUTED FRACTURE OF THE LATERAL WALL OF THE  
RIGHT MAXILLARY ANTRUM. ○○○○

000042

~~NON-DISPLACED FRACTURE OF THE RIGHT ZYGOMA.~~

T. KENNETH ORTON, M.D.

R. ZEVIN FORD, M.D.

RICHARD Y CARD M.D.

ST. MARK'S HOSPITAL  
SALT LAKE CITY, UTAH

RADIOLOGY DEPARTMENT

RICHARD Y. CARD, M.D.

R. NEWELL FORD, M.D.

T. KENNETH ORTON, M.D.

Age Sex DDS

Doctor **YOUNGBLOOD**

Classif

Transportation WALK W.C. STR. BED

Pt's Name  
**COX, JUNE**

**F**

**34 378**

Room & Bed No

Chest  
Position

**PA**

**AP**

EXAMINATION DESIRED

CLINICAL PROBLEM

PREVIOUS X-RAY HERE WHEN REQUESTING PHYSICIAN

DATE EXAM DESIRED

**8/9/70**

**CONTINUED**

**FRACTURE OF THE RIGHT MANDIBLE IN THE ANTERIOR PORTION OF THE BODY.**

**FRACTURE OF THE CONDYLOID PROCESS OF THE LEFT MANDIBLE.**

**DISLOCATION OF RIGHT SHOULDER, REDUCED, WITH FRACTURE OF GREATER TUBEROSITY OF THE HEAD OF THE RIGHT HUMERUS, IN EXCELLENT APPPOSITION AND ALIGNMENT FOLLOWING REDUCTION. COMMINUTED FRACTURE OF RIGHT SCAPULA.**

**FRACTURE OF RIGHT 2ND, 3RD, 4TH, AND 5TH RIBS.**

**RYC:BN**

000043

*Richard Y. Card*

T KENNETH ORTON, M D

R NEWELL FORD, M D

RICHARD Y CARD, M D

Admission No. Admission Date

Today's Date

Age Sex B.D.S.C.

AUG. 9

Doctor YOUNGBLOOD Glassif.

Pt's Name

COX, JUNE 34 F 378 Room &amp; Bed No.

X-RAY NUMBER

Transportation. WALK W.C. STR. BED

Chest  
Position:

PA

70-8196

AP

EXAMINATION DESIRED

CLINICAL PROBLEM

PREVIOUS X-RAY HERE WHEN REQUESTING PHYSICIAN

DATE EXAM DESIRED

8-10-70

MANDIBLE:

THE FRACTURE LINE IN THE ANTERIOR ASPECT OF THE HORIZONTAL RAMUS OF THE RIGHT MANDIBLE, AS DESCRIBED ON YESTERDAY'S FILMS, IS AGAIN VISUALIZED WITH NO SIGNIFICANT SEPARATION BUT WITH SLIGHT UPWARD DISPLACEMENT OF THE POSTERIOR FRAGMENT OF 2 - 3 MM.

THE LEFT CONDYLOID PROCESS IS TILTED MEDIALY AND POSTERIORLY. THE REMAINDER OF THE MANDIBLE IS NORMAL APPEARING.

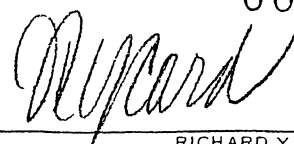
THE EXAMINATION INCLUDES STEREO REVERSE WATER'S VIEWS AND ADDED TO YESTERDAY'S INTERPRETATION IS THE FACT THAT RIGHT ORBIT IS MORE SEVERELY FRACTURED THAN AT FIRST DESCRIBED. A FRACTURE LINE IS PRESENT AT THE BASE OF THE LATERAL ASPECT AT ITS JUNCTION WITH THE INFERIOR ASPECT AND THE FRAGMENT BETWEEN THIS FRACTURE LINE AND THE SUTURE LINE IS DISPLACED LATERALLY AND POSTERIORLY. ALSO, THE MEDIAL WALL OF THE ORBIT PROBABLY IS FRACTURED ALONG WITH SOME DISRUPTION OF THE LATERAL WING OF THE NOSE ON THE RIGHT SIDE.

IMPRESSION - THE RIGHT ORBITAL COMMINUTED FRACTURES ARE MORE INVOLVED THAN DESCRIBED ON YESTERDAY'S REPORT.

THE MANDIBULAR FRACTURES ARE ESSENTIALLY THE SAME.

RYC:38

000044



T. KENNETH ORTON, M.D.

R. NEWELL FORD, M.D.

RICHARD Y. CARD, M.D.

RICHARD Y. CARD, M.D.

R. NEWELL FORD, M.D.

Dr. Youngblood

JUNE COX

Fracture wire, maxilla, and mandible

Severely depressed fracture of the right maxilla and xygoma, severe compound fracture of the mandileand fracture of the nose with lacerations of the right eye brown, shin and lower lip

Dr. Youngblood

Closed reduction and fracture of wire, open reduction fracture of maxilla and mandbile Application of ARch bars, reduction of nasal fracture with splitting and packing, resuture of through and through laceration of the lower lip.

Procedure: With the patient in the supine position under general endotracheal anethesia by way of mouth, the face was prepped with aqueous Zephiran and draped with sterile linneass. Incisions were outlined in the right lateral canthal area, in the infra-orbital area and in the right superior buckle sulcus for a Caldwell Luc incision. These areas were then infiltrated with half per cent Xylocaine with 1 to 200,000 Adrenalin solution to aid in hemostasis. The incisions were made with 15 scalpel blade and by blunt dissection the fracture sites were exposed.

Drill holes were placed adjacent to the fracture site at the frontal xygomatic suture line. The fracture was reduced and fixed with 25 gauge wire which was twisted to provide immobilization.

The right infraOrbital area was then exposed by blunt dissection revealing severe fracture of the lamina papyracea of the right orbital floor. The infra orbital area was also somewhat disintegrated. Drill holes were placed in the bony frgments and 25 gauge wire was placed through then reduce and immobilize the fracture.

However, the infra-orbital ridge medially was fragmented so that it was required to place the wire around the fragments in order to provide a parchase point. In this manner the infra orbital rim was reduced and fixed.

A caldwell Luc approach was made to the right antrum. The antrum was packed with gauze to provide elevation of the orbital floor and to fix the marlar emmenence in approximate anatomical position. After this procedure it was found that the xygomatic arch was still unstable so it was required to put gauze under the xygomatic arch through the Caldwell Luc approach. This provided adequate stability.

The incisions were then closed with interrupted simple sutures of 4-0 chromic catgut for deep layers and the incisions of the right lateral orbital area and the infra-orbital areas were closed with interrupted Subdermal sutures of 4-0 chromic catgut

The skin edges were then approximated with a running subcuticular suture of 5-0 nylon. This clousre was reinforced with Ace adherent and steri strips.

The laceration of the chin which had previously been surtured in Eli, Nevada was then excised as an approach to the fractured mandible.

000045

By blunt dissection

The mandible was exposed revealing 4 fragments of bone. With great difficulty the fragments were reapproximated and stabilized by passing drill holes through multiple fragments and fixing the fragments in place with 25 gauge stwisted stainless steel wire. The incision was then closed with a series of interrupted simple sutures of 4-0 chromic catgut along with a series of interrupted inverted subdermal sutures of 4-0 chromic catgut. This closure was reinforced with a Ace adherent and steri strips.

Arch bars were then applied to the mandbdlar teeth using 25 gauge stainless steel wire. This was done with difficulty due to the poor condition of thepatient. IvV loops were placed on the right upper Canine and 1st bicuspid ~~teeth~~ teeth for interdental intermaxillary fixation. The tteeth on the left side were there and would not support either an arch bar or IV loops. Therefore, a drill hole was passed through the maxillary aveolar ridge and a stainless steel loop of wire was placed around it. The maxillary fixation was not done in at this time, but was post poned until the patient was fully awake.

The nasal fracture was then reduced, the nasal cavites packed with gauze and a nasal split was applied over Ace adherent and 1/2 inch tape.

The through-and-through laceration of the lower lip was then revised and sutured w 5-0 chromic catgut deep and on the mucosa. The skin edges were closed with interrupted subdermal sutures of 4-0 chromic catgut. This closure was reinforced with Ace adherent and steri strips and a support dressing wa s aplaced over the chin and lowere lip using sterile gauze sponges and elasto-plast. This cbnclued the procedure.

Blood loss was approximately 100 cc.'s. Replacement was norne. Condition of the patient was good and prognosis was good.

R. L. Youngblood, M. D.

Age Sex D.D.S

Doctor YOUNGBLOOD

Classif

Pt's Name

COX, JUNE

34 F

Room & Bed No.

378

Transportation WALK

W.C.

STR.

BED

Chest

Position:

PA

70-8349

AP

EXAMINATION DESIRED

CLINICAL PROBLEM

PREVIOUS X-RAY HERE WHEN REQUESTING PHYSICIAN

DATE EXAM DESIRED

8-12-70

MANDIBLE:

THE FRACTURE ENDS IN THE ANTERIOR ASPECT OF THE RIGHT HORIZONTAL RAMUS ARE IN EXCELLENT APPPOSITION AND ALIGNMENT FOLLOWING FIXATION WITH WIRING OF THE TEETH.

THE LEFT CONDYLAR FRAGMENT APPEARS TO BE IN GOOD ALIGNMENT WITH BUT SLIGHT MEDIAL AND POSTERIOR DISPLACEMENT OF 3 OR 4 MM.

FACIAL BONES:

MULTIPLE STEREOSCOPIC FILMS REVEAL RESTORATION OF GOOD CONTINUITY AND ALIGNMENT OF THE FRACTURE FRAGMENTS COMPRISING THE RIGHT ORBIT. ONE METALLIC SUTURE HAS BEEN PLACED AROUND FRAGMENTS IN THE MID PORTION OF THE FLOOR OF THE ORBIT AND ANOTHER UNITES THE ZYGOMATICOFRONTAL FRAGMENTS AT THE SUTURE LINE. A STEREOSCOPIC OBLIQUE VIEW SHOWS THE LATERAL ASPECT OF THE ORBIT BEST AND CONFIRMS THE GOOD ALIGNMENT.

THE BONY CONTINUITY OF THE LATERAL INFERIOR ASPECT OF THE RIGHT MAXILLARY ANTRUM IS MISSING AND IT APPEARS THAT SOME BONE IS ABSENT HERE. A SMALL METALLIC FRAGMENT, ABOUT 5 MM IN AVERAGE DIMENSION, IS LOCATED IN THE REGION WHERE SOME OF THE BONE IS MISSING FROM THE RIGHT MAXILLARY ANTRUM. POSSIBLY THIS A FILLING FROM A TOOTH.

THE RIGHT LATERAL WING OF THE NASAL BONES APPEARS TO HAVE EXCELLENT ALIGNMENT.

RYC:SB

000047

T. KENNETH ORTON, M.D.

R. NEWELL FORD, M.D.

RICHARD Y. CARD, M.D.

HOSPITAL

RADIOLOGY DEPARTMENT

RICHARD Y. CARD, M.D.

R. NEWELL FORD, M.D.



NAME Mrs. June Cox

AGE 34 SEX F BMDW M

ADDRESS Caliente, Nevada

PHONE

DATE 8/9/70

SPONSOR

ADDRESS

OCCUPATION

RFF BY

ACKN

8-24-70

Packs cut & sutures out. Wires  
OK. RTO; or it up. R.F.Y.

8-31-70 Didn't keep appointment

Wires tightened, but are slipping. Pt.  
told much too much.  
RTO; up R.F.Y.

9-23-70 Wires removed

Distension OK. RTO  
Ti pro. R.F.Y.

Dec 18 70

Scar of skin & Pt.  
face not satisfactory  
but Pt. not concerned.

Distension fair, will have scrotal mesh soon

Pt. shoulder motion improving slowly, ad-  
vised to see a local orthopedic surgeon.

000048

8 June Cox.  
8-11-70

0700

Open reduction of  
fracture of right maxilla.  
interosseous wiring,  
+ packing at ~~\$250.00~~  
50% \$125.00

0705 Open reduction of  
compound fracture of man-  
dible - interosseous wiring  
+ application of arch bar.  
\$300.00

0689 Reduction + splinting  
of nasal fracture, with packing.  
at 50% \$50.00

0363  
0366 Resuture of  $1\frac{1}{2}$  inch  
three - and - three laceration of  
lower lip at 50% 31.25

---

\$506.25

DEPARTMENT OF COMMERCE  
Heber M. Wells Building  
160 East 300 South, Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6990

BEFORE THE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING  
DEPARTMENT OF COMMERCE, STATE OF UTAH

---

JUNE W. COX PETE

Petitioner(s)

Case No. PR-02-09-011

-v-

CERTIFICATE OF COMPLIANCE

ST. MARK'S HOSPITAL and DR. ROBERT  
YOUNGBLOOD

Respondent(s),

---

I, W. Ray Walker, Regulatory & Compliance Officer, Division of Occupational & Professional Licensing, Department of Commerce, hereby certify that all requirements set forth in §78-14-12, Utah Code Ann., 1953 as amended, have been satisfied regarding prelitigation review of the above-entitled matter.

Dated this 18<sup>TH</sup> day of December, 2002.

W. Ray Walker  
W. Ray Walker  
Regulatory & Compliance Officer



DEPARTMENT OF COMMERCE  
Heber M. Wells Building  
160 East 300 South, Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6990

BEFORE THE DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING  
DEPARTMENT OF COMMERCE, STATE OF UTAH

JUNE W. COX PETE  
Petitioner(s)

-v-

DR. ROBERT L. YOUNGBLOOD  
Respondent(s),

Case No. PR-02-09-011  
NOTIFICATION OF PANEL  
OPINION

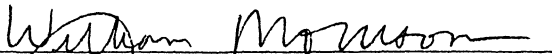
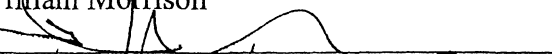
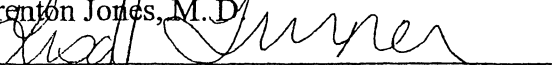
The above-entitled matter came on for hearing on the 12th day of December, 2002, before William Morrison, Sandy Garity, Trenton Jones, M. D., and Lisa Turner, prelitigation panel members all designated in that regard pursuant to section 78-14-12, Utah Code Ann. (1953), as amended, and the rules of procedure promulgated relative thereto.

As to the Respondent, the panel has determined that:

- (1) ☒ The Respondent breached the applicable standard of care.  
The Respondent's breach of the standard of care ☒ **did** or ☐ **did not** result in harm to Petitioner.
- (2) ☐ The Respondent **did not** breach the applicable standard of care.

Based upon the above, the panel finds the claims as set forth in the request for prelitigation review is ☒ **MERITORIOUS** or ☐ **NON-MERITORIOUS**.

Dated this 12<sup>th</sup> day of December, 2002.

	MERITORIOUS	NON-MERITORIOUS
 William Morrison	<input checked="" type="checkbox"/>	<input type="checkbox"/>
 Trenton Jones, M.D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
 Lisa Turner	<input checked="" type="checkbox"/>	<input type="checkbox"/>

000051

JUNE PETE  
RFD  
CALIENTE, NV 89008  
BORN: 16 Jun 36

SWALLAN'S DRUGS - CALIENTE  
P.O. BOX 218  
CALIENTE, NV 89008  
From 31 May 94 To 26 Apr 02

Total Price							Total	Patient	Patient
Rx #	Drug Name	Doctor/Inc.Ref.Auth.	Date	Qty	Refs-Rem		Price	Pay	Total
366830	DIPHENOXYLAT W/ATROP TAB	WILKIN,B.W.	16 Jan 02	50	2 2		24.95	24.95	24.95
363418	CEFACLOX 500 MG CAP	WILKIN,B.W.	16 Nov 01	36	2 2		34.89	34.89	34.89
362541	DOXYCYCLINE 100MG TAB	WILKIN,B.W.	01 Nov 01	30	6 6		15.49	15.49	15.49
349336	RESERPINE 0.25MG TAB	WILKIN,B.W.	26 Feb 01	100	PRN		24.95	24.95	
			08 Oct 01	100			24.95	24.95	
			26 Feb 02	100			24.95	24.95	74.85
349335	THALITONE 25 MG. TAB.	WILKIN,B.W.	26 Feb 01	100	PRN		9.95	9.95	
			08 Oct 01	100			9.95	9.95	
			26 Feb 02	100			9.95	9.95	29.85
345953	DOXYCYCLINE 100MG TAB	WILKIN,B.W.	21 Dec 00	30			13.95	13.95	13.95
337547	THYROID 120MG TAB	WILKIN,B.W.	14 Jun 00	100	PRN		25.89	25.89	
			26 Feb 01	100			25.89	25.89	51.78
337546	POTASSIUM CHLORIDE 10 MEQ CAP	WILKIN,B.W.	14 Jun 00	100	PRN		25.20	25.20	25.20
337051	HYDROCORTONE 20 MG TAB	WILKIN,B.W.	01 Jun 00	100	3 2		17.95	17.95	
			18 Dec 00	100			17.95	17.95	35.90
325599 D	POTASSIUM CHLORIDE 10 MEQ CAP	WILKIN,B.W.	24 Sep 99	30	6		9.95	9.95	
			08 Nov 99	30			9.95	9.95	
			07 Dec 99	30			9.95	9.95	
			19 Jan 00	30			9.95	9.95	
			18 Feb 00	30			9.95	9.95	
			23 Mar 00	30			9.95	9.95	
			09 May 00	30			9.95	9.95	69.65
325598	FUROSEMIDE 40 MG TAB	WILKIN,B.W.	24 Sep 99	60	3 2		8.80	8.80	
			15 Sep 00	60			10.95	10.95	19.75
323691 D	DOXYCYCLINE 100MG TAB	WILKIN,B.W.	06 Aug 99	30	6 5		13.95	13.95	
			24 Sep 99	30			13.95	13.95	27.90
323690 D	RESERPINE 0.25MG TAB	WILKIN,B.W.	06 Aug 99	100	PRN		15.95	15.95	
			07 Dec 99	100			15.95	15.95	
			02 Aug 00	100			15.95	24.95	56.85
323689 D	THALITONE 25 MG. TAB.	WILKIN,B.W.	06 Aug 99	100	PRN		9.95	9.95	
			07 Dec 99	100			9.95	9.95	
			02 Aug 00	100			9.95	9.95	29.85
310144	THYROID 60MG TAB	WILKIN,J D	23 Sep 98	100	2		11.95	11.95	
			19 Nov 98	100			12.99	12.99	
			13 Jan 99	100			13.89	13.89	38.83
306354 D	THALITONE 25 MG. TAB.	WILKIN,B.W.	10 Jun 98	100	PRN		9.95	9.95	
			05 Jan 99	100			9.95	9.95	19.90
306353 D	RESERPINE 0.25MG TAB	WILKIN,B.W.	10 Jun 98	100	PRN		15.95	15.95	
			05 Jan 99	100			15.95	15.95	31.90
306352 D	DOXYCYCLINE 100MG TAB	WILKIN,B.W.	10 Jun 98	40	3 1		17.95	17.95	
			18 Sep 98	40			17.95	17.95	
			20 Nov 98	40			17.95	17.95	53.85
297457	RESERPINE 0.25MG TAB	WILKIN,J D	13 Nov 97	100			12.35	12.35	12.35
297456	HYGROTON 25MG TAB	WILKIN,J D	13 Nov 97	100			9.40	9.40	9.40
280979 D	HYGROTON 25MG TAB	WILKIN,J D	04 Sep 96	100	3 2		9.40	9.40	
			14 Apr 97	100			9.40	9.40	18.80
280978 D	RESERPINE 0.25MG TAB	WILKIN,J D	04 Sep 96	100	3 2		12.35	12.35	
			14 Apr 97	100			12.35	12.35	24.70
280091	GENORA 1/50-28 TAB.	WILKIN,J D	09 Aug 96	30	3		14.95	14.95	
			04 Sep 96	30			14.95	14.95	
			04 Oct 96	30			14.95	14.95	
			30 Oct 96	30			14.95	14.95	59.80
274057 D	RESERPINE 0.25MG TAB	WILKIN,J D	21 Feb 96	100			12.35	12.35	12.35

000052

274056 D	HYGROTON 25MG TAB	WILKIN,J D	21 Feb 96	100			9.40	9.40	9.40
259217 D	HYGROTON 25MG TAB	WILKIN,J D	13 Dec 94	100	4	3	9.40	9.40	
			09 Aug 95	100			9.40	9.40	18.80
259218 D	RESERPINE 0.25MG TAB	WILKIN,J D	13 Dec 94	100	4	3	12.35	12.35	
			09 Aug 95	100			12.35	12.35	24.70
254654 D	RESERPINE 0.25MG TAB	WILKIN,J D	31 May 94	100			12.35	12.35	12.35
254656 D	HYGROTON 25MG TAB	WILKIN,J D	31 May 94	100			9.40	9.40	9.40
							=====		
Total ->							858.39		867.39

## EXHIBITS

Pages:

1-63	Dr. Joseph D. Wilkin, M.D. Medical Records
64-65	Dixie Oral Surgery Medical Records
66-72	Dr. G. Paul Doxey, M.D. Medical Records
73	Photographs of removed surgical gauze
74	CT of Paranasal Sinuses 12-3-01
75-78	Medical Records of Dr. Bruce Wilkin D.D.S.
79-80	Dixie Oral Surgery Bill
81	St. George Radiology Bill
82-84	Dr. G. Paul Doxey, M.D. Bills
85-92	Dixie Regional Medical Center Bills

CASE NO 1-1-426

PATIENT'S NAME

June Peto

DATE			726-3336		SUBSEQUENT VISITS AND FINDINGS	
MO.	DAY	YR				
FEB	20	1995	wt 225	BP 134/82	P 72	
MAR	6	1995	wt 223	BP 142/86	P 72	
			(R) leg hurting & in			
MAR	10	1995	wt 223	BP 128/78	P 72	
			leg still swollen at night with swelling			
MAR	3	1995	wt 218	BP 130/84	P 84	
			leg hurting up a little higher			
MAR	20	1995	wt 220	BP 126/84	P 76	
MAR	27	1995	wt 215	BP 124/86	P 84	
APR	10	1995	wt 218	BP 140/88	P 72	
			P heart taken BP made the arm			
OV	13	1995	wt 221	BP 138/84	P 72	
			(R) eye & head pain x 5 days			
NOV	15	1995	wt	BP 146/94	P 72	
			sinus still hurting			
FEB	21	1996	Refilled Reserpine & Chlorthaladone			
May	13	1996	Have sample of Ortho Nervum = 285			
5	13	96	wt 225	BP 140/94		
JUN	27	1996	wt 221	BP 140/96	P 72	
			4# V	122/82	P 68	
2	1	96	Cellulitis @ face			
			Cephalexin 500 #40 Naproxen #9			
IG	6	1996	Genora 30			

CASE NO

PATIENT'S NAME

000055



13100

CASE NO

PATIENT'S NAME

June Pete

ADDRESS Box

INSURANCE

DATE

3-19-90

TEL NO

726.3336

REFERRED BY

DOB: 6-16-36

OCCUPATION

AGE

SEX

F

S M W D

MAR 19 1990

WT 198

BP 130/80

P 66

Profile 4. 130/80

APR 27 1990

WT 200

BP 146/82

P 78

CL feels sick diarrhea x 1 day

6-14-90

WT 200

BP 124/76

P 66

C.C.

AUG 8 1990

Have samples (4 wk supply) of Demip Regroten 25 mg.

SEP 7 1990

WT 204

BP 150/84

P 72

(128/78)

SEP 19 1990

WT 206

BP 132/86

P 72

S - more headache

OCT 5 1990

Refilled Regroten - #C

7 qd

P 72

JAN 4 1991

WT 206

BP 132/92

MAR 29 1991

WT 213

BP 128/88  
140/86

P 72

Southwest

APR 26 1991

WT 213

BP 138/88

P

OC perlite in eye

JUN 24 1991

Filled Demulen 1/38

OCT 11 1991

WT 216

BP 144/88

P 72

C.C.

DEC 2 1991

WT 221

BP 138/84

P 72

pt has cold 209

JAN 3 1992

Refilled Lo Oval 28's

2/24/92 WT 209

BP 142/92

P 72

5/20/92 WT 208

BP 150/94

(128/84)

AUG 14 1992

Have 3 Samples of Loestrin

JUL 26 1993

WT 224

BP 160/90

P 84

(130/90)

Southwest leg Swelling

OCT 19 1993

Refilled Reserpine + Chlorthaladone

FEB 7 1994

WT 224

BP 160/94

72

JUN 1 1994

Refilled Reserpine

140/82

SEP 12 1994

WT 228

BP 140/80

P 72

NOV 14 1994

WT 228

BP 140/88

P 72

loss of voice

12/12/94

WT 226

BP 150/108

P 72

(128/88)

JAN 23 1995

WT 228

BP 130/84

P 72

FEB 3 1995

WT 225 3/4

BP 146/90

72

110/74

000056

PATIENT'S NAME

CASE NO

Patient #1-1-426 June Pete  
6-17-96 Wt. 221 BP 140/96 P 74  
Recheck BP 122/82 P 60

CC: Patient is here today for a checkup and says that she is feeling fairly good and having no problems.

P.E. Exam today showed lungs are clear; heart is regular.

IMP: 1. Hypertension under good control.  
2. Hormone deficiency well controlled w/birth control pills.

PLAN: Gave sample of Ortho Novum 777 which was the only birth control pill we had here today and will get some more for her to continue with. Will have her continue the Reserpine .25 mgs. 1/2 tablet qd and Chlorthalidone 25 mgs. 1/2 tablet q/am. See for f/u prn.

jd

000057  
000003

Patient #1-1-426 June Pete  
4-10-95 Wt. 218½ BP 140/88 P 72

CC: Patient is here today for a checkup and is somewhat discouraged because her weight is up 3½ lbs. She thought she was watching her salt quite closely; however she has not been restricting fluids at all and thinks she might be drinking as much as 2 qts/day.

P.E. Exam today showed lungs are clear; heart is regular. There was 3+ pitting edema of the R lower leg and 1+ pitting edema of the L lower leg.

IMP: 1. Mild CHF.  
2. Hypertension under fair control.

PLAN: Restrict the pt's. fluid to about 1 qt./day during cool weather. Have her watch salt more closely, continue to limit her calories as much as possible and will see for f/u in about 2 weeks. Will have a comprehensive chem. panel at that time.

jd

Patient #1-1-426 June Pete  
11-13-95 Wt. 221 BP 138/84 P 72

CC: Pt. is here complaining of R eye and head pain for the last 5 days.

P.E. Exam today showed marked swelling and edema under the R eye w/swelling of the whole R side of the face. R nostril was boggy w/clear mucous. L nostril appeared normal. OP was normal. There is tenderness to palpation of the R Zygomatic area. The lungs are clear; heart is regular.

IMP: 1. R Sinusitis.  
2. Possible Cellulitis of the R side of the face.

PLAN: St. the pt. on Cephalexin 500 mgs. q/6, Naldacon 1 q/12 and see for f/u in about 2 days if not having some improvement.

jd

Patient #1-1-426 June Pete  
11-15-95 Wt. BP 146/94 P 72

CC: Pt. is here complaining of continued pain in the R side of the face. The R side of the face is still swollen but the L side is smaller than when she was seen 2 days ago. It is painful for her to open her mouth but there is less redness under the R eye.

IMP: 1. Resolving cellulitis.

PLAN: Continue the Cephalexin 500 mgs. q/6 and will see for f/u if not improving markedly in the next 2-5 days.

jd

000058  
000004

Patient #1-1-426 June Pete  
2-20-95 Wt. 225 BP 134/82 P 72

CC: Patient is here today for a checkup on her BP and admits she hasn't been watching her diet too closely.

P.E. Exam today showed lungs are clear; heart is regular.

IMP: 1. Hypertension adequately controlled.  
2. Obesity.  
3. Probable fluid retention.

PLAN: Advised pt. to watch herself more closely, decrease her dietary intake and change her back to Reserpine as previously. Will see for f/u in about 1 month.

jd

Patient #1-1-426 June Pete  
3-6-95 Wt. 223 BP 142/86 P 72

CC: Pt. is here complaining of pain in the R leg which has been present for the last 3 days.

P.E. Examination today showed lungs are clear; heart is regular. The R calf was very swollen and tight w/ marked edema around the ankle. The L ankle was soft.

IMP: 1. Probable phlebitis of R leg vs CHF.

PLAN: Have pt. <sup>Lotensin</sup> apply heat and elevation to the leg. Will change her back to the ~~Lasix~~ 20 mgs. qd w/ Lasix 40 mgs. qd and see for f/u in 4 days, or before that if the pain becomes more severe. Also advised she continue taking 1-2 aspirin daily.

jd

Patient #1-1-426 June Pete  
3-10-95 Wt. 213 BP 130/84 P 84

CC: Patient is here today for a checkup on her R lower leg and says it is still quite swollen. She says she has been elevating it at night and using a heating pad.

P.E. Exam today showed lungs are clear; heart is regular.

IMP: 1. Thrombophlebitis of R leg vs. CHF.

PLAN: Take Lotensin 20 mgs. qd, have her increase Lasix to 40 mgs. qd and see for f/u in 3 days. Advised against her taking a long trip until symptoms subside.

jd

000059

000005

Patient #1-1-426 June Pete  
11-14-94 Wt. 228 BP 140/88 P 72

CC: Pt. is here complaining about a loss of voice for the past 3 days.

P.E. Exam today showed HEENT wnl, the lungs are clear; heart is regular.  
The voice was quite weak.

IMP: 1. Laryngitis.

PLAN: St. the pt. on Amoxicillin 500 mgs. q/8 and see for f/u prn.  
jd

Patient #1-1-426 June Pete  
1-23-95 Wt. 228 BP 130/84 P 74

CC: Patient is here today for a checkup and says she has been trying to be careful about her diet and eating, but she is still gaining weight. She says that her legs also swell every night and especially if she leaves her boots off for awhile it is hard to put them back on.

P.E. Exam today showed lungs are clear; heart is regular.

IMP: 1. CHF.  
2. Hypertension.

PLAN: Try the pt. on Lotensin 20 mgs. qd, Lasix 40 mgs. 3 x weekly or 20 mgs. qd. for awhile. Gave her new samples of LoOvral 1 qd, and will see for f/u in 2 weeks to see if this is making some difference. Also dispensed some Amoxicillin 500 mgs. q/8.

jd

Patient #1-1-426 June Pete  
2-6-95 225-3/4 BP 146/90 P 72  
Recheck BP 110/74

CC: Pt. is a little bit confused on how she is to be taking her medicine and has not taken her Lotensin today because she ran out; however, she was continuing w/the Reserpine .125 qd w/Chlorthaladone 25 mgs. 1/2 tablet q/am.

P.E. Exam today showed lungs are clear; heart is regular.

IMP: 1. Hypertension slightly over controlled.  
2. Fluid retention w/possible mild CHF.

PLAN: Will DC the Reserpine for the time being. Have her use Lotensin 20 mgs. qd, Lasix 20 mgs. qd, also stop the Chlorthaladone and see for f/u in 2 weeks.

jd

000060  
000006

Patient #1-1-426 June Pete  
2-7-94 Wt. 224 BP 160/94 P 72  
Recheck BP 140/82

CC: Patient is here today for a check-up and says she is feeling fairly good, but is not too well informed as to why she keeps having some swelling in the legs.

P.E. Exam today showed lungs are clear; heart is regular.

IMP: 1. Hypertension under fair control.  
2. Hormone Deficiency.  
3. Fluid retention secondary too much salt consumption.

PLAN: Advised her to cut salt out of her diet as much as possible, reduce the total fat intake to a bare minimum, increase her consumption of fruits and vegetables and will see for f/u in 1-2 months.

jd

Patient #1-1-426 June Cox (Pete)  
9-5-94

CC: Pain and bleeding of L upper scalp. The pt. was tightening fence wire tonight, pulled back hard, something broke and she fell backwards and struck her head against the horse trailer. She was not knocked unconscious but did feel some bleeding so came in.

P.E. Exam showed pupils equal and reactive. There was a large goose egg present on the L superior occipital region which had a 1.5 cm laceration. The area was cleaned w/Betadine Scrub and injected w/2% Xylocaine w/Epinephrine and closed w/a running suture of 4-0 Ethilon. Pressure dressing was applied.

IMP: 1. Scalp laceration and contusion.

PLAN: Advised the pt. to not lie down right away and will see for f/u in 1 week for suture removal or before that if any complications seem to be developing.

jd

Patient #1-1-426 June Pete  
9-12-94 Wt. 228 BP 140/80 P 72

CC: Patient is here today for a check-up and says that her head is feeling good and she is having no other problems.

P.E. Exam showed the scalp laceration to be well healed. All sutures were removed w/o difficulty.

IMP: 1. Healed scalp laceration.

PLAN: See for f/u prn.

jd

000061  
000007

Patient #1310-0 June Pete  
5-20-92 Wt. 208 BP 150/94 P 72

CC: The pt. says that her leg is gradually getting better.  
She wanted some more Lo-Ovral but none were available so she was given a sample of Lo-Estrin today. The R lower leg has been swelling some but I feel this is due to impaired veinous return secondary to the previous injury.

PLAN: Advised she use heat & elevation on the R leg and take Ibuprofin 400 mgs. tid.  
See for f/u prn.

P#1310-0 June Pete  
12-13-92

Pt. is here because of a laceration to the r. side of her upper lip. She says that she tried to throw a piece of wood that had some sort of rough surface. It grabbed onto a hole in her glove & flipped back & hit her in the upper lip. She doesn't know when her last tet. tox. was. She reported that the laceration bled quite freely.

P.E. Showed a .8 cm. laceration of the r. upper lip which didn't extend through to the buccal surface. It did cause some bruising to the buccal surface. It was cleaned w/ betadine. Injected w/ 2% xylocaine w/ epinephrine & closed w/ a running suture of 5-0 silk. Advised pt. to keep this clean; applied some neosporin & see for f/u in 7-9 days for suture removal or before that if any complications such as infection seem to be developing.

P# 1310-0 June Pete  
7-26-93 Wt 224. BP 160/90. Pulse 84. Recheck BP 130/90.  
C.C. Patient is here complaining of some intermittent sore throat which usually comes on the the mornings, swelling in the right lower leg. She says the swelling has gone down some now over the past several days.

P.E. Lungs clear. Heart regular.  
Oral pharynx was not severely inflammed.  
The right lower leg had some tenderness and luminess along the medial aspect just proximal to the knee.

Imp. 1. Possible superficial thrombophlebitis of the right lower leg.  
2. Increasing obesity.  
3. Hypertension.

Plan Encouraged the patient to start taking off weight. Advised that she should take at least 5 cups of veggies or fruit daily. Will have her continue with 1 ASA daily. Gave samples of Demulen 1/50 to be taken one daily and have her continue with the Regroten. Also advised her to lie down with the leg elevated and put a heating pad on it and to avoid sitting for long periods of time while driving. Will see for F/U if not improving markedly in the next 4-5 days.

SW

000062  
000008

Patient #1310-0 June Pete  
11-19-91

Refilled her Demi Regroton 25 mgs. q/am.

jd

Patient #1310-0 June Pete  
12-2-91 Wt. 221 BP 138/84 P 72

CC: Pt. is here today complaining of sore throat and some head congestion.

P.E. Exma today showed oral pharynx to be mildly inflamed, TM also appear to be mildly inflamed.

IMP: 1. Pharyngitis.  
2. URI.

PLAN: St. the pt. on Amoxicillin 500 mgs. q/8 and gave some samples of Travist D 1 q/12 prn head congestion. See for f/u prn.

jd

Patient #1310-0 June Pete  
2-24-92 Wt. 209 BP 142/92 P 72  
Recheck BP 128/84

CC: Pt. is here today because of lacerating her L hand 2 days ago. She says this happened while she was slicing meat and it has become a little more stiff and sore today than it was yesterday.

P.E. Exam today showed lungs are clear; heart is regular. The dorsal L hand showed a 2½-3 mm laceration situated over the 3rd NP joint. The surrounding area was somewhat inflamed and moderately puffy.

IMP: 1. Laceration of the L hand w/probable early infection.

PLAN: St. the pt. on Cephalexin 500 mgs. q/6, also advised heat and elevation to the hand and will see for f/u if not improving markedly within the next 2 days.

jd

Patient #1310-0 June Pete  
3-2-92

CC: Pt. is here today for reevaluation of the L hand. She says she stopped taking the antibiotics about 2 days ago because she thought it was getting better.

P.E. Exam today showed most all of the swelling to be gone out of the L hand. The scab is dry and there is no indication of any continuing infection.

IMP: 1. Knife Wound to L Hand Healing w/o apparent complciations.

PLAN: No further restrictions on the pt's. activity and will see for f/u prn.

JD

000063

000009



Patient #1310-0 June Pete  
1-4-91 Wt. 206 BP 132/92 P 72  
Recheck BP 128/88

CC: Pt. is here today for a checkup and says she has had a cold and thinks she might be starting to get a sinusitis.

P.E. Exam today showed TM wnl, oral pharynx was normal. There was no tenderness to percussion over the frontal or maxillary sinus area. The lungs are clear; heart is regular.

IMP: 1. URI.  
2. Hypertension under fair control.

PLAN: Continue w/previous medications. Have her take TCN 500 mgs. q6 for the next 3-4 days to prevent Sinusitis and will see for f/u prn.

jd

Patient 1310-0 June Pete  
3-29-91 Wt. 213 BP 140/86 P 72

CC: Patient is here today for a check-up and says she has been having sore throat w/some loss of voice. She was started on TCN a couple of days ago and thinks it has improved.

P.E. Exam today showed TM wnl, oral pharynx was not inflamed, the lungs are clear; heart is regular. The pt's. voice is somewhat hoarse.

IMP: 1. Laryngitis.

PLAN: Continue the TCN 500 mgs. q/6 and see for f/u if not improving markedly in the next 3-4 days.

jd

#1310-0 JUNE PETE

4-26-91 WT: 213 BP 138/88 P

C.C. Patient is here today complaining of a peice of perlite in the left eye.

P.E. A rather good size of perlite adherent to the conjunctivia at the 7o'clock position, about mid-way from the pupil and the edge. Pontacaine was instilled and this was removed by touching it with a currette. The eye was then irrigated and ther appeared to be some smaller pieces more superior and lateral on the conjunctivia. These were removed with a moistened Q-tip. Antibiotic ointment was then instilled.

IMP: 1. F/B removed from left eye.

PLAN: F/U prn.

bm

P# 1310-0 JunePete

10-11-91 Wt 216. BP 144/80. Pulse 72.

C.C. Patient is here for refill on her birth control pills and sys she hasn't had a menstrual period now for 7-8 months.

P.E. Lungs clear. Heart regular.

Imp. Hormone deficiency.

Plan Reduce the Estrogen content by changing her over to LoOvral 28's. Will see

000064  
000010

Patient # 310-0 June Pete  
5-27-90 Wt. 200 BP 146/82 P 78

CC: Pt. is here for a checkup and says she has been feeling sick, having some diarrhea and nausea most of the day. She says she ate some hot cakes and sausage at the Knotty Pine Cafe this morning.

P.E. Exam showed lungs clear and heart regular.

IMP: 1. Viral Gastroenteritis.

PLAN: Gave Lomotil q/4 prn diarrhea and some Promethazine 25 mgs. q/4 prn nausea. Continue the previous anti-hypertensive medication and see for f/u prn.

jd

Patient #1310-0 June Pete  
9-7-90 Wt. 204 BP 150/84 P 72  
Recheck BP 120/78

CC: The pt. says she is feeling okay but needs some medication refills.

P.E. Exam today showed lungs clear; heart regular.

IMP: 1. Hypertension.  
2. Hormone Deficiency.

PLAN: Continue the pt. on Demulen 1/35 as previously, continue w/Demi Regroten 1 qd and see for f/u when she runs out again.

jd

Patient #1310-0 June Pete  
9-19-90 Wt. 206 BP 132/86 P 72

CC: Pt. is here complaining of R side sinus headache.

PE.. Exam today showed some tenderness on R side of head on percussion. Nasal mucosa was red and boggy. Oral pharynx was normal. Lungs were clear and heart was regular.

IMP: 1. Sinusitis.

PLAN St. the pt. on Amoxicillin 500 mgs. q/8 and see for f/u if not improved in the next 2-3 days.

jd

000065

PATIENT PETE, JUNE

MAR 23 1990

REFERRED BY APL

153

AGE/SEX 66/16/76 F

ACCESSION NO 01387945

JOSEPH WILLI IN MD

COLLECTED 03/20/1990 12:35

MED RECORD NO 0000256921

PO BOX 472

RECEIVED 03/20/1990 15:09

PANACA, NV 89042

TEST  
PATIENT (FELLING)

RESULTS

FLG

REFERENCE RANGE

UNITS

LOW

NORMAL

HIGH

PROFILE 1, BASIC CHEMISTRY

GLUCOSE	83		70-130	MG/DL		X	
BUN	13		5-20	MG/DL			X
CREATININE	.9		0.5-1.5	MG/DL			X
BUN/CREATININE RATIO	14.4						
URIC ACID	7.9	H	2.0-6.7	MG/DL			X
PHOSPHORUS	2.4		2.0-4.5	MG/DL		X	
CALCIUM	11.1	H	8.0-10.5	MG/DL			X
TOTAL PROTEIN	6.9		6.0-8.0	G/DL			X
ALBUMIN	3.9		3.2-5.0	G/DL			X
GLOBULIN	3.0		1.3-3.6	G/DL			X
A/G RATIO	1.30		0.99-3.55			X	
TOTAL BILIRUBIN	.6		0.1-1.2	MG/DL			X
DIRECT BILIRUBIN	.1		0.0-0.3	MG/DL		X	
INDIRECT BILIRUBIN	0.5		0.0-1.2	MG/DL			X
ALP ALKALINE PHOSPHATASE	45		40-120	IU/L		X	
GGT	8		5-50	IU/L		X	
ALT (SGPT)	19		3-45	IU/L			X
AST (SGOT)	19		3-45	IU/L			X
LDH	124		60-260	IU/L			X
SODIUM	139		135-155	MEQ/L		X	
POTASSIUM	3.7		3.5-5.6	MEQ/L		X	
CHLORIDE	101		98-110	MEQ/L		X	
CO2	31		22-31	MEQ/L			X
CHOLESTEROL	166		140-200	MG/DL			X
TRIGLYCERIDES	108		30-150	MG/DL			X

NAME ON FLUORIDE TUBE AND TEST REQUEST DO NOT MATCH

DOCTOR HAS BEEN NOTIFIED

14 7.1 5.0-13.0 UG/DL X

HEMOGRAM

WBC	8.69		4.30-10.00	I /CMM			X
RBC	4.46		4.00-5.50	M /CMM		X	
HEMOGLOBIN	15.1		11.0-16.0	G/DL			X
HEMATOCRIT	42.5		37.0-47.0	%		X	
MCV	95.4		81.0-97.0	FL			X
MCH	34.0		27.0-34.0	PG			X
MCHC	35.6		32.0-36.0	%			X
PLATELET COUNT	237		135-450	I /CMM		X	

NAME ON LAVENDER AND TEST REQUEST DO NOT MATCH

DOCTOR HAS BEEN NOTIFIED

DIFFERENTIAL

SEGMENTED NEUTROPHILS	65.7		42.0-71.0	%			X
LYMPHOCYTES	24.5		24.0-44.0	%		X	
MONOCYTES	6.8		2.0-12.0	%			X

000066

000012

PATIENT PETE, JUNE

MAR 23 1990

REFERRED BY APL

158

AGE/SEX 66 Y 56 F

ACCESSION NO 01387945

JOSEPH WTLI IN MD

COLLECTED 03/20/1990 12:35

MED RECORD NO 0000256901

PO BOX 472

RECEIVED 03/20/1990 15:09

PANACA, NV 89042

TEST	RESULTS	FLG	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
EOSINOPHILS	1.9		0.0-8.0	%		X	
BASOPHILS	0.4		0.0-2.0	%		X	
LARGE UNCLASSIFIED CELLS	0.0		0.0-4.0	%		X	

NAME ON LAVENDER AND TEST REQUEST DO NOT MATCH

DOCTOR HAS BEEN NOTIFIED

000067

000013

PATIENT PCTE, JUNE

REFERRED BY APL

J58

AGE/SEX 66/10 F  
COLLECTED 07/20/1996 12:35  
RECEIVED 07/20/1996 15:09

ACCESSION NO 01387945  
MED RECORD NO 0000256971  
PO BOX 472  
PANACA, NV 89042

TEST	RESULTS	FLG	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
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PROFILE 1, BASIC CHEMISTRY

GLUCOSE	83		70-130	MG/DL		X	
BUN	17		5-20	MG/DL			X
CREATININE	.9		0.5-1.5	MG/DL		Y	
BUN/CREATININE RATIO	14.4						
URIC ACID	7.9	H	2.0-6.7	MG/DL			X
PHOSPHORUS	2.4		2.0-4.5	MG/DL	X		
CALCIUM	11.1	H	8.0-10.5	MG/DL			X
TOTAL PROTEIN	6.9		6.0-8.0	G/DL		X	
ALBUMIN	3.9		3.2-5.0	G/DL		X	
GLOBULIN	3.0		1.3-3.6	G/DL			X
A/G RATIO	1.30		0.99-3.55		X		
TOTAL BILIRUBIN	.6		0.1-1.2	MG/DL		X	
DIRECT BILIRUBIN	.1		0.0-0.3	MG/DL		X	
INDIRECT BILIRUBIN	0.5		0.0-1.2	MG/DL		X	
ALKALINE PHOSPHATASE	45		40-120	IU/L	X		
GGT	8		5-50	IU/L	X		
ALT (SGPT)	19		3-45	IU/L		X	
AST (SGOT)	19		3-45	IU/L		X	
LDH	124		60-260	IU/L		X	
SODIUM	139		135-155	MEQ/L	X		
POTASSIUM	3.7		3.5-5.6	MEQ/L	X		
CHLORIDE	101		98-110	MEQ/L	X		
CO2	31		22-31	MEQ/L			X
CHOLESTEROL	160		140-200	MG/DL		X	
TRIGLYCERIDES	108		30-150	MG/DL			X

NAME ON FLUORIDE TUBE AND TEST REQUEST DO NOT MATCH  
DOCTOR HAS BEEN NOTIFIED

T4	7.1		5.0-13.0	UG/DL		X	
----	-----	--	----------	-------	--	---	--

HEMOGRAM

WBC	8.67		4.30-10.00	I /CMM			X
RBC	4.46		4.00-5.50	M /CMM	Y		
HEMOGLOBIN	15.1		11.0-16.0	G/DL			Y
HEMATOCRIT	42.5		37.0-47.0	%		X	
MCV	95.4		81.0-97.0	FL			X
MCH	34.0		27.0-34.0	PG			X
MCHC	35.6		32.0-36.0	%			X
PLATELET COUNT	237		135-450	I /CMM		X	

NAME ON LAVENDER AND TEST REQUEST DO NOT MATCH  
DOCTOR HAS BEEN NOTIFIED

DIFFERENTIAL

SEGMENTED NEUTROPHILS	45.7		42.0-71.0	%			X
LYMPHOCYTES	24.5		24.0-44.0	%			
MONOCYTES	7.8		2.0-12.0	%			

000068

000014

PATIENT PETE, JUNE

REFERRED BY APL

158

AGE/SEX 06/16/36 F

ACCESSION NO. 01387945

JOSEPH WILKIN MD

COLLECTED 03/20/1990 12:35

MED. RECORD NO. 0000256921

PO BOX 472

RECEIVED 03/20/1990 15:09

PANACA, NV 89042

TEST	RESULTS	FLG	REFERENCE RANGE	UNITS	LOW	NORMAL	HIGH
EOSINOPHILS	1.9		0.0-8.0	%		X	
BASOPHILS	0.4		0.0-2.0	%		X	
LARGE UNCLASSIFIED CELLS	0.8		0.0-4.0	%		X	

NAME ON LAVENDER AND TEST REQUEST DO NOT MATCH  
DOCTOR HAS BEEN NOTIFIED



000069

000015

CASE NO 3079  
726-3336

PATIENT'S NAME

June Pett

DATE			SUBSEQUENT VISITS AND FINDINGS		
MO	DAY	YR			
			wt: 222 1/4	BP: 152/90	P 72
B 25	MAY	1987	wt 222	BP 152/94	p 96
			Dumore stool		
3	S	87	wt 219	BP 160/94	p 108
			CC 219		
3	16	87	wt 217	BP 140/96	p 84
			CC BP v-up		
JUN 12	1987		wt	BP	P
			CC BP v-up		
6	12	87	wt 223	BP 162/102	p 72
				136/88	
AUG 24	1987		wt 221 3/4	BP 160/106	p 78
				136/86	
10	21	87	wt 220	BP 132/84	p 72
NOV 20	1987		wt 221	BP 134/90	P 78
				138/98	P 72
12	21	87	wt 222	BP 148/80	P 72
FEB			wt 214 1/2	BP	P 72
FEB 15	1988		wt 213 1/2	BP 150/86	P 72
			BP v-up	130/88	
MAR			wt 212	BP 138/90	P 72
			CC	130/86	
APR 13	1988		wt 215	BP 134/80	P 68
MAY 20	1988		wt 215 3/4	BP 138/82	P 72
JUL 23	1988		wt 211	BP 152/96	P 68
				148/92	
AUG 8	1988		wt 211 1/2	BP 150/90	P 72
SEP 7	1988		CC, poss scratched eye & pelvic + pap smear		
			wt 212 1/2	BP 150/92	P 60
OCT 1	1988		Coughing - chest congestion		
			wt 207 1/4	BP 142/90	P 78
NOV 16	1988		Injured foot on 10/8/88	136/90	
JAN 6	1989		Refilled Regroten & Reserpine		
			wt 206	BP 148/98	P 72
4	26	89	wt 205	BP 130/88	P 78
			BP v-up		
AUG 5	1989		wt 204	BP 150/90	P 78
			U.T.I. symptoms		
NOV 15	1989		wt 195	BP 150/90	P 72
FEB 5	1990		wt 198 1/2	BP 142/86	P 72

CASE NO

PATIENT'S NAME

3-1

CASE NO

Pete June

PATIENT'S NAME

ADDRESS

Caliente, NV

INSURANCE

DATE 10-2-83

TEL NO

DOB

REferred BY 10-110-310

OCCUPATION

garman

AGE

46

SEX

F

S (M) W D

JUN 02 1983

10-2-230

BP (110/98)

P-78

CC - 1st pregnancy (infection)

Wt 217 BP 162/96 P 72  
CC pop & pulse Lmp Aug 24-84

10/2-1/84 BP 140/90

CEI Wt 221 BP 152/88 P 84  
CC POSS pneumonia

10/2/85 Wt 219 BP 138/84 P 96  
cough still severe not sleeping

10-7-85 Wt BP P  
cough - out of antibiotics

CC Wt 219 BP 160/96 P 84  
nose bleed

Wt BP 150/110 P 88  
140/104 Dr.  
Ritaku

11/1-1/85 BP 160/110 P 72  
140/86

Wt BP 160/100 P  
CC: BP v-up 158/98

2-3 Wt BP 160/100  
FEB 26 1986 Wt 216 BP 152/108 P 84  
152/102

3/10/86 Wt 218 BP 156/104 P 84

APR 10 1986 Wt 216 BP 122/92 P 72  
CC out of pub. 118/86  
6/5/86 BP 132/90

JUL 23 1986 Wt 216 BP 140/88 P 72  
BP 130/80

8/25/86 pneumonia .625 qd except 1st 5 days / 1000  
pneumonia 10 mg qd last 5 days / 1000

11/3/86 Wt 219 BP 166/96 P 96  
11-8-86 Wt BP  
11/17/86 Wt 218 BP 148/92 P 77

000071



Patient #1310-0 June Pete  
4-26-89 Wt. 205 BP 130/88 P 78

CC: Pt. is here today for a checkup and says that she is feeling okay.

P.E. Exam today showed lungs clear; heart regular. Repeat of BP was 120/80.

IMP: 1. Hypertension under good control.  
2. Hormone Deficiency.

PLAN: Continue with Regroten 1 tablet daily and Demulen 1/35. Will see for f/u in 2-3 months or prn.

jd

Patient #1310-0 June Pete  
8-30-89 Wt. 204 BP 150/90 P 78

CC: Pt. is here complaining of urinary tract symptoms.

P.E. Exam today showed lungs clear, heart regular. UA showed specific gravity of 1.025, PH 5, Trace of protein, small amount of bilirubin. Microscopic examination of spun specimen showed 7-9 WBCs, 2+ bacteria, 0-3 Epithelial cells.

IMP: 1. UTI

PLAN: St. the pt. on SXT DS 1/12, encouraged her to drink more water and will see for f/u prn.

Patient #1310-0 June Pete  
11-15-89 Wt. 195 BP 150/90 P 72

CC: Pt. is here today for a checkup and says that she is feeling fairly good.

P.E. Exam today showed lungs clear; heart regular.

IMP: 1. Obesity climbing.  
2. Hypertension under fair control.

PLAN: Continue w/Regroten as previously, encouraged her to stay w/her diet and exercise and see for f/u prn.

jd

Patient #1310-0 June Pete  
2-5-90 Wt. 198½ BP 142/86 P 72

CC: Pt. is here today for a checkup and says she is feeling good except for some headaches.

P.E. Exam today was wnl.

IMP: 1. Hypertension.  
2. Hormone Deficiency.

PLAN: Continue w/Demulin 1/35 as previously directed, Regroten 1 tablet qd or Demi Regroten 2 tablets qd. and will see for f/u prn.

jd

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Patient #1310-0 June Pete

9-7-88 Wt. 212½ BP 150/92 P 60

CC Cough and chest congestion for the past 2 or 3 days. Pt. says she is producing a yellow sputum.

P.E. Exam today showed lungs with rattling ronci and some yellow sputum was produced. This was plated.

IMP: 1. Bronchial pneumonia.

PLAN Gave the pt. Pen G 1.2 mil units IM in L buttock. Will follow this with Pen VK 500 mgs. q/6 and Entex LA 1 q/12 and Theophylline 250 mgs. SR q/12. See for f/u if not improving within the next 2 or 3 days.

jd

Patient #1310-0 June Pete

10-17-88 Wt. 207½ BP 142/90 P 78  
Recheck BP 136/90

CC Pt. is here today to have her L foot checked. She says she injured it on 10-8-88 when some of her help dropped a pole on it. She says that it hurts so severely she hasn't been able to get around very well until the last couple of days, and she wonders if she needs to have an x-ray or something to determine if it was broken.

P.E. Exam today showed mild swelling of the L foot. There was tenderness over the dorsal arch of the foot on palpation and manipulation. No displaced bones or other indications of fracture were present.

IMP: 1. Probable contusion or sprain of the the arch of the L foot.

PLAN Advised continue light duty with avoidance of walking and use of aspirin as needed. Will see for f/u prn.

jd

P# 1310-0 June Pete

1-6-89 Wt 206. BP 148/98. Pulse 72. Recheck BP 138/86.

C.C. Patient is here today for a check-up and reports not having any particular problems but did start having a menstrual period 2 days ago.

P.E. Lungs clear. Heart regular.

Imp. 1. Hypertension under fair control.  
2. Hormone deificency.

Plan Continue with the Regroton 1 tab. daily and Demulen 1/35 inthe usual manner and will see for F/U in about 3 months.

sw

000073

000010

Patient #3519 June Pete

5-28-88 Wt. 215-3/4

BP 128/82

P 72

CC Pt. is here for refill on medication. She says she is feeling well but hasn't had any menstrual bleeding in the past 2 months in spite of taking the Demulen 1/35 as directed.

P.E. Examination today showed lungs clear, heart regular.

IMP: 1. Hypertension under good control.  
2. Hormone Deficiency.

PLAN Continue with Demulen 1/35 as previously. Will also continue with the Regroten 1 every morning, and will see for f/u in about 1 month.

jd

Patient #3519 June Pete

7-22-88 Wt. 211

BP 152/96

P 68

Recheck BP 148/92

CC Pt. is here today for a checkup and says she is feeling good.

P.E. Exam today showed lungs clear, heart regular.

IMP: 1. Hypertension under fair control.  
2. Hormone deficiency.

PLAN Continue with the present dose of Demulen 1/35 and Regroten and will see for f/u in about 1 month. At that time will probably schedule for a pap smear and pelvic exam since she hasn't had any menstrual bleeding now in 4 months.

jd

Patient #1310-0 June Pete

8-8-88 Wt. 211½

BP 150/90

P 72

CC Irritation in the R eye. Pt. thinks she also needs to have a pelvic and pap smear. She reports the eye irritation beginning when she visited the Popping Plant last Saturday or Sunday.

P.E. Exam today showed a small speck on the L/eye when examined with the dye. This was clear and removed with a spud after which the dye remained but I don't believe the foreign object was still present. Some triple antibiotic ointment was instilled. Breast exam was normal, without mass or tenderness or expressible fluid. Pelvic exam showed white vaginal discharge which was negative for Trichomonis and Yeast. The cervix appears to have a little inflammation. A pap smear was taken. By manual exam shows 2+ prolapse of the bladder.

IMP: 1. Hormone Deficiency.  
2. Bladder prolapse.  
3. Foreign body of L/cornea removed.

PLAN Will have the pt. continue to wear the patch with the triple antibiotic ointment until tomorrow a.m. and will see for f/u thereafter if the eye pain continues.

jd

000074

Patient #3519 June Pete

2-15-88 Wt. 213½

BP 152/86

P 72

CC Pain in the left lower leg for the past 4 to 5 days. The pt. said it is a little bit better today. On questioning she says that she often sits in her recliner chair at home and goes to sleep there rather than in her bed.

P.E. Lungs clear, heart regular. The L lower leg showed slight swelling and increased redness. Some lumps were palpated just under the skin in the posterior portion of the lower leg in the calf and the ankle which were tender. Pain in these areas was increased with elevation of dorsaflexion of the foot.

IMP: Possible superficial thrombophlebitis of the L lower leg.

PLAN Advised pt. to not sit in her recliner chair, but rather be up walking or lying down. Will have her start aspirin, 2 tablets daily, and will continue with previous medications. See for f/u in about 1 week, or before that if the symptoms become more severe.

jd

Patient #3519 June Pete

3-5-88 Wt. 212

BP 138/90

P 72

Recheck BP 130/86

CC Pt. says she is feeling well and continues to loose weight gradually. She also reports that the left leg is feeling quite a bit better, and she is continuing to take about 4 or 5 aspirin daily and keeps the leg elevated as much as possible.

P.E. Lungs clear, heart regular.

IMP: 1. Hypertension under fair control.  
2. Thrombophlebitis resolving.

PLAN Continue the Regotin 1 tablet q/am, also continue with the aspirin and the present diet and see for f/u in about 1 month or before that if any problems develop.

jd

Patient #3519 June Pete

4-13-88 Wt. 215

BP 136/80

P 68

CC Pt. is here today for a checkup and says that she is feeling good with the Regroten.

P.E. Exam showed lungs clear, heart regular.

IMP: 1. Hypertension under good control.

PLAN Continue with the Regroten as previously and see for f/u prn.

jd

000075  
000021

Telephoned them 3/11/88  
JD -

COMBID INSURANCE COMPANY OF AMERICA  
5050 NORTH BROADWAY CHICAGO, ILLINOIS 60640 • PHONE 275-8000

MESSAGE

REPLY

TO

Joseph D Wilkins MD  
Box 472  
P.O. Box 711 89042  
13541638

DATE

March 3, 1988

Dear Dr. Wilkins,

Enclosed is a copy of the coverage memo  
regarding Mrs. Pte that you requested. If  
this information is incorrect please  
be corrected now. Enclosed is an envelope  
for your convenience.

DATE 3-11-88

This info is not only  
incorrect, it is unsigned  
and the dates are wrong  
(with the exception of  
1-25-87 which was the date

BY

Michael Kracker, Claims Adj.

SIGNED

of the original injury.  
Please refer again to this  
copy of letter mailed to you  
2/9/88. J. Wilkins, MD

RECIPIENT - KEEP THIS COPY. RETURN WHITE COPY TO SENDER

100044-A

000076

000022

**COMBINATION INSURANCE COMPANY**  
OF AMERICA • 5050 BROADWAY, CHICAGO, ILLINOIS 60640

Dear Doctor

In order that we may promptly service the claim of the patient named below, will you please

☐ complete entire form ☒ answer only questions checked Thank you A return envelope is enclosed

NOV 16 1987  
Joseph D. Wilkins M.D.  
Box 472  
Panama NV 89042

DATE 10/29 1987

CLAIM NUMBER 13541838

RE

June W. Pete  
May 93  
Caliente NV 89008

☐ 1 DIAGNOSIS (INCLUDING COMPLICATIONS)

FX of left Scapula, Hypertension, Numerous lacerations  
(1-25-87)

☐ 2 HISTORY OF ONSET AS GIVEN BY PATIENT

NOV 9 1987

☐ 3. IF ACCIDENT,  
DATE OF INJURY \_\_\_\_\_ 19 \_\_\_\_

IF ILLNESS,  
DATE OF FIRST SYMPTOMS \_\_\_\_\_ 19 \_\_\_\_

☐ 4 PLEASE DESCRIBE ANY DISEASE OR INFIRMITY AFFECTING CONDITION CAUSING DISABILITY

☒ 5 DATES OF TREATMENT

NATURE OF TREATMENT

1-25-87 thru 1-30-87 Inpatient hospital  
2-2-87 OP

WAS PATIENT DISCHARGED FROM YOUR CARE? ☒ YES ☐ NO IF YES, DATE \_\_\_\_\_ 19 \_\_\_\_

☒ 6 HOW LONG WAS OR WILL PATIENT BE TOTALLY DISABLED

FROM 1-25-87 19 \_\_\_\_ TO 2-15 1987

HOW LONG WAS OR WILL PATIENT BE PARTIALLY DISABLED?

FROM \_\_\_\_\_ 19 \_\_\_\_ TO \_\_\_\_\_ 19 \_\_\_\_

☐ 7 ADDITIONAL INFORMATION REQUESTED

000077

DATE \_\_\_\_\_ 19 \_\_\_\_ SIGNED \_\_\_\_\_ DEGREE \_\_\_\_\_

*Joseph D. Wilkin, M.D.*

P O BOX 472

PANACA NEVADA 89042

TELEPHONE (702) 728 4443

February 9, 1988

Combined Insurance Company of America  
5050 Broadway  
Chicago, Illinois 60640

RE: Pete, June W.  
Claim #13541638

Attn: N: Loving/gm Claim Adjustor

Dear Mr. or Ms Loving:

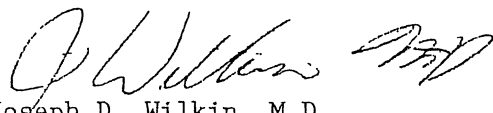
Mrs. Pete was in to see me a few days ago and was quite upset because of your indication that I had communicated to you that she was only disabled from January 25, 1987 to February 15, 1987.

I do not know where you obtained this information but I do not believe it is, from any communication that you had with me. The last time I saw her, specifically for the arm, was on February 25, 1987 and at that time she was still unable to elevate it past the horizontal. I recommended to her that she not attempt to do any lifting or stretching beyond what was comfortable. She continued to be impaired and unable to carry out her usual work and activities until June of 1987. On June 12, 1987 I saw her again for a checkup for her hypertension. At that time she was having no severe problems with the shoulder or any of the other areas.

If you have any communication regarding this that indicates that she was disabled only until February 15 I would like to have a copy.

Thank you for your attention to this matter.

Signed,

  
Joseph D. Wilkin, M.D.

JDW:jd

000078

000024

PH 3519 June Pete  
11-20-87 Wt 221. BP 134/90. Pulse 78. Recheck BP 138/90. Pulse 72.  
C.C. Patient is here for a check-up and says she is feeling fairly good and having no severe problems.  
  
P.E. Lungs clear. Heart regular.  
  
Imp. 1. Hypertension.  
2. Obesity.  
  
Plan Advised the patient to start cutting back on the amount of food she is eating and eat a minimum amount for at least 1 week and see if this can put her on a different pattern. In the meantime, will continue with the Viskin 5 mg. daily and Lozol 2.5 mg. daily. Will continue with the Ortho-Novum 7-7-7 through this month and then change to Demulen 1/35. Will see for F/U in 1 month.

SM

Patient #3519 June Pete  
12/1/87 Wt. 222 BP 148/80 P 72

CC Patient is here today for a checkup on her blood pressure and says she has been feeling fairly good.

P.E Exam today showed lungs clear, heart was regular.

IMP 1. Hypertension under good control.  
2. Obesity.

PLAN Urged patient to eat less food. Will continue with the Viskin 5 mg. q/12 and Lozol 2.5 mg. daily. Will see for f/u in 1 month or before that if any problems develop.

jd

Patient #3519 June Cox Pete  
2-6-88 Wt. 214½ BP 120/88 P72

CC Pt. is here today because of head and chest congestion that has been present now for the past 3 days.

P.E Exam today showed tympanic membranes within normal limits. Oral pharynx was mildly inflamed. Lungs have coarse breath sounds in all fields but no wheezes.

IMP Possible bronchial pneumonia.

PLA St. the patient on Pen-G K 500 mgs. q/6 hrs., and Entex LA 1 q/12. See for f/u if not markedly improved in the next 3 or 4 days.

jd

000079  
000025



P# 3519 June Pete

6-12-87 Wt 223. BP 162/102. Pulse 72. Recheck BP 136/88.

C.C. Patient is here today for a check-up on her blood pressure. She says she is feeling good and having no severe problems.

P.E. Lungs clear. Heart regular.

Imp. 1. Hypertension under fair control.

Plan Will try changing the patient to Lozol as soon as she has finished up with the present diuretic. Will also continue with the Ogen 1.25 mg. daily for 3 weeks out of each month. Will see for F/U prn.

sw

P# 3519 June Pete

8-24-87 Wt 221 3/4. BP 160/106. Pulse 78. Recheck 130/86.

C.C. Patient is here today for a check-up. She says she is feeling good and having no severe problems.

P.E. Lungs clear. Heart regular.

Imp. Hypertension under fair control.

Plan Continue with Lozol 25 mg. daily and see for F/U in 2 months.

sw

Patient June Pete

10/21/87 WT. 220 B/P 132/84 Pulse 72

C.C. Pt. is here today for a check up and says she's feeling o.k. She has been taking Viscin 5mg. q a.m. along with Lozol 2.5mg. daily.

P.E. Lungs clear, heart regular.

Imp. 1. Hypertension under fair control.

Plan: Continue with ~~Viscin~~ 5mg. and Lozol 2.5mg. daily. Also continue with Ogen 1.25mg. daily for 3 weeks out of each mo. and will see for f/u in 1-2 mo.

sm

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000026

# ADMISSION HISTORY AND PHYSICAL

300

Pete, June

Attending Physician: Joseph D. Wilkin, M.D.

Room #122B

Hospital #87-2371

Date of Admission: January 25, 1987

Chief Complaint: Left shoulder pain.

History of Present Illness:

The patient a 50 year old white female developed acute shoulder pain today after being thrown from a horse on a steep side hill. She denied being unconscious or short of breath.

Allergies: None Known.

Present Medications: Hydrochlorothiazide 25 mg. daily.

Past Medical History:

The patient's had hypertension for the past few years, she had a severe head injury as a result of a horse race in 1970, this crushed the right side of her face and fractured the right shoulder.

Review of Systems Non-contributory.

Social History: Patient is self employed in farming, she lives alone, she does not use tobacco or alcohol.

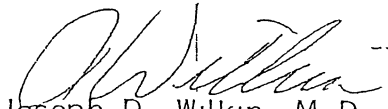
Physical Examination

Temp. 98.6, Pulse 88, Respiration 24, B/P 124/86, Wt. 221 1/4.  
General Well developed, well nourished white female in moderate to severe distress. Heent showed bruises and abrasions and contusions on the left side of the face and nose. Lungs clear, heart regular. The abdomen was obese, bowel sounds are active, there is a minor laceration and abrasion on the right lateral area of the abdomen adjacent to the naval. There's also an umbilical hernia present. Shoulder is slightly depressed, x-ray shows fracture of the left scapula with marked depression of the glenoid fragment.

Impression: 1. Fracture of right Scapula.  
2. Hypertension.

Plan Admit patient to the acute hospital for traction to the left arm and relief of pain.

Signed,

  
Joseph D. Wilkin, M.D.  
Date 2/2/87

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000007


# X-RAY REPORT

Family Name		First Name	Middle Name	Room No	Hosp No
PETE		JUNE	COX	OP	
<input type="checkbox"/> Treatment	Name—Part			Sex	Age—Years
<input type="checkbox"/> Examination of	LEFT SHOULDER			M F	F-50
Attending Physician				Date	O P D No
WILKIN				2-11-87	

Report

**CONCLUSION:** 1. Comparison with prior of 2/2/87. There is what appears to be better approximation of the fracture fragments of the body of the scapula. I believe that position and alignment of fracture fragments is eminently satisfactory.

dw

  
 Clement N. Herred, M.D.

DISCHARGE SUMMARY

350

June Pete

Attending Physician: Joseph D. Wilkin, M.D.

Room: #122B

Hospital #87-2371

Date of Admission: January 25, 1987

Date of Discharge: January 30, 1987

Admission Diagnosis: 1. Fracture of left scapula.  
2. Hypertension.

Final Diagnosis: 1. Healing fracture of left scapula.  
2. Hypertension.

Operations or Special Procedures: None.

Brief History and Essential Physical Findings:

The patient, a 50 year old white female, was admitted on January 25, 1987 after being thrown off a horse. Examination at that time showed bruises and abrasions on the left side of the face, depression and pain in the left shoulder.

Significant Laboratory:

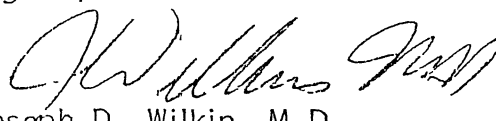
1/25/87 X-rays showed transverse fracture through the body of the left scapula, CBC, Lytes and Glucose were within normal limits. Urinalysis showed 9 RBC's and 0 WBC's. 1/29/87 X-ray showed fracture fragments in the left scapula to be in good condition.

Course in the hospital:

Patient was treated with bedrest, and traction applied to the left arm while in abduction. Weight was gradually increased until good alignment was obtained. The arm was taken out of traction yesterday and fixed to the thorax with an elastic bandage. The patient feels good and says the arm and shoulder are comfortable and is having no particular problems. Blood pressure has been somewhat variable through the hospital stay. Exam today showed vital signs stable, lungs clear, heart regular. The left shoulder is moderately tender to firm palpation. Patient will be discharged today with instructions to keep the arm fixed to the shoulder, she will take tums b.i.d., Multi-Vitamin with Zinc once daily and Hydrochlorothiazide 50 mg. daily. She will be seen for follow up in about 1 week or before then if necessary.

Prognosis: Good.

Signed,



Joseph D. Wilkin, M.D.

Date 2/13/87

JDW/sm

000083

000000

PATIENT #3519 June Pete

02/25/87 Wt. 222 B/P 152/94 PULSE 96

C.C. Patient says she's been having increasing hot flashes and feels like she needs a hormone shot. She also says she's getting more use out of the arm, but is still unable to elevate it past the horizontal

P.E. Lungs clear, heart regular. There was limited range of motion in the right arm with no marked pain as long as it was kept from abducting beyond 90 degrees.

IMP. 1. Hormone Deficiency.  
2. Healing fracture of left scapula.

Plan: GAVE Testosterone 75 mg. and Estradiol 13 mg. IM in left buttock. Will have her continue with Diuretics as previously and see for follow up in about 2-3 weeks. In the meantime encouraged her to not attempt to do any lifting, stretching beyond what is comfortable.

sm

PATIENT #3519 June Pete

03/05/87 WT. 219 B/P 160/94 Pulse 108 Temp. 101

C.C. Patient says she's having a lot of severe lower abdominal pain.

P.E. Lungs clear, heart regular. Abdomen was quite tender, bowel sounds were active. Urinalysis showed specific gravity of .018, Ph 6, 1+ protein, a small amount of ketones, there were 4-6 WBC's, rare RBC, 3+ bacteria, 6-8 Epithelial cells, 3+ yeast.

IMP. 1. Vaginitis vs. diverticulitis.

Plan: Start the patient on Flagyl 250 mg. q 8 for seven days and see for f/u if not markedly improved in the next 4-5 days.

sm

PATIENT #3419 June Pete

03/16/87 WT. 217 B/P 140/96 Pulse 84

C.C. Patient is here today for a check up on her blood pressure and says she continues to have some lower abdominal discomfort.

P.E. Lungs clear, heart regular. UA showed 0-2 epithelial cells, 0-2 WBC's.

IMP. 1. Probable anaerobic vaginitis.  
2. Hypertension.

Plan: Have the patient continue with the Hydrochlorothiazide 50 mg. q a.m., start her on acetabule 200mg. daily and will see for f/u in 2 weeks or before then if the symptoms do not improve.

sm

000084

000030

# LAB RESULTS

PATIENT # 87-2371 AGE 50 SEX F DOCTOR W. Kim

PATIENT NAME Jane Peto ROOM # 1226

DATE 8/25/11  
 TIME 1700  
 WBC 4.8-10.8 13.2  
 HGB 12-18 13.1  
 RBC 4.2-6.1 4.8  
 HCT 38-50 45  
 MCV 80-97 93  
 MCH 27-32 27  
 MCHC 32-34 32  
 PLT 150-450 21  
 SEG 80  
 BAND 1  
 LYMPH 16  
 MONO 3  
 EOSIN 0  
 BASO 0

Na + 130-148 141  
 K + 3.5-4.8 3.9  
 Cl - 90-105 96  
 Ca ++ 8.5-11 10.5  
 Phos 2.5-4.8  
 Glu 60-115 83  
 Bun 5-20  
 Creat .6-1.4  
 T Prot 6.5-8.2  
 Alb 3.4-5.8  
 T Bit .1-1.3  
 Chol 125-278  
 Trig 80-180  
 SGOT 7-27  
 CPK 20-130  
 LDH 104-206  
 Alk Phos 8-70

Theo 10-20  
 Dig .8-2.0

Color Straw  
 Char None  
 Sp Gr 1.032  
 pH 6  
 Prot 0  
 Glu 0  
 Ket 0  
 Hgb 0  
 WBC/HPF 0-1  
 RBC/HPF 0  
 EPI/HPF 1-3  
 Bact 0  
 Yeast 0  
 Cast/LPF 0  
 Crystals

DOCTOR

000085

# X-RAY REPORT

Family Name	First Name	Middle Name	Room No	Hosp No
PETE	JUNE	COX	OP	
<input type="checkbox"/> Treatment <input type="checkbox"/> Examination of			Sex M F	Age—Years F-50
Name—Part				X-ray No
LEFT SHOULDER				87-046
Attending Physician			Date	O P D No
WILKIN			2-2-87	

Report

CONCLUSION: 1. Comparison with prior of 1/30/87. It appears that there is less separation of fracture fragments of the body of the scapula than previously seen and I believe that position and alignment are very adequate for bony healing.

2. There is incidentally seen strand-like densities in the left lower lung field which could represent strands of atelectasis.

dw




Clement N. Herred, M.D.

Signature of Roentgenologist

000086

# X-RAY REPORT

Family Name	First Name	Middle Name	Room No	Hosp No
PETE	JUNE	COX	122B	
<input type="checkbox"/> Treatment <input type="checkbox"/> Examination of			Name—Part PORTABLE LEFT SHOULDER	Sex M F F-50
Age—Years F-50			X-ray No 87-046	
Attending Physician WILKIN			Date 1-28-87	O P D No

Report

CONCLUSION: 1. Since the last examination it appears that there has been very minimal separation of fracture fragments of the previously noted fracture of the scapula. I believe that over all position and alignment is satisfactory for healing.

dw



Clement N. Herred, M.D.





# X-RAY REPORT

Family Name <b>PETE</b>	First Name <b>JUNE</b>	Middle Name <b>COX</b>	Room No. <b>122B</b>	Hosp. No.
<input type="checkbox"/> <b>Treatment</b> <input type="checkbox"/> <b>Examination</b> of		Name—Part <b>PORTABLE LEFT SHOULDER</b>	Sex M   F <b>F</b>	Age—Years <b>50</b>
Attending Physician <b>WILKIN</b>			Date <b>1-27-87</b>	X-ray No. <b>87-046</b>
			O.P.D. No.	

Report:

CONCLUSION: 1. Comparison with 1/26/87. I can see no definite interval change in the appearance of the minimally displaced fracture of the scapula.

dw

Clement N. Herred, M.D.

# X-RAY REPORT


Family Name <b>COX</b>	First Name <b>JUNE</b>	Middle Name	Room No <b>ER</b>	Hosp No
<input type="checkbox"/> Treatment <input type="checkbox"/> Examination	of <b>LEFT SHOULDER</b>	Name—Part	Sex M F <b>F</b>	Age—Years <b>50</b>
Attending Physician <b>WILKIN</b>			Date <b>1-25-87</b>	X-ray No <b>87-046</b>
			OPD No	

Report

CONCLUSION:

1. Again seen is the fracture transversly through the body of the scapula which was previously slightly separated. However, the separation is no longer present.

dw

  
Clement N. Herred, M.D.

Signature of Roentgenologist

000089

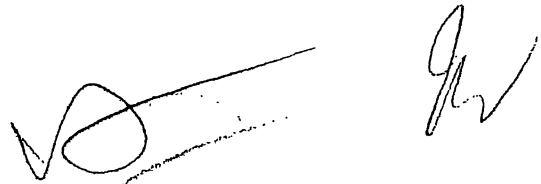
# X-RAY REPORT

Family Name <b>PETE</b>	First Name <b>JUNE</b>	Middle Name <b>COX</b>	Room No. <b>OP</b>	Hosp. No.
<input type="checkbox"/> Treatment <input type="checkbox"/> Examination of <b>LEFT SHOULDER</b>			Sex M F	Age—Years <b>F-50</b>
Attending Physician <b>WILKIN</b>			Date <b>1/29/87</b>	X-ray No. <b>87-046</b>
				O.P.D. No.

Report:

CONCLUSION: 1. Essentially no change in position and alignment of fracture fragments of the scapula. Position and alignment satisfactory for healing.

dw



Clement N. Herred, M.D.

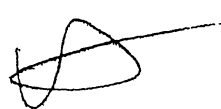

# X-RAY REPORT

Family Name <b>Pete</b>	First Name <b>June</b>	Middle Name <b>COX</b>	Room No. <b>122B</b>	Hosp No.
<input type="checkbox"/> Treatment <input type="checkbox"/> Examination of <b>PORTABLE LEFT SHOULDER</b>		Name—Part Sex M F	Age—Years <b>F-50</b>	X-ray No. <b>87-046</b>
Attending Physician <b>WILKIN</b>		Date <b>1-25-87</b>	O.P.D. No.	

Report.

- CONCLUSION:
1. There is a fracture transversly through the body of the scapula on the left scapula.
  2. The remaining osseous structures are intact and joint relationships are normal.
  3. There appears to be some atelectasis in the left lower lung field which are not clearly seen.

dw


  
 Clement N. Herred, M.D.

P# 3519 June Pete

11-17-86 Wt 218. BP 144/92. Pulse 72.

C.C. Continued pain predominantly in the left abdomen but generally in all abdominal areas. She says that her bowel movements are all normal. They have not changed in caliber or color and she has had no remarkable changes in urination.

P.E. The abdomen had generalized tenderness. The left lower quadrant was quite tender. Vaginal exam first by speculum showed some laxity of the vaginal walls. Wet prep and KOH were negative for trich. or yeast but the epith. cells were all coated with innumerable bacteria. Floating bacteria were all small either short rods or cocci. Cervix had a small amount of blood mixed with a clear mucous coming from it. Bimanual exam showed exquisite tenderness in the left adnexal area, however, the adnexia could not be palpated. The cervix was moveable and could not elicit any extreme tenderness.

Imp. 1. Probable non-specific vaginitis which might possibly also involve the fallopian tubes.  
2. Left lower abdominal pain of uncertain etiology.

Plan Will start the patient on Flagyl 250 mg. q 8 x 7 days. Took pap smear and will see for F/U after that.

sw

# 3591 June C. Pete

12-22-86 WT: 222½ BP 152/90 P 72 Rechecked BP 130/88

C.C. Patient says that she is feeling some better, is not having any abdominal pains and is leaving the area for Christmas.

P.E. Lungs clear.  
Heart regular.

IMP: 1. Hormone deficiency.  
2. Hypertension under fair control.

PLAN: Cont. with the Dyazide that she has been or use half (tablet) of Maxide or 50mg of HCTZ with one K-Tab. Will see for f/u in one month or sooner if any problems develop.

bm

000092

000038

# 3519 June Pete

7-23-86 WT: 216

BP 140/88 P 72

C.C.

Rechecked BP 130/80

Pt. says that she is feeling good and having no particular problems at this time.

p.E. Lungs clear.  
Heart regular.

IMP: 1. Hypertension under fair control.

PLAN; Cont. w/ the Lopressor 100mg, and Dyazide one daily and will also try her on Ogén .625mg daily for the next three weeks and will see for f/u in one month to discuss how she feels with the hormone

bm

P# 3519 June Pete

~~10-3~~ 86 Wt 219. BP 166/96. Pulse 96.

C.C. Severe left lower quadrant pain. The patient says she stopped taking her Provera about 2 days ago and has stopped the Premarin about 4-5 days before that. She says the pain is so severe this morning she is not able to get around. She is also breaking out in a cold sweat and is nauseated.

P.E. Lungs clear. Heart regular.  
Left lower quadrant was quite tender to any palpation.  
Bowel sounds were active.

Imp. 1. Painful ovarian cyst vs. endometriosis.

Plan Gave Testosterone 50 mg. and Estradiol 22 mg. I.M. in left buttock. Will have her take Darvon with ASA 65/325 q 4 prn pain and will see for F/U if not markedly improved in the next 2-3 days. Also gave samples of Timilide to to be taken bid for BP.

sw

000093

PATIENT PETE, JUNE

REFERRED BY JOSEPH WILKIN, MD 158

PO BOX 472

COLLECTED 4-15-86 15:00

PANACA

NV 89042

AGE 50

RECEIVED 4-15-86 19:55

APL

SEX F

REPORTED 4-16-86 04:27

LAB NO.

0176792 PAGE 1

TEST	RESULT	AB	NORMALS	UNITS	SPECIMEN	VERY LOW	LOW	NORMAL	HIGH	VE HR
OTHER INFORMATION OR INSTRUCTIONS RECEIVED WITH SPECIMEN: PROFILE DRAWN FASTING										
CHEM PROFILE										
GLUCOSE	81.		70.-130.	MG/DL	BLOOD			X		
BUN	9.		5.-20.	MG/DL	BLOOD			X		
CREAT.	.8		0.5-1.5	MG/DL	BLOOD			X		
URIC	7.4	H	2.0-6.7	MG/DL	BLOOD				X	
PHOSPHOR	2.7		2.0-4.5	MG/DL	BLOOD			X		
CALCIUM	10.6	H	8.0-10.5	MG/DL	BLOOD				X	
PROTEIN	7.2		6.0-8.0	G/DL	BLOOD			X		
ALBUMIN	4.0		3.3-5.0	G/DL	BLOOD			X		
GLOBULIN	3.2		1.3-3.6	G/DL	BLOOD				X	
A/G	1.25		0.99-5.55	RATIO	BLOOD			X		
T.BILI.	.8		0.0-1.2	MG/DL	BLOOD				X	
D.BILI.	.1		0.0-0.3	MG/DL	BLOOD			X		
IND.BILI	.7		0.0-1.2	MG/DL	BLOOD				X	
ALK PHOS	57.		20.-90.	IU/L	BLOOD			X		
SGPT	22.		0.-24.	IU/L	BLOOD				X	
SGOT	25.	H	0.-24.	IU/L	BLOOD				X	
LPH	92.		50.-150.	IU/L	BLOOD			X		
SODIUM	141.		135.-155.	MEQ/L	BLOOD			X		
POTASS.	4.0		3.5-5.6	MEQ/L	BLOOD			X		
CHLORIDE	103.		98.-110.	MEQ/L	BLOOD			X		
CO2	27.		22.-31.	MEQ/L	BLOOD			X		
CHOLEST.	228.		100.-300.	MG/DL	BLOOD			X		
TRIGLY.	115.		30.-150.	MG/DL	BLOOD			X		
T4										
T4	5.1		4.9-13.0	UG/DL	BLOOD			X		
CBC										
WBC	6.94		4.30-10.00	K/CMM	BLOOD			X		
RBC	4.51		4.00-5.50	M/CMM	BLOOD			X		
HGB	14.4		11.0-16.0	G/DL	BLOOD			X		
HCT	43.1		37.0-47.0	%	BLOOD			X		
MCV	95.5		81.0-97.0	FL	BLOOD				X	
MCH	32.0		27.0-34.0	PG	BLOOD				X	
MCHC	33.5		32.0-36.0	%	BLOOD			X		
SEGS	54.4		42.0-71.0		BLOOD			X		
LYMPHS	32.7		24.0-44.0		BLOOD			X		
MONOS	6.1		2.0-12.0		BLOOD			X		
EOSINS	5.7		0.0-8.0		BLOOD				X	
BASOS	.3		0.0-2.0		BLOOD			X		
LUC	.8				BLOOD					
PLAT EST	NORM		NORM		BLOOD					
MORPHOL	NORM		NORM		BLOOD					

000094

P# 3519 June Pete  
12-9-85 BP 160/100. Recheck BP 150/98.  
C.C. Patient says she is feeling fairly good and having no severe problems.  
Imp. Hypertension incompletely controlled.  
Plan Will restart the patient on Dyazide 1 tab. q A.M. and recheck BP in about 1 week.

sw

P# 3519 June Pete  
2-26-86 Wt 216. BP 152/108. Pulse 84. Recheck BP 152/102.  
C.C. Patient says she quit drinking alcohol about 3 weeks ago and is feeling much better. She also feels like she has lost some weight.  
P.E. Lungs clear. Heart regular.  
Imp. Hypertension.  
Plan Restart the patient on Dyazide 1 tab. q A.M. and Lopressor 100 mg. daily and will have her come in for a Profile 4 to be drawn this coming Monday and will see for F/U about 1 week after that.

sw

P#3519 June Pete  
3-10-86 Wt. 218 BP 156/104 P84

Pt. is here for c/u and says that she is feeling a little bit better. She did not take her dyazide this morning but took a lopressor.

P.E. Showed lungs clr.; heart reg. Recheck BP was 142/98  
Imp. 1. Hypertension aggravated by stress.  
Plan Cont. w/ dyazide 1 daily and lopressor 100mg. qAM and see for f/u in about 2 wks. In the meantime the pt. is to have a profile 4 drawn.

P#3519 June Pete  
4-10-86 Wt. 216 bP 122/92 P72

Pt. says that she is feeling fairly good. She is out of pills but did take lopressor 100mg. this morning.

P.E. Showed lungs clr.; heart reg. Repeat BP 118/86 w/ a pulse of 60.  
Imp. Hypertension well controlled  
Plan Cont. w/ lopressor 100mg. qAM, dyazide 1 tab. qAM, & see for f/u on MOn. for a profile 4.

000095



P# 3519 June Pete  
10-21-85 Wt 219. BP 160/96. Pulse 84.  
C.C. Current nosebleed. She says this has come on twice in the last day and has bled profusely and for long period of time.  
P.E. A large amount of clot was present in the right nostril. This was all removed and no bleeding was apparent. After careful inspection, 1 small area on the posterior, somewhat inferior portion of the right side of the spetum appeared to be a likely candidate. This was touched with Silver Nitrate and it immediately began to bleed profusely. Silver Nitrate was applied with several sticks until the bleeding was controlled.  
Imp. Nasal hemorrhage controlled.  
Plan Advised patient to not try and clean her nose out for at least the next day and then to use great caution. Will see for F/U if the bleeding reoccurs.  
sw

June Cox  
10-30-85

Pt. was here for BP check. BP was 150/98.

Imp 1. hypertension

Plan Advised increased use of dyazide to twice daily and will see for f/u in 4-5 days for repeat BP check.

P# 3519 June Pete

11-8-85 BP 150/110. Recheck 140/104. Pulse 88.

Imp. Hypertension.

Plan Start the patient on Lopressor 50 mg. q 12 in addition to the Dyazide and see for F/U in 1 week.

sw

P#3519 June Pete  
11-15-85 BP 160/110 P72 recheck 140/86

Pt. says that she is feeling okay but is still under considerable amts. of pressure.

P.E. Showed lungs clr.; heart reg.

Imp Hypertension under fair control

Plan Cont. w/ lopressor 50mg. q12, & dyazide 1 tab. qAM. Will see the pt. for f/u in about 10 days.

000096

000042

P#3509 June Pete  
9-25-85 Wt. 221 BP 152/88 P84

C.C. Poss. pneumonia w/ cough which has been producing green sputum. The pt. says that she has also been having some pain in the abdomen from prolonged severe coughing & thinks that she might have a sm. hernia

P.E. Showed H.E.E.N.T. WNL, There were rales in the r. posterior base. There is possibly a sm. hernia superior to the naval.

Imp Bronchial pneumonia

Plan Gave pt. Pen G 1.2 million units Im in l. buttock. Will follow this w/ ampicillin 500mg. q6 and both theophylline 600mg. SR q12 & entex LA q12. Will see for f/u if not markedly improved by tomorrow.

P#3519 June Pete  
10-2-85 Wt. 219 BP 138/84 P96

C.C. Cont. severe cough. Pt. says that she still wakes up at night & can't seem to quite coughing. She has been taking theophylline 300mg. q8 and entex LA 1q12. We had her stop the ampicillin 3 days ago and got a sputum culture yesterday. This is only growing normal flora today.

P.E. Showed the lungs to be clr. except when the pt. coughed and then there was some wheezing in the bases. Chest x-ray was clr. 3 days ago.

Imp Bronchitis of uncertain etiology

Plan Have the pt. take organidin syrup q4-6 & ortussin syrup 1 teas. q4-6. Will also have her start on ASA w/ codeine 30mg. qhs to help sleep. Will see for f/u in the next few days and will start antibiotics if the culture indicate a pathogen.

P#3519 June Pete  
10-7-85 Wt.

Pt. says that she feels a little bit better but is still quite sore in the l. chest and is now out of medication. She says that the cough is also quite productive.

P.E. Showed lungs to be clr. in all fields, and heart was reg.

Imp Bronchial pneumonia of uncertain etiology

Plan Start the pt. on erythromycin 500mg. q6, restart theophylline 300mg. q12, and will have her use phenergan VC or phenergan plain exp. plain exp. 1 teas. q6 and will see for f/u if not markedly improved in the next 2-3 days.

000097

P# 3519 June Pete mm  
 6-2-83 Weight 230 BP 160/90 Pulse 78  
 C.C. Swollen left cheek. The pt. says this has become increasingly swollen x 2 days.  
 P.M.H. Infected sinuses that cause swelling in the past. Says PCN is usually effective. She started taking Ampicillin 2 days ago, but has not had much relief thus far..  
 P.E. Left cheek was swollen and moderately tender to palpation. There was some enduration, but no areas of fluctence.  
 Imp. Infected sinus vs. maxillary infection.  
 Plan Gave Pen-G 1.2million units IM in left buttock, will follow this w/Pen-VK 500 q 6 and Sudafed 60mg q 6. See for f/u if not markedly improved in 2-3 days.

#3519 June Pete  
 10-17-84 WT; 217

BP 162/98

P72

C.C. Pt. is ehre for pelvic examination. She says that she has somewhat irregular periods and her last one was on August 14,84. She reports that these have been quite irregular for the last year or so.

P.E. Lungs; clear  
 Heart; regular.  
 Breasts: soft without masses or marked tenderness. There was somewhat increased glandular pattern especially in the left breast where a previous biopsy has been preformed.  
 Abdomen is moderately obese there's no masses or marked tenderness.  
 Pelvic-exam showed the cervix to be mildly enlarged and there was no inflammation. Papsmear was taken.  
 Vaginal discharged examined under the microscope without abnormal findings. Bimanuel exam showed marked anti-version of the uterus and gernalized tenderness in the pelvis.  
 U/A was WNL: SP Grav. 1.021

IMP: 1. Approaching menopause.

PALN Will await results of Papsmear probably start the pt. on BC pills for regulation of menstraual period and decreasing the pelvic discomfort.

bm

000098

000044

10100 SANTA MONICA BLVD., SUITE 800  
LOS ANGELES, CALIFORNIA 90067  
Telephone 879 9177

Pete, June  
OP

49-F

Mr. Wilkins

IPPB X - BID. TID. QID. air mix  
OXYGEN CONCENTRATION 21% 40% 100%  
DURATION 10 MIN. 15 MIN. 20 MIN.  
OTHER \_\_\_\_\_

ULTRASONIC NEBULIZER \_\_\_\_ 5 MIN.    10 MIN.    15 MIN.  
CARBOGEN WHIFFS \_\_\_\_\_ 5 MIN.    10 MIN.  
FREQUENCY \_\_\_\_\_ BID.    TID.    QID.

POLYMYXIN \_\_\_\_\_ mgm \_\_\_\_\_  
KANAMYCIN \_\_\_\_\_ mgm \_\_\_\_\_  
TETRACYCLINE \_\_\_\_\_ mgm \_\_\_\_\_

ALCOHOL \_\_\_\_\_ CC \_\_\_\_\_ % \_\_\_\_\_  
DISTILLED H<sub>2</sub>O CC \_\_\_\_\_  
NORMAL SALINE CC \_\_\_\_\_  
ISUPREL \_\_\_\_\_ STRENGTH \_\_\_\_\_ GTTS \_\_\_\_\_  
AEROLONE CC \_\_\_\_\_ GTTS \_\_\_\_\_  
BRONKOSOL CC 0.5 GTTS \_\_\_\_\_  
BRONKONEPHRINE CC \_\_\_\_\_ GTTS \_\_\_\_\_  
ASTHMANEPHRINE CC \_\_\_\_\_ GTTS \_\_\_\_\_  
MUCOMYST CC 2 cc . \_\_\_\_\_  
DORNOVAC CC \_\_\_\_\_  
NEOMYCIN mgm \_\_\_\_\_

[illegible]

PHYSICIANS SIGNATURE

No D 16045091

August 29, 1985

W CLEMENT STONE  
CHAIRMAN  
PATRICK G RYAN  
PRESIDENT  
TELEPHONE 275-8000  
CABLE ADDRESS - COMBINED



Dr. Joe Wilkin  
POB 472  
Panama, Nv. 89042

For Medical Record On.  
June W. Cox Petz  
Calliente, Nv.

Birthdate 6/16/36

Please include  
this number  
in your reply  
7CW 96390

We recently received an insurance application for your patient. In order to process their application, we must request medical history information from you.

In an attempt to save you time and reduce expenses, we are limiting our request to significant medical history within the last six years. Please be sure to discuss any advice or treatment given for Heart Disease, Hypertension, Stroke, Diabetes, or Malignancy.

Sincerely yours,  
*David Goldfinger M.D.*  
MEDICAL DIRECTOR

Dates Attended	Duration of Illness	Diagnosis/Physical Findings	Describe Advice or Treatment

*Copies sent  
9/5/85*

Condition was ☐ Malignant ☐ Benign If malignant, does patient know ☐ YES ☐ NO  
Blood pressure readings dates and hypertensive medication, if prescribed

Laboratory findings (including X-Ray, ECG, blood studies and pathological reports, etc., with dates)

I authorize Combined Insurance Company of America or its reinsurers to acquire from and authorize any hospital, doctor, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau or consumer reporting agency to release to Combined Insurance Company of America any information regarding the insured or the past or present health of the insured for the purpose of evaluating an application for insurance. I also authorize Combined Insurance Company of America or its reinsurers to disclose all such information to any doctor, the Medical Information Bureau or other insurance company in order to evaluate a claim or application for insurance. This authorization shall remain valid for a period of two years from the issue date of the policy. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available upon request to the Company.

SIGNATURE OF INSURED (Where Required)

DATE 7-16-85  
Permission to Show Name

*A. James J. P. P. F.*

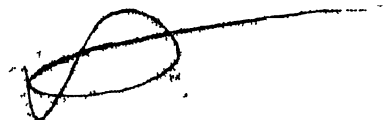
**GROVER C. DILS MEDICAL CENTER**  
**X-RAY REPORT**

Family Name	First Name <b>Pete, June</b>	Middle Name	Room No <b>Op</b>	Hosp. No
<input type="checkbox"/> Treatment <input type="checkbox"/> Examination of	Name—Part <b>Chest</b>	Sex M F	Age—Years <b>49 F</b>	X ray No <b>85-349</b>
Attending Physician <b>Wilkin</b>			Date <b>9-29-85</b>	O P D No

**Report** This report is based solely upon radiological examination. Correlation with Clinical examination is essential.

Conclusion #1: There is a linear strand in the left lower lung zone that could represent an area of segmental atelectasis and/or a parenchymal scar of some prior embolic and/or inflammatory process.

#2: The heart is normal in size and the lungs otherwise clear.

  
 \_\_\_\_\_  
 Clement N. Herred, M.D.  
 CNH:fh

\_\_\_\_\_  
Signature of Roentgenologist

000101

X-RAY REPORT

Medicine Supply and Distribution

**Tagamet**<sup>®</sup>  
brand of  
cimetidine

Tablets  
200 mg  
300 mg  
400 mg

	<u>Form</u>	
82727974	11919	9/8
51097327	11920	"
89834333	11574	"
63527436	11507	"
F1028731	11539	"
55046089	11507	"
55046088	11507	

2-18

June ~~1984~~ Pete

See back for complete prescribing information

**SK&F LAB CO.**

000102

000000

**COMBINED INSURANCE COMPANY OF AMERICA**  
**500 BROADWAY, CHICAGO, ILLINOIS 60640**

CLAIM  
NUMBER

NAME  
ADDRESS

**IMPORTANT INSTRUCTIONS FOR FILING CLAIM**

- 1 ONLY THIS ONE FORM IS NECESSARY FOR ALL POLICIES
- 2 IF LOSS OF TIME IS CLAIMED PLEASE HAVE YOUR EMPLOYER OR SCHOOL COMPLETE STATEMENT ON REVERSE SIDE
- 3 IF MEDICAL OR HOSPITAL BENEFITS ARE CLAIMED ITEMIZED BILLS MUST BE ATTACHED
- 4 PLEASE RETURN THIS FORM AFTER YOU HAVE BEEN DISABLED 30 DAYS OR WHEN YOU RETURN TO WORK WHICHEVER OCCURS FIRST DO NOT WAIT UNTIL YOU ARE MEDICALLY DISCHARGED ADDITIONAL FORMS WILL BE SENT FOR CONTINUING DISABILITY

CLAIMANT'S FULL NAME MR. <u>June Pete</u>				AREA CODE	HOME PHONE	BUSINESS PHONE
ADDRESS (Street and No.) <u>Caliente NV 89008</u>				POLICY NUMBER(S) a) <u>82727974</u>	FORM NUMBER(S) a) <u>11919</u>	LAST PAYMENT DATE a) <u>2-18-1987</u>
BIRTH DATE MO DAY YR	HEIGHT	WEIGHT		b) <u>51097327</u>	b) <u>11920</u>	b) <u>2-18-1987</u>
OCCUPATION <u>Kitchen</u>				c) <u>89834333</u>	c) <u>11574</u>	c) <u>2-18-1987</u>
EMPLOYER'S NAME <u>Self</u>				d) <u>6352746</u>	d) <u>11507</u>	d) <u>2-18-1987</u>
EMPLOYER'S ADDRESS <u>same</u>				ARE YOU ALSO FILING CLAIM UNDER WORKER'S COMP ACT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YOU HAVE OTHER ACCIDENT SICKNESS OR HOSPITAL INSURANCE, GIVE COMPANY NAME <u>n/a</u>						
IF CLAIM IS FOR SICKNESS PLEASE COMPLETE	DATE OF FIRST SYMPTOMS 19		HAVE YOU EVER HAD SAME OR SIMILAR CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE 19	
	NATURE OF SICKNESS					
IF CLAIM IS FOR ACCIDENT PLEASE COMPLETE	DATE OF ACCIDENT <u>01-25-1987</u>		TIME OF ACCIDENT AM <u>2:30</u> PM		NATURE OF INJURIES	
	PLEASE STATE EXACTLY WHERE YOU WERE WHEN ACCIDENT OCCURRED <u>At home at ranch 8 mi. North Caliente, NV.</u>					
	WHAT WERE YOU DOING WHEN ACCIDENT OCCURRED? <u>Training &amp; riding a horse.</u>					
	PLEASE DESCRIBE IN DETAIL HOW ACCIDENT OCCURRED <u>Trying to train horse, when horse threw off</u>					
HOSPITAL'S NAME AND ADDRESS AND CONFINEMENT DATES <u>Grover C Dils Med. Ctr.</u>						
ATTENDING PHYSICIANS' NAMES AND ADDRESSES						
DATES OF TREATMENT						
PLEASE COMPLETE FOR BOTH ACCIDENT AND SICKNESS						
A) TOTAL DISABILITY BETWEEN WHAT DATES WERE YOU UNABLE TO PERFORM ANY DUTIES?				A) FROM	19	THROUGH 19
B) DATE RETURNED TO WORK				B)	19	
C) PARTIAL DISABILITY BETWEEN WHAT DATES WERE YOU ABLE TO PERFORM ONLY PARTIAL DUTIES?				C) FROM	19	THROUGH 19
D) IF CONFINED INDOORS, GIVE DATES				D) FROM	19	THROUGH 19

DATED

19

SIGNED

June St. Corbett  
CLAIMANT'S SIGNATURE

**AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY AUTHORIZE ANY HOSPITAL PHYSICIAN OR INSURANCE COMPANY TO DISCLOSE WHEN REQUESTED TO DO SO BY THE COMBINED INSURANCE COMPANY OF AMERICA ANY INFORMATION WITH RESPECT TO ANY ILLNESS OR INJURY MEDICAL HISTORY OR TREATMENT AND TO FURNISH COPIES OF ALL HOSPITAL OR MEDICAL RECORDS A PHOTOSTATIC COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS VALID AS THE ORIGINAL

APPROVED BY

DATED

000103 19

SIGNED

CLAIMANT'S SIGNATURE (IF MINOR PARENT'S SIGNATURE)

ATTENDING PHYSICIAN



EMPLOYER'S STATEMENT (IF STUDENT, PLEASE HAVE SCHOOL PRINCIPAL COMPLETE)

EMPLOYEE'S NAME <u>June Pete</u>		WORKER'S COMP CLAIM FILED FOR THIS DISABILITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		AND ADDRESS OF COMPENSATION CARRIER	
TOTAL DISABILITY: BETWEEN WHAT DATES DID EMPLOYEE GIVE UP ALL DUTIES? FROM _____ 19__ TO _____ 19__				DATE RETURNED TO WORK (OR SCHOOL) _____ 19__	
PARTIAL DISABILITY: BETWEEN WHAT DATES DID EMPLOYEE PERFORM ONLY PART OF DUTIES? FROM _____ 19__ TO _____ 19__					
DATE _____		TITLE _____		SIGNATURE _____	

ATTENDING PHYSICIAN'S STATEMENT

PATIENT'S NAME <u>June Pete</u>		ADDRESS <u>Caliente, NV.</u>		CITY-STATE-ZIP CODE <u>89008</u>		AGE <u>89</u>	
NATURE AND ORIGIN OF:  <input type="checkbox"/> SICKNESS  <input checked="" type="checkbox"/> INJURY		DIAGNOSIS (DESCRIBE COMPLICATIONS, IF ANY) <u>1) Fracture of left scapula</u> <u>2) Hypertension.</u>					
		CONFIRMED BY X-RAY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
7 WHEN DID SYMPTOMS FIRST APPEAR OR ACCIDENT HAPPEN?		DATE <u>January 25,</u> 19 <u>87</u>					
8 WHEN DID PATIENT FIRST CONSULT YOU FOR THIS CONDITION?		DATE <u>January 25,</u> 19 <u>87</u>					
4 HOW DID CONDITION ORIGINATE?		<u>Training &amp; riding horse, horse threw patient off.</u>					
5 HAS PATIENT EVER HAD SAME OR SIMILAR CONDITION? (IF "YES" STATE WHEN AND DESCRIBE)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
6 DESCRIBE ANY OTHER DISEASE OR INFIRMITY AFFECTING PRESENT CONDITION.		<u>n/a</u>					
7 NATURE OF SURGICAL OR OBSTETRICAL PROCEDURE, IF ANY (DESCRIBE FULLY AND GIVE APPROACH USED IF MORE THAN ONE IS POSSIBLE)		DATES _____ 19__		CLOSED REDUCTION? _____		OPEN REDUCTION? _____	
		APPROACH USED <u>n/a</u>		METAL FIXATION? _____			
8 GIVE DATES OF TREATMENT, AND NATURE OF TREATMENT (OTHER THAN SURGICAL)		DATES: _____		NATURE OF TREATMENT _____			
		OFFICE _____					
		HOME _____					
		HOSPITAL <u>1-25-87 thru 1-30-87, 2-2-87</u>					
9 IS PATIENT STILL UNDER YOUR CARE FOR THIS CONDITION? IF DISCHARGED, GIVE DATE, AND DEGREE OF RECOVERY		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
		DATE _____ 19__					
10 IF PATIENT HOSPITALIZED, GIVE NAME AND ADDRESS OF HOSPITAL		<u>Grover C Dils Med Ctr, Caliente, NV.</u>					
		HOSPITAL _____		CITY _____		STATE _____	
		FROM <u>1-25-</u> 19 <u>87</u>		THROUGH <u>1-30-</u> 19 <u>87</u>			
11 HOW LONG WAS OR WILL PATIENT BE CONTINUOUSLY TOTALLY DISABLED (UNABLE TO WORK)?		FROM _____ 19__		THROUGH _____ 19__			
12 HOW LONG WAS OR WILL PATIENT BE PARTIALLY DISABLED?		FROM _____ 19__		THROUGH _____ 19__			
13 WAS PATIENT CONFINED TO THE HOUSE? (IF "YES" GIVE DATES)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
		FROM _____ 19__		THROUGH _____ 19__			

MUST BE FURNISHED UNDER AUTHORITY OF LAW:

PLEASE APPROVE AUTHORIZATION ON REVERSE SIDE.

INDIVIDUAL PRACTITIONER'S S S NO <u>8301 18 17831</u>
ALL OTHERS EMPLOYER I.D. NO <u>001 159729</u>

SIGNATURE <u>X. Wilkin MD 3m</u>	DEGREE
COMPLETE ADDRESS <u>Box 472 Pando, NV 89004</u>	
TELEPHONE NUMBER <u>89004104</u>	

PATIENT INFORMATION

Date 6-2-83

Patient June W. Cox Pete Age 46 Pat #

Address R.F.D. Caliente, Nevada 89008

Phone 726-3336 Birth 6-16-36 Sex F

☐ Single ☒ Married ☐ Divorced ☐ Widowed

Social Security # 530-206326 Occupation Rancher

Spouse or Responsible Party

Employed by  Phone

Address

Preferred method of payment:

☐ Cash ☐ Check (bank guarantee # )

☐ INSURANCE. Please understand your bill is your personal responsibility. Insurance is designed to reimburse the policyholder for a loss and is a contract between the policyholder and the company. Our business form may be attached to your claim form or for more extensive cases our insurance person will assist you with claims. In any event, payment of the account is your responsibility.

INSURANCE NAME

POLICY NUMBER

I authorize the attending physician to release any information required by insurance companies and permit payment directly to him, at his election, any benefits due me from his services rendered. I accept personal responsibility for any balance.

Signature  Date

CREDIT. In order to establish credit please list three references and their address and phone number on back. If you will need more than 30 days please make arrangements with our bookkeeper now. Note: All balances will be charged 1 1/2% per month (annual rate 18%) until paid in full.

Signature  Date

000105

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665948  
NV LIC. NO. 3849

NAME

*June Peter*

AGE

*58*

ADDRESS

*Caliente NV*

DATE

*6/17/96*

R

*Reserpine 0.25mg*

*# C*

*1/2 T qd*

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL *3* TIMES

*[Signature]*

M.D.

DISPENSE ONLY AS WRITTEN ☐

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665948  
NV LIC. NO. 3849

NAME

*June Peter*

AGE

*58*

ADDRESS

*Caliente, NV*

DATE

R

*Chlorthalidone 25mg*

*# C*

*1/2 T q AM*

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL *3* TIMES

*[Signature]*

M.D.

DISPENSE ONLY AS WRITTEN ☐

000106

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

NAME June Pete AGE 57  
ADDRESS Caliente, NV DATE 12/12/94

R<sub>x</sub>

Reserpine 0.25 mg

Dup #C

Sig 1/2 of 1 g d

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL 4 TIMES

J. Wilkin M.D.  
DISPENSE ONLY AS WRITTEN ☐

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

NAME June Pete AGE 57  
ADDRESS Caliente, NV DATE 12/12/94

R<sub>x</sub>

Chlorthalidone 25mg

Dup #C

Sig 1/2 of 1 g AM

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL 4 TIMES

J. Wilkin M.D.  
DISPENSE ONLY AS WRITTEN ☐

000107

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443.

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

NAME Chino Pete AGE 56  
ADDRESS Caliente, NV DATE 9-9-92

R Reocypine 0.25 MG

Disp # C  
Sig 1/2 of 1 qd

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL 2 T

J. D. Wilkin, M.D.  
DISPENSE ONLY AS WRIT. ☐

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

NAME Chino Pete AGE 56  
ADDRESS Caliente, NV DATE 9-9-92

R Chlorthaladone 25 MG

Disp # C  
Sig 1/2 of 1 q AM

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL \_\_\_\_\_

J. D. Wilkin, M.D.  
DISPENSE ONLY AS WRIT. ☐

000108

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

NAME June Pete AGE 50  
ADDRESS Caliente, NV DATE 2/24/92

Rx Chlor-thal, done 25mg  
Disp. #  
Sig. + 8 AM

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL \_\_\_\_\_ TIMES

Joseph D. Wilkin, M.D.  
DISPENSE ONLY AS WRITTEN

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

NAME June Pete AGE 55  
ADDRESS Caliente, NV DATE 2/24/92

Rx Reserpine 0.25mg.  
Disp: #C  
Sig. + 8d

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL \_\_\_\_\_ TIMES

Joseph D. Wilkin, M.D.  
DISPENSE ONLY AS WRITTEN

000109

Telephone: (702) 728-4443

NV Lic. #3849

DEA #AW 8665943

JOSEPH D. WILKIN, M.D.

Serving all of Lincoln County

Mailing Address - P.O. Box 472

Panaca, Nevada 89042

Name June Pete Age 52  
Address Caliente, NV Date 4-26-91

R

Demi Regratoron 25mg  
Disp: #C  
Sig: T q a.m.

Refill: PRN \_\_\_\_\_ NR \_\_\_\_\_

Refill 3 Time

Joseph D. Wilkin M.D.  
Dispense Only As Written ☐

JOSEPH D. WILKIN, M.D.

SERVING ALL OF LINCOLN COUNTY

MAILING ADDRESS - P.O. BOX 472

PANACA, NEVADA 89042

DEA REG. NO. AW8665943  
NV LIC. NO. 3849

TELEPHONE (702) 728-4443

NAME June Pete AGE 52  
ADDRESS Caliente NV DATE 1-4-90

R

Demi Regratoron 25mg  
Disp #C  
Sig T q a.m.

REFILL: PRN \_\_\_\_\_ NR \_\_\_\_\_

REFILL 2 TIMES

Joseph D. Wilkin M.D.  
DISPENSE ONLY AS WRITTEN ☐

000110

NAME: JuneDATE: 8/31/89Color: yellow -WBC 7-9S.P. Gravity 1.025RBC           PH 5.0BACT: 2+Protein traceEPITH: 0-3Glucose           CASTS:           Ketone           MISC:           Bilirubin SmallBlood           Nitrite           Urobilinogen 1

## CULTURE PLATE SENSITIVITIES

AMPICILLIN           CARBENICILLIN           CEPHALOTHIN           BACITRACIN           CLINDAMYCIN           GENTAMYCIN           CHLORAMPHENICOL           ERYTHROMYCIN           PENICILLIN           TETRACYCLINE           TRIPLE SULFA (SSS)           SULPHAMETHIZOLE (SXT)           NALDIXIC ACID           NAME June PetoDATE 9-2-88

DRUG ON WHICH THE PATIENT WAS STARTED

ON: Pen Vee K 500mgOTHER SENSITIVITIES NOT NAMED:           CHANGED DRUG TO:           NOTES: Sputum

000111





4230 S. Burnham Ave., Suite 250  
Las Vegas, Nevada 89119  
(702) 733-7866

Henry B. Soloway, M.D. Director  
Nevada State Lab License No. 4  
Medicare License No. 29-8013

PATIENT PETER, JUNE

REFERRED BY JOSEPH WILKIN, MD 158  
PO BOX 472  
PANACA NV89042

AGE 52 COLLECTED 8/8/88  
SEX REPORTED 8/16/88

**CYTOLOGY REPORT**

CASE NO. 377378

**DIAGNOSIS:**

CLASS II, BENIGN ATYPIA - INJURY & REPAIR

EST. MATURATION INDEX: PARA. 0% INTER. 75% SUPER. 25%

INFLAMMATION - MODERATE

NO TRICHOMONADS SEEN

DODERLEIN BACILLI PREDOMINATING

BENIGN SQUAMOUS METAPLASIA

*W*

AUG 17 1988

SOURCE & CONDITION*	HISTORY*	*SEE REVERSE SIDE FOR CODE EXPLANATION	LMP	CYTOLOGIST	REVIEWER
A3B6			3/20/88	J	T

JOSEPH D. WILKIN, M.D.  
SERVING ALL OF LINCOLN COUNTY  
MAILING ADDRESS - P.O. BOX 472  
PANACA, NEVADA 89042

TELEPHONE (702) 728-4443

DEA REG. No. AW8665943  
NV LIC. No. 3849

NAME Jane Peter AGE 52  
ADDRESS Caliente, Nv DATE 7/22/88

Rx Regroton  
Dose #1  
Sex: T & AM

☐ LABEL

REFILL            TIMES

Joseph D. Wilkin, M.D.

SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

000112

NAME: June Pete  
COLOR: 1018  
SP. GRAVITY: 6  
PH: 10.5  
PROTEIN: +  
GLUCOSE: +  
KETONE: +  
BILIRUBIN: +  
BLOOD: +  
NITRITE: +  
UROBILINOGEN: +

DATE: 3/15/87  
SPUN: 1033  
WBC: 1033  
RBC: 1033  
BACT: 1033  
CASTS: 1033  
EPITH: 1033  
MISC: 1033

NAME: June Pete DATE: 3/15/87  
Color: 1018 WBC 4-6  
SP. Gravity 1018 RBC small  
PH 6 BACT: 3+  
Protein +100 EPITH: 6-8  
Glucose + CASTS: 0  
Ketone Small trace MISC: 3+ yeast  
Bilirubin +  
Blood +  
Nitrite +  
Urobilinogen +



4230 S. Burnham Ave., Suite 250  
Las Vegas, Nevada 89119  
(702) 733-7866  
Outside Nevada (800) 521-5050

W. Howard Hoffman, M.D., Director  
Nevada State Lab License No. 4  
Medicare License No. 29-8013  
CAP No. 89109-004  
Title XIX Vendor No. 27-02239

PATIENT COX, JUNE

REFERRED BY JOSEPH WILKIN, MD 158  
PO BOX 472  
PANACA NV89042

AGE 50 COLLECTED 11/17/86  
SEX F REPORTED 11/20/86

### CYTOLOGY REPORT

CASE NO. 252100

### DIAGNOSIS:

CLASS I, NO DYSPLASTIC CELLS

MATURATION INDEX: PARA. 0% INTER. 70% SUPER. 30%  
INFLAMMATION - MODERATE  
NO TRICHOMONADS SEEN  
RBC'S PRESENT  
ORGANISMS SUGGESTIVE OF GARDNERELLA VAGINALIS PRESENT  
BENIGN ANUCLEAR SQUAMOUS CELLS PRESENT

NOV 23 1986

*[Handwritten signature]*

SOURCE & CONDITION	HISTORY	SEE REVERSE SIDE FOR CODE EXPLANATION	LMP	CYTOLOGIST	REVIEWER
BS			11/15/86	P	

6361

☒ Culture ☐ Slide

Laboratory Director Address

Patient June Cox Date 10/12/84

Address 8 Calle Santa Fe Telephone

Age 48 Sex F Race W Ureth Throat Cerv

Vag Anal Other

Reason for Exam

Initial Screen Re-screen (4-6 wks)

Test of Cure PID

Other

Return address

Joseph D Wilkin MD  
Box 472  
Panaca NV 89042

**LABORATORY RESULTS ONLY**

☒ Gonococci not found pus cells

gram negative diplococci  
resembling gonococci were found

EXPIRED 5:30:84

other OCT 26 1984

10/24/84

**VENEREAL MICROBIOLOGY**

Canary, Laboratory; Pink, Provider; White, Division of Health; Blue, Research.

000114

000060

CULTURE PLATE//SENSITIVITIES NAME: June Pete DATE 9/25

AMPICILLIN .9

CARBENICILLIN .9

CEPHALOTHIN 1.1

BACITRACIN

CLINDAMYCIN .8 cm

GENTAMYCIN .3

CHLORAMPHENICOL 1

ERYTHROMYCIN 1.2

PENICILLIN

TETRACYCLIN .3

TRIPLE SULFA (SSS)

SULPHAMETHIZOLE (SXT)

NALDIXIC ACID

DRUG IN WHICH THE PATIENT WAS STARTED  
ON: Ampicillin 500mg

Other sensitivities not named:

CHANGED DRUG TO:

NOTES: Sputum  
took down to Jack

NAME: June Pete  
COLOR: Yellow  
SP. GRAVITY: 10.21  
PH: 7  
PROTEIN: trace  
GLUCOSE: 0  
KETONE: 0  
BILIRUBIN: 0  
BLOOD: 0  
NITRITE: 0  
UROBILINOGEN: 0

DATE: 10-17-84  
SPUN:  
WBC: 0 cc  
RBC: 0  
BACT: 1+  
CASTS: 0  
EPITH: 0-2  
MISC: /

000115



ASSOCIATED  
PATHOLOGISTS  
LABORATORIES

4230 S. Burnham Ave., Suite 250  
Las Vegas, Nevada 89109  
(702) 733-7866  
Outside Nevada (800) 521-5050

W. Howard Hoffman, M.D., Director  
Nevada State Lab License No. 4  
Medicare License No. 29-8013  
CAP No. 89109-004  
Title XIX Vendor No. 27-02239

PATIENT

PETE, JUNE

REFERRED BY

JOSEPH WILKIN, MD 158  
PO BOX 472  
PANACA NV89042

AGE

48

COLLECTED 10/17/84

SEX

REPORTED 10/22/84

**CYTOLOGY REPORT**

CASE NO. 122650

**DIAGNOSIS:** CLASS I, NO DYSPLASTIC CELLS

MATURATION INDEX: PARA. 0% INTER. 80% SUPER. 20%

INFLAMMATION - MODERATE

NO TRICHOMONADS SEEN

DODERLEIN BACILLI PREDOMINATING

BENIGN SQUAMOUS METAPLASIA

BENIGN ANUCLEAR SQUAMOUS CELLS PRESENT

PATIENT NAME NOT INDICATED ON SLIDE

NUCLEAR DETAIL PARTLY OBSCURED BY EXUDATE

MI UNRELIABLE DUE TO INFLAMMATION

SOURCE	CONDITION	HISTORY	SEE REVERSE SIDE FOR CODE & PLANATION	DATE	CYTOLOGIST	REVIEWER

000116

000002

Tetanus Diphtheria toxoid 0.5  
12-13-72



June Petr 1-F426

JUL 10 1981

June Petr

PRESENT MEDICATION

MEDICATION	MG.	AMOUNT
Demulen	135	
Demi Regrator	25	7 gm

**Smead**

No. ET2-154LY

HASTINGS, MN  
LOS ANGELES, CHICAGO, ILLINOIS

000117

NAME Wete, Joe E 105 DATE 12/4/01  
LAST FIRST MIDDLE

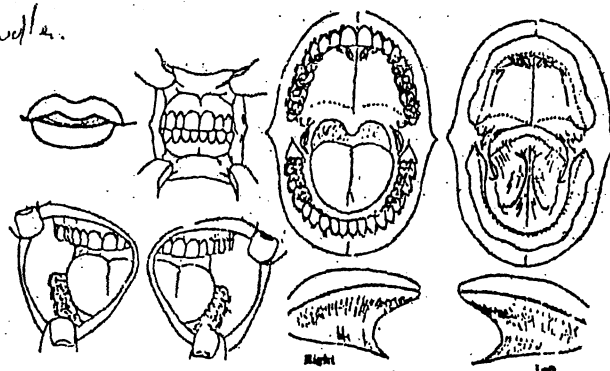
MEDICAL ALERT: Allergies: Ufactor  
HTN, Anesthetics,

INITIAL DENTAL COMPLAINT: Acute Sinusitis / Referred by Dr. Dwyer to  
evaluate the teeth as a cause

### ORAL EXAMINATION AND DIAGNOSIS

#### SOFT TISSUE EXAMINATION

Neck OK Lips OK Cheeks RT dull - swelling  
 Palate OK Throat OK Floor OK  
 Gingivae Swollen - Doming - RT max. / Rm Rm  
 Facial Symmetry OK  
 Occlusion missing teeth  
 Mid Line Shift OK



#### HARD TISSUE EXAMINATION

Caries YES Extra Teeth NO  
 Crowding NO Wisdom Teeth NO  
 Missing Teeth YES X-rays: Panorex X PA     BW    

ORAL HYGIENE: Excellent     Good     Fair     Poor X Calculus    

REMARKS / TX PLAN: I've had Sinusitis for a long time. IT comes & goes all my life  
I've had trouble. I was treated by a homeopath and a sinus my face in the  
right side. I've had infection in my right cheek & sinus off & on since 1972.  
The past year & especially since I Nov. IT's got worse & Dr. Dwyer didn't help.  
The infection is on my right side. - RT Bk's New Mandible in the left side

DATE			TX RECORD AND SERVICES RENDERED	CHARGE
MO	DAY	YR		
12	4	01	Exam Panorex - Teeth 2-11, 13, 14-24, 26-31 Several teeth w/ PD amalgam, teeth #2,3,4 have large radiolucency above the apex of the teeth, tooth #4 is wide PDL space - cold/elite sensation only to #3 teeth Slight discomfort. Sinus is apical 2) PA x-ray shows the radiolucency mainly around the partial root of #3 Clinical Exam - shows swelling of right max. lip & cheek & into the cheek. Pass is draining out swollen area "pock" #3 has 3+ mobility - purulent from sulcus in the vertical channel. tooth #2	

000118

000064





# EAR, NOSE, and THROAT RECORD

Referred by: Boyd Carter  
Phone: \_\_\_\_\_  
Address: St. Geo. Ut.

Patient's Name: June W. Pete Age: 65 Date: 12-3-01

Present Illness: (please describe your medical complaints in a few concise words)  
Swelling in right sinus gland below eye. Had horse accident  
21 yrs. ago. Right side face crushed.  
Blowing green mucous from nose x 1 month. Had Kenalog shot 2 weeks ago  
2 Medrol dose pack. No x-rays done  
Discharge - Nrrt from nose - Carter  
④ 1/4 R ⑤ d. pharynx

## Past History: (please answer the following questions)

- Do you suffer from allergies such as hay fever, asthma, eczema, or food allergies? (circle appropriate items) No
- Are you allergic to any medicine or have you had a bad reaction to any medicine? ☒ Yes ☐ No If yes, please describe: Swelling from Cefactor taken for sinus infection. ->
- Do you smoke? ☐ Yes ☒ No How much? (packs per day) \_\_\_\_\_
- Do you use alcoholic beverages? ☐ Yes ☒ No How much? \_\_\_\_\_
- Have you been exposed to AIDS or tested positive for AIDS? ☐ Yes ☒ No
- Have you ever had a blood transfusion? ☐ Yes ☒ No
- In your job or hobbies, have you been exposed to loud noise levels? ☐ Yes ☒ No If yes, please describe: \_\_\_\_\_
- Have you ever suffered a severe head injury? ☒ Yes ☐ No
- Please list the current drugs and medicines which you take: Reserpine + Chorithalidone for  
high blood pressure.
- Please list surgical procedures which you have undergone: appendix + head surgery after  
being crushed by a horse Aug. 9, 1970.
- Please list current or past medical illnesses or hospitalizations: being crushed by a horse - 1970.

ht = 5'6"  
wt = 240 lbs

## Systems Review: (please circle any of the following problems which you have had or currently have)

Cancer	Seizures or Fits	Broken Nose	Stroke	Venereal Disease
Sugar Diabetes	Frequent Headaches	Coughing Blood	Easy Bleeding	Syphilis
Recent Weight Loss	Fainting Episodes	Restless Sleep	Easy Bruising	Gonorrhea
Recent Weight Gain	Dizziness	<u>Snoring</u>	Anemia	Armpit Lumps
Change in Appetite	Poor Hearing	Nose Bleeds	Stomach Trouble	Groin Lumps
Measles	Ringing in Ears	<u>Post-Nasal Drip</u>	Ulcers	<u>Broken Bones</u>
Mumps	Broken Ear Drum	<u>Stuffy Nose</u>	Gallbladder Trouble	<u>Chronic Pain</u>
Chicken Pox	Frequent Ear Infection	<u>Sinus Infections</u>	Bowel Trouble	<u>Spine Injury</u>
Polio	Discharge from Ear	<u>Trouble Breathing</u>	Blood in Stools	Spine Surgery
Rheumatic Fever	Hoarseness	<u>During Day</u>	Liver Disease	Nervous Breakdown
Asthma	Swollen Neck Glands	<u>During Night</u>	Yellow Jaundice	Depression
Malaria	Thyroid Problems	With Exercise	Kidney Infection	Anxiety
Poor Vision	Food Allergies	Chest Pain	Bladder Infection	Seen Psychiatrist
Double Vision	Frequent Sore Throat	Heart Trouble	Blood in Urine	Menstrual Problems
<u>Wear Glasses</u>	Trouble Swallowing	Ankle Swelling	Kidney Stone	Abnormal Vaginal Bleeding
Epilepsy	Hay Fever	Heart Attack	Painful Urination	Sores Which Don't Heal
Convulsions	Pneumonia	<u>High Blood Pressure</u>	Prostate Trouble	Reaction to an Anesthetic

10-20 yrs ago

000120

Family History: (please circle any of the following diseases which seem to run in your family or have occurred in any directly related family member - this does not include members by marriage or adoption)

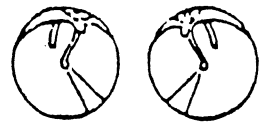
Bleeding Disorders Hay Fever Asthma T.B. Hearing Loss Reaction to General Anesthetic Cancer  
High Blood Pressure Venereal Disease

# PHYSICAL EXAMINATION:

## Tuning Fork Test:

Rinne	256	512	1024
Right			
Left			

Weber:	256	R	ML	L
	512	R	ML	L
	1024	R	ML	L



Ears:	Pinna	Canal	T.M. Motion	T.M.
Right		ul		ul
Left		ul		ul

Face: Scars  
Lesions *③ front neck*  
Bony Abnormalities

Nose: External  
Septum  
Turbinates  
Discharge

Sinuses: Tender  
Transillumination Frontals  
Maxillary

Mouth: TMJ  
Dentition *poor*  
Tongue  
Mucosa

*interincisor distance  
12 mm.*

Pharynx: Nasopharynx  
Oropharynx  
Hypopharynx

Larynx:

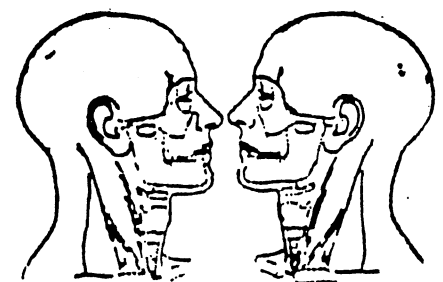
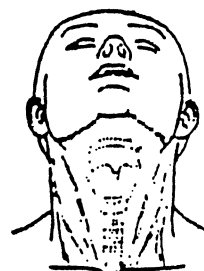
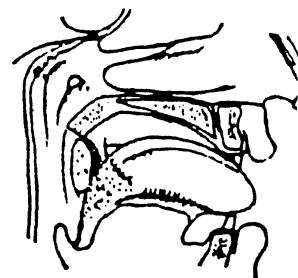
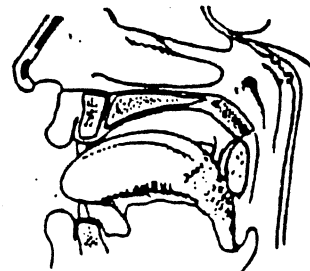
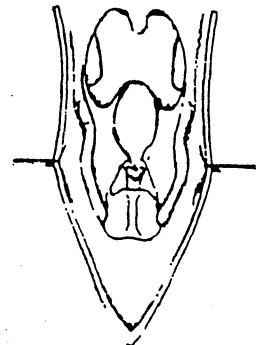
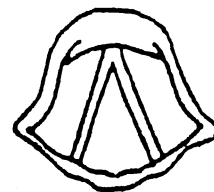
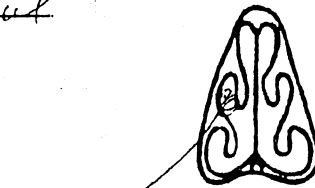
Neck:

Neurological Findings:  
Cranial Nerves  
Romberg  
Cerebellar  
Sensory  
Nystagmus

Motor  
Positional Tests  
Calorics  
Tandem Gait

Audiological:

Other Findings (Xrays):



## IMPRESSION:

*1/ ① dental interstices → into ② max area  
③ trig. area*

## PLAN:

*1/ Rx up to 75% of 100%  
Rx up to 75% of 100%  
Rx up to 75% of 100%*

*AT 7 mm  
000121  
AT 7 mm*

June Pete

DEC 04 2001

ph.

A. Hill called → #3 - abscess.

no drug given - pt depends.

6.2 90% .10

12-4-01

Flu on CT sinus x-ray  
feels better - & pain + swelling  
"nearly fine"

⊕ Pen VK  
⊕ Rocephin IVPB  
⊕ Lortab

9  
+ tubercles of frontal, & facial swelling  
pus in nose still.  
CT = paranasal

A/ paranasal. i. lateral infection = #3

B/ cont: IV Rocephin until Sunday, Pen VK 500 mg  
it deferred tooth abs. PIC

Atrix x 5 mgmt's

Ⓟ

→ 200

000122

000068

June Pete

DEC 10 2001

5, ⊖ pain, very little swelling ⊕ side face.

⊕ Finished IV. Rocephin today.

⊕ Pen VK

⊕ B.P. pull

9.

↑ habs. still

↓ swelling of face not = prev.

A) ⊕ pneumonia. 2 "to teeth" other?

P. a/c Avlox 400mg T Pen VK 500mg x 3 wks  
x 3 wks

n. ct.

see dentist.

ADG

Todd Wilke.  
(775)  
289-4200

000123

000068

June Pete

DEC 31 2001

pt feels better now

5/ 31 years ago → had Caldwell Luc & facial fracture.  
began dentist → several weeks checked teeth.  
made an incision @ upper jaw → gauge  
had a relative (oral surgeon) from Reno do a  
Caldwell Luc → pulled out 2 5 1/2 gauge pads from  
maxillary sinus

9/

& swelling.  
incision healing.

Arby,  
clean

AF f.B 1 @ max → sinus + facial cellulitis.

P/ fresh Arby & Luc.  
clean re CT in 3 months

G.P. Moly. m.

000124

000070

Attn: DR. DOXEY, G PAUL

DEPARTMENT OF RADIOLOGY  
DIXIE REGIONAL MEDICAL CENTER  
544 South 400 East  
St. George, Utah 84770  
(435) 688-4250

ST. GEORGE RADIOLOGY, INC.

Ordering MD: DOXEY, G PAUL  
PCP MD: WILKIN, BRUCE W  
Admit DX: ACUTE SINUSITIS  
Room #: XRAY

Pt Phn: (775) 726-3336  
Pt Adr: HCR 34 BOX 37  
CALIENTE, NV 89008  
DOB: 06/16/1936

NAME: PETE, JUNE W  
EXAM: CT Maxiofacial w/o Cnt  
DATE: 12/03/2001.0286  
RSN1: ACUTE SINUSITIS  
RSN2: Unavailable

\*\*\* FINALIZED REPORT \*\*\*

CLINICAL HISTORY: Acute sinusitis.

CT OF THE PARANASAL SINUSES: 12/03/01


Surgical fixation wire consistent with remote traumatic event is present inferior orbital rim and lateral orbit near zygomatic process. Remote fracture deformity of right zygomatic arch anteriorly is seen, a little medial apex angulation.

There is extensive and essentially complete opacification of the right paranasal sinuses. Opacity associated with the right maxillary sinus suggests some inhomogeneity and there are some scattered punctate gas foci. This soft tissue density suggests aggressive component with marked expansion of the sinus, particularly into the right nasal passage, as well as anterior and inferior through a lytic defect involving the sinus floor as well as the alveolar process. Lytic destructive changes of bone are seen and there is a soft tissue component outside the confines of the sinus and along the anterolateral border of the alveolar process. The sinus wall appears discontinuous at other locations, but this could be related to previous trauma given the changes of the right orbit. The left sinuses appear well pneumatized and clear as do the visualized mastoid air cells. I do not see any abnormal calcifications or foreign bodies.

IMPRESSION:

DIFFUSE RIGHT-SIDED PANSINUSITIS FELT TO REFLECT EXPANSILE AGGRESSIVE PROCESS INVOLVING THE RIGHT MAXILLARY SINUS WITH BONY DESTRUCTION AND EXTENSION OUTSIDE THE SINUS CONFINES AS DISCUSSED ABOVE. NEOPLASIA IS THE DIAGNOSIS OF EXCLUSION.

J: 27645  
D: 12/03/01 17:53



000125



DIXIE REGIONAL MEDICAL CENTER  
IHC Scott Moesinger, Laboratory Director

544 S 400 E, St. George, UT 84770  
Steven W. Lewis, Respiratory Director

PETE, JUNE W

URN: 546589081

Birthdate: 06/16/1936

Age: 65Y Sex:F

IDX:

Pt Phone No: 7757263336

MRN: 286060

Attending Physician: Doxey, G Paul

SSN: 530206326

Location: D Lab

Account No: 18723742

Report Date & Time: 12/05/2001 13:00

===== PHYSICIAN COPY FOR DR: Doxey, G Paul =====

\*\*\*\*\* Microbiology \*\*\*\*\*

12/03/2001 CULTURE, ROUTINE (AEROBIC ONLY)

1615

ACC. #: M44389

TRANSPORT TIME: 1.5

Final 12/05/2001

Specimen Description: Mouth DENTAL

Gram Stain

1. 4+ Epithelial cells
2. 4+ WBCs
3. 3+ Gram-positive cocci
4. 1+ Gram-positive bacilli

Result:

1. 3+ Organisms recovered are compatible with mixed respiratory flora

12/03/2001 CULTURE, ROUTINE (AEROBIC ONLY)

1615

ACC. #: M44397

TRANSPORT TIME: 1.5

Final 12/05/2001

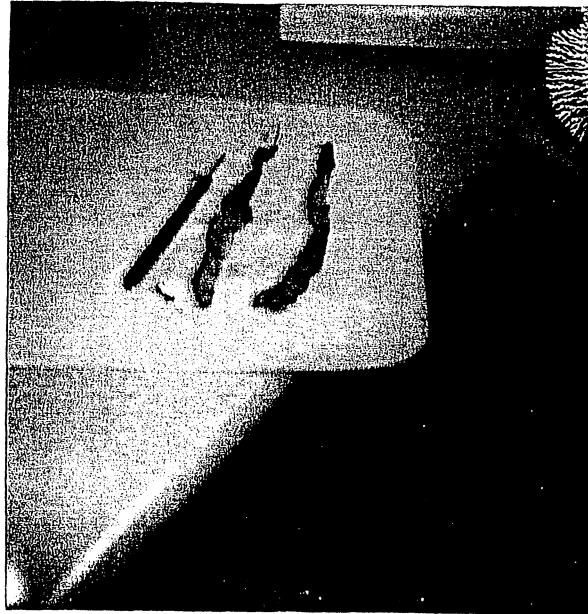
Specimen Description: Nose

Gram Stain

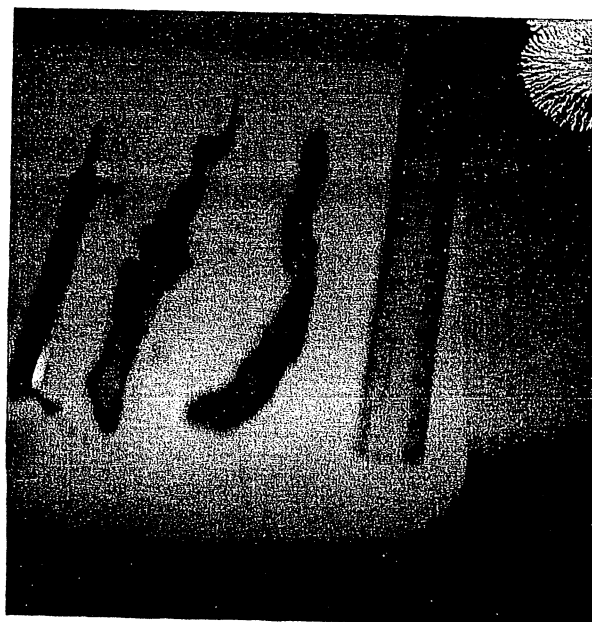
1. 4+ WBCs
2. 2+ No organisms seen

Result:

1. 1+ Organisms recovered are compatible with mixed respiratory flora



Gauze strips Taken out of  
June Cox Pete's right sinus  
gland in cheek Dec. 23, 2001  
at Dr. Todd Wilkin's dental office.



Gauze taken out of June W. Cox  
Pete's right sinus gland in cheek  
Dec. 23, 2001 at Dr. Todd Wilkin's  
dental office in Elv, Nev.



Attn: Dr. UNKNOWN DOCTOR

DEPARTMENT OF RADIOLOGY  
DIXIE REGIONAL MEDICAL CENTER  
544 South 400 East  
St. George, Utah 84770  
(435) 688-4250

ST. GEORGE RADIOLOGY, INC.

Ordering MD: DOXEY, G PAUL  
PCP MD: NOT AVAILABLE

Pt Adr: NOT AVAILABLE

Room #:

DOB: 06/16/1936

NAME: PETE, JUNE W  
EXAM: CT Maxiofacial w/o Cnt  
DATE: 12/03/2001.0286  
RSN1: ACUTE SINUSITIS  
RSN2: Unavailable

## \*\*\* FINALIZED REPORT \*\*\*

CLINICAL HISTORY: Acute sinusitis.

CT OF THE PARANASAL SINUSES: 12/03/01

Surgical fixation wire consistent with remote traumatic event is present inferior orbital rim and lateral orbit near zygomatic process. Remote fracture deformity of right zygomatic arch anteriorly is seen, a little medial apex angulation.

There is extensive and essentially complete opacification of the right paranasal sinuses. Opacity associated with the right maxillary sinus suggests some inhomogeneity and there are some scattered punctate gas foci. This soft tissue density suggests aggressive component with marked expansion of the sinus, particularly into the right nasal passage, as well as anterior and inferior through a lytic defect involving the sinus floor as well as the alveolar process. Lytic destructive changes of bone are seen and there is a soft tissue component outside the confines of the sinus and along the anterolateral border of the alveolar process. The sinus wall appears discontinuous at other locations, but this could be related to previous trauma given the changes of the right orbit. The left sinuses appear well pneumatized and clear as do the visualized mastoid air cells. I do not see any abnormal calcifications or foreign bodies.

## IMPRESSION:

DIFFUSE RIGHT-SIDED PANSINUSITIS FELT TO REFLECT EXPANSILE AGGRESSIVE PROCESS INVOLVING THE RIGHT MAXILLARY SINUS WITH BONY DESTRUCTION AND EXTENSION OUTSIDE THE SINUS CONFINES AS DISCUSSED ABOVE. NEOPLASIA IS THE DIAGNOSIS OF EXCLUSION.

J: 27645  
D: 12/03/01 17:53

000128

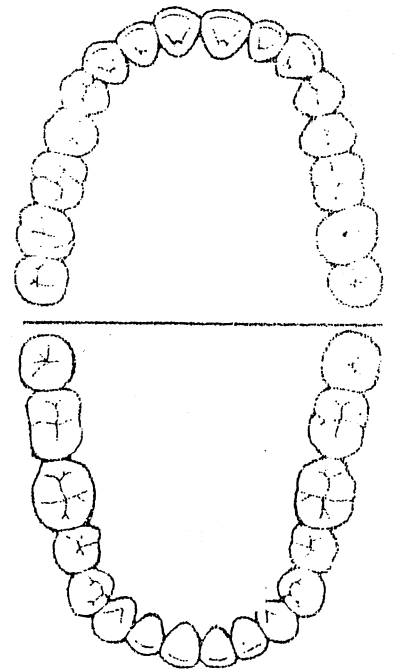
000074

Name: June Pete

5-27-54

6-16-54

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17



a	b	c	d	e	f	g	h	i	j
t	s	r	q	p	o	n	m	l	k

#### MEDICAL ALERTS

Periodontal Health \_\_\_\_\_

Previous Periodontal Treatment? \_\_\_\_\_

	Good	Fair	Poor	Severe
Plaque	1	2	3	4
Inflammation	1	2	3	4
Calculus	1	2	3	4
Stain	1	2	3	4
Oral Hygiene	1	2	3	4

TEETH	MOULD		SHADE	
	UPPER	LOWER	UPPER	LOWER
CENT.				
LAT.				
CUSP.				
POST				

#### DENTAL HISTORY

Chief Complaint \_\_\_\_\_

DATE OF LAST \_\_\_\_\_

Visit \_\_\_\_\_ X-Rays \_\_\_\_\_ Prophyl \_\_\_\_\_

Face/Neck/Glands \_\_\_\_\_

Lips/Cheeks \_\_\_\_\_

Palate/Pharynx \_\_\_\_\_

Floor of Mouth/Tongue/Frenum \_\_\_\_\_

General Condition of Teeth \_\_\_\_\_

Esthetics \_\_\_\_\_

Sensitivity ☐ Cold ☐ Hot ☐ Sweets

Abrasion Areas \_\_\_\_\_

Condition of Restorations \_\_\_\_\_

Overhangs \_\_\_\_\_

Open Contacts \_\_\_\_\_

Food Traps \_\_\_\_\_

Occlusion/Interferences 000129

Previous Orthodontics \_\_\_\_\_

Summary of Treatment: 2-MO alloy

31-crown + bld-up

30-crown

11-BCT post + CORX

1-13-PFM bridge

000075

DATE	TOOTH	SURF.	TREATMENT NOTES
5/27/99			FMX Exam Pt. needs bridge replace 11-13. Will do RCT, post & core 1st.
6-16-99	#11		removed Bridge #11 - #13. RCT - 1 canal #11 Re-fab Post & Core in #11 and #13. Fabricated Temp acrylic Bridge. will watch Teeth for 2 weeks no - Prep & Impress
6/29/99			Prep for bridge 11X13 3% Carbo x 1 shade: C3
8/5/99	2 mo		3% Carbo x 1 dis - Alloy
	11X13		Pfm Bridge delivered - Cement c Vitremer A no adj. Fits Great!!
9/14/99	30		Prep for FGC 3% Carbo x 2 sent to: New West Cemented temp c temp. cement shade: FGC
9/29/99	30		Delivered FGC cemented c Vitremer.
	31		Crown Prep for FGC 3% Carbo x 2 sent to: New West Cemented temp c Zone temp. cement
11/17/99	30		Crown Delivered cemented c Vitremer
8-17/00			Pt 11X13 Bridge Came off Post in 13 broke in half
	11X13		re-did Post & B/U in 13 Cement c C+B metabond + Core Material
2/19/01	4	MOD	#4 MOD needs replaced if report Comp Full A2 2% Lido c epi x 1
12/19/01			Limited Exam 2BA's Pt is having some problems c sinus Would like dr to evaluate Ray X-rays to the X-rays Pt brought from Dr Hill & see what he thinks as to if any of her teeth could be causing any problems Dr. Did Cold test on 2, 3, 4, 5 & the pulp tester. Dr thinks #3's nerve has died off. 3% Carbo x 1 (1 Lido c epi x 1 x D
			* #3 +4 needs a Rct - O Alloy + 2 core #4 need Rct O Alloy + PFM

**IDENTALLOY®**  
HIGH NOBLE ALLOY  
CERTIFICATE

The manufacturer certifies that the dental casting alloy provided to the laboratory with this certificate is a High Noble alloy.  
The laboratory certifies that High Noble alloy was used to fabricate this prosthesis.

Alloy	Manufacturer	Composition
Jelenko GL	J.F. Jelenko & Co. ISO 9001 Registered	Au 55.9% Ag 32.00% Pd 3.9% Cu 7.30% Pt 0.1% Ir .25% Ir 0.1% Zn .45%

DENTIST CERTIFICATE (attach to patient record)

000130

000076

June Kate

DATE	TOOTH	SURF.	TREATMENT NOTES
12-19-01	cont.		<p>upon debridement of tissue noticed some gauze into tissue and maxillary sinus. Pt does relate a history of this packing from 30 years ago after facial trauma. Did not remove at this time. will consult w/ oral surgeon &amp; physician prior to removal. Placed 2 interrupted gut sutures to hold site for now.</p> <p>This on len VK</p>
12-27-01			<p>Marcaine 2% w/ 1:200,000 pi x 8.</p> <p>Excised from #6 to distal #2 in sinus.</p> <p>Debrided area and removed 2 - 4x4 gauze packs from sinus (maxillary) that were placed in 1970.</p> <p>Irrigated sinus w/ sterile Na chloride 5%.</p> <p>Sutured w/ 4-0 Vicryl. Continuous w/ 3 interrupted.</p> <p>Pt will get pain medicine from physician.</p> <p>Surgery was performed by Troy Swart - Oral Surgeon.</p> <p>Dr. Bruce Wilkin was present.</p>

000131

---

Attending Radiologist:	SHEPHERD, EDWARD Q	RAD #:	175941
Authenticating MD:		MR #:	28-60-60
Transcriber:	KMIT	ENC #:	18723122
Date Transcribed:	12/04/01 11:30	UR #:	546589081
Patient Name:	PETE, JUNE W	LOG #:	12/03/2001.0286

000132  
000078

# STATEMENT

**DIXIE ORAL SURGERY**  
 10 Diagonal, #204  
 St. George, UT 84770-

Page: 1  
 Statement Date: 01/08/02  
 Account: 14219  
 June Pete

435-673-1554

June Pete  
 HCR34 Box 37  
 Caliente, NV 89008

Previous Balance ..... 0.00

Date	Patient	Description	Amount
12/05/01	June	Compr Oral Eval	45.00
12/05/01	June	Panoramic X-Ray	65.00
12/05/01	June	Int Periap -1st Film	10.00
12/05/01	June	Int Periap - Add'l	10.00
12/05/01	June	Payment/CK/4014	-35.00
Ending Balance .....			95.00

Payment due by Jan. 20th. Write Acct # on check.  
 Your balance is due now. Please pay promptly.

*Dr. Hill*

THANK YOU



Current	31-60	61-90	91+	Total
0.00	95.00	0.00	0.00	95.00

A Monthly Service Charge of 1.50% will be applied to accounts over 120 days. Minimum Service Charge: \$ 2.00

000133  
 000079

# STATEMENT

JUN 05 2002

DIXIE ORAL SURGERY  
10 Diagonal, #204  
St. George, UT 84770-

Page: 1

Statement Date: 06/03/02

Account: 14219

June Pete

435-673-1554

June Pete  
HCR34 Box 37  
Caliente, NV 89008

Previous Balance ..... 0.00

Date	Patient	Description	Amount
12/05/01	June	Compr Oral Eval	45.00
12/05/01	June	Panoramic X-Ray	65.00
12/05/01	June	Int Periap -1st Film	10.00
12/05/01	June	Int Periap - Add'l	10.00
12/05/01	June	Payment/CK/4014	-35.00
04/12/02	June	Service Charge	2.00
05/10/02	June	Service Charge	2.00
05/31/02	June	Copy fee	25.00
05/31/02	June	Payment/CK/006049	-25.00
Ending Balance .....			99.00

Current	31-60	61-90	91+	Total
27.00	2.00	0.00	70.00	99.00

A Monthly Service Charge of 1.50% will be applied to accounts over 120 days. Minimum Service Charge: \$ 2.00

000134

000080

MAKE CHECKS PAYABLE TO:  
ST. GEORGE RADIOLOGY PHYSICIANS BILLING  
P.O. BOX 657  
OREM, UTAH 84059-0657

PHONE (435) 628-8777 FAX (801) 225-1525  
TAX I.D. NO. 87-0487570

TERRY L. MONTAGUE, M.D.  
EDWARD Q. SHEPHERD, M.D.

JOHN A. DAVIS, M.D.  
STEVEN B. DAVIS, M.D.  
TRACY R. ORR M.D.

7259

CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
CARD NUMBER		AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
03/01/2002	11.87	R175941
PAGE: 1		SHOW AMOUNT PAID HERE \$

PLEASE WRITE ACCOUNT NUMBER ON CHECK.

ADDRESSEE:

R175941  
PETE, JUNE W  
HCR 34 BOX 37  
CALIENTE, NV 89008-9601

REMIT TO:

ST. GEORGE RADIOLOGY PHYSICIANS BILLING  
P.O. BOX 1696  
ST. GEORGE, UTAH 84771-1696

### STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

☐ Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

510094

DATE OF SERVICE	DESCRIPTION OF SERVICE	PROCEDURE	CHARGES
12/03/01	CT MAXILLOFACIAL W/O CONTRAST	70486-26	142.00

UNLESS A PAYMENT IS MADE ON YOUR ACCOUNT A SERVICE CHARGE MAY BE ADDED.

REFERRING PHYSICIAN	INSURANCE CO.	SUBSCRIBER NO.	GROUP NO.	EMPLOYER	TOTAL CHARGES
DOXEY, PAUL	MED	530226013D		RET/01/SELF	142.00
PLACE OF SERVICE	OTHER INS. CO.	SUBSCRIBER NO.	GROUP NO.	DATE OF OCCURANCE	DATE OF LAST PAYMENT
DIXIE MEDICAL CENTER				12/03/01	12/28/01
					AMOUNT PAID
					130.13
					BALANCE DUE
					11.87

#### MESSAGES:

SOME OR ALL OF THE ABOVE SERVICE  
ARE NOW PAST DUE. PLEASE PAY THE  
BALANCE DUE, OR CONTACT OUR OFFICE  
WITHIN 10 DAYS. THANK YOU

#### PATIENT NAME

PETE, JUNE W

RELATIONSHIP TO RESP.PTY. DATE OF BIRTH MARITAL STATUS SEX

SELF 06/16/1936 F

PHONE SSN  
(775) 726-3336 530-20-8326

000135

IMPORTANT: NONE OF THESE CHARGES ARE INCLUDED IN YOUR PAYMENT



## OPEN ITEM LEDGER

Patient # 2574

June W Pete

(775) 726-3336

Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
12-03-01	99204	NEW PATIENT MOD/COM	145.00	-125.61	-19.39	0.00	PD	a	-94.43	-31.18	-19.39	0.00
			145.00	-125.61	-19.39	0.00						
12-03-01		Bill for : 145.00 to :UHIN MEDICARE for services :12-03-01 - 12-03-01 ***PAID**						A				
12-13-01	IC	INSURANCE PAYMENT # for services :12-03-01 - 12-03-01		-94.43			PD	A				
12-13-01	WO	INSURANCE AMOUNT DISA for services :12-03-01 - 12-03-01			-19.39		PD	A				
12-13-01	UN1	UNPAID BY INS-COPAY for services :12-03-01 - 12-03-01			-31.18			A				
12-13-01	DPA	DUE FROM PATIENT for services :12-03-01 - 12-03-01			31.18			P				
Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
12-04-01	99213	ESTAB PT. EXPANDED	65.00	-41.97	-17.31	5.72	PD	a	-38.15	-3.82	-17.31	0.00
			65.00	-41.97	-17.31	5.72						
12-05-01		Bill for : 65.00 to :UHIN MEDICARE for services :12-04-01 - 12-04-01 ***PAID**						A				
04-29-02	IC	INSURANCE PAYMENT # for services :12-04-01 - 12-04-01		-38.15			PD	A				
04-29-02	WO	INSURANCE AMOUNT DISA for services :12-04-01 - 12-04-01			-17.31		PD	A				
04-29-02	UN1	UNPAID BY INS-COPAY for services :12-04-01 - 12-04-01			-9.54			A				
04-29-02	DPA	DUE FROM PATIENT for services :12-04-01 - 12-04-01			9.54			P				
Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
12-10-01	99213	ESTAB PT. EXPANDED	65.00	-38.15	-17.31	9.54	PD	a	-38.15	0.00	-17.31	0.00

000136

000082

## OPEN ITEM LEDGER

Patient # 2574

June W Pete

(775) 726-3336

Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
			65.00	-38.15	-17.31	9.54						
12-10-01		Bill for : 65.00 to :UHIN MEDICARE for services :12-10-01 - 12-10-01 **PAID**						A				
12-28-01	IC	INSURANCE PAYMENT # for services :12-10-01 - 12-10-01		-38.15			PD	A				
12-28-01	WO	INSURANCE AMOUNT DISA for services :12-10-01 - 12-10-01			-17.31		PD	A				
12-28-01	UN1	UNPAID BY INS-COPAY for services :12-10-01 - 12-10-01			-9.54			A				
12-28-01	DPA	DUE FROM PATIENT for services :12-10-01 - 12-10-01			9.54			P				
Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
12-31-01	99213	ESTAB PT. EXPANDED	65.00	-38.15	-17.31	9.54	PD	a	-38.15	0.00	-17.31	0.00
			65.00	-38.15	-17.31	9.54						
12-31-01		Bill for : 65.00 to :UHIN MEDICARE for services :12-31-01 - 12-31-01 **PAID**						A				
01-31-02	IC	INSURANCE PAYMENT # for services :12-31-01 - 12-31-01		-38.15			PD	A				
01-31-02	WO	INSURANCE AMOUNT DISA for services :12-31-01 - 12-31-01			-17.31		PD	A				
01-31-02	UN1	UNPAID BY INS-COPAY for services :12-31-01 - 12-31-01			-9.54			A				
01-31-02	DPA	DUE FROM PATIENT for services :12-31-01 - 12-31-01			9.54			P				
Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
06-04-02	99080	MEDICAL REPORT	35.00	0.00	0.00	35.00	PD	A	0.00	0.00	0.00	0.00
			35.00	0.00	0.00	35.00						
06-04-02	PC	PERSONAL CHECK - THAN		-35.00				P				

000137

## OPEN ITEM LEDGER

Patient # 2574

June W Pete

(775) 726-3336

Date	Code	Desc.	Amount Billed	Paid	Adjust	Balance Due	Doc	Resp	Insurance Paid	Patient Paid	Insurance Adjusted	Patient Adjusted
			375.00	-243.88	-71.32	59.80						
Insurance Balance :			35.00									
Patient Balance :			24.80									
PD	375.00	-243.88	-71.32	59.80								

Payments Applied from Insurance: -208.88      Auto or Manual Posting  
Payments Applied from Patient : -35.00      Date Range Assignment

000138

000084

DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130-0000 435 634-4000		2 O40 R3 A-0757 MROP/MCRO REBILL XRA		3 PATIENT CONTROL NO. 2618723122		131							
5 FED. TAX NO. 0126 942854057		6 STATEMENT COVERS PERIOD FROM 120301 THROUGH 120301		7 COV.D.		8 N.C.D.		9 C-I.D.		10 L-R.D.		11	

12 PATIENT NAME PETE, JUNE W												13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601											
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14 BIRTHDATE 06161936		15 SEX F		16 MS W		17 DATE 120301		18 HR 17		19 TYPE 3		20 SRC 1		21 D HR 17		22 STAT 01		23 MEDICAL RECORD NO. 28-60-60		24		25		26		27		28		29		30		31	
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32 CODE 11		OCCURRENCE DATE 110101		34 CODE		OCCURRENCE DATE		36 CODE		OCCURRENCE SPAN FROM THROUGH		37 A B C	
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PETE, JUNE W  
HCR 34 BOX 37  
CALIENTE NV 89008-9601

39 CODE a b c d		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT	
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
300	LABORATORY	87070	120301	1	4250		
300	LABORATORY	87070 91	120301	1	4250		
350	CT SCAN	70486	120301	1	36300		
001	TOTAL			3	44800		

50 PAYER MEDICARE O P R		51 PROVIDER NO. 460021		52 REL. 53 ASG. INFO. 54 BEN. Y Y		54 PRIOR PAYMENTS 30128		55 EST. AMOUNT DUE 14672		56	
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57 **DUE FROM PATIENT**

58 INSURED'S NAME PETE, JUNE W		59 P.REL 1		60 CERT. - SSN - HIC. - ID NO. 530226013D		61 GROUP NAME RET/01/SELF		62 INSURANCE GROUP NO.	
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63 TREATMENT AUTHORIZATION CODES		64 ESC 5		65 EMPLOYER NAME RET/01/SELF EMPLOYED		66 EMPLOYER LOCATION	
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67 PRIN. DIAG. CD. 4619		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD.		77 E-CODE		78 000	
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79 P.C. 9		80 PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID 811669351205 D26591, DOXEY, G PAUL		83 OTHER PHYS. ID	
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84 REMARKS		85 PROVIDER REPRESENTATIVE X		86 DATE 000139	
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DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130 435 634-4000				2 049 R3 A-0757 MROP/MCRO REBILL IVS				3 PATIENT CONTROL NO. 2618728139				131																							
5 FED. TAX NO. 0126 942854057				6 STATEMENT COVERS PERIOD FROM 120501 THROUGH 120501				7 COV.D.		8 N-C.D.		9 C-I.D.		10 L-R.D.		11																			
12 PATIENT NAME PETE, JUNE W										13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601																									
14 BIRTHDATE 06161936		15 SEX F		16 MS W		17 DATE 120501		18 HR 13		19 TYPE 3		20 SRC 1		21 D HR 13		22 STAT 01		23 MEDICAL RECORD NO. 28-60-60		24		25		26		27		28		29		30		31	
32 OCCURRENCE CODE DATE 11 120401		33		34 OCCURRENCE CODE DATE		35		36		37		38		39		40		41		42		43		44		45		46		47		48		49	
PETE, JUNE W HCR 34 BOX 37 CALIENTE NV 89008-9601										39 CODE a b c d										41 CODE a b c d															
42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATES				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES				48 NON-COVERED CHARGES				49													
250		PHARMACY										1		5988																					
270		MED-SUR SUPPLIES										1		1029																					
510		CLINIC				99211				120501		1		4750																					
940		OTHER RX SVS				90784				120501		1		1600																					
001		TOTAL										4		13367																					
50 PAYER MEDICARE O P R				51 PROVIDER NO. 460021				52 REL. INFO Y Y				54 PRIOR PAYMENTS 11324				55 EST. AMOUNT DUE 2043				56															
57										DUE FROM PATIENT																									
58 INSURED'S NAME PETE, JUNE W				59 P.REL 1				60 CERT. - SSN - HIC. - ID NO. 530226013D				61 GROUP NAME RET/01/SELF				62 INSURANCE GROUP NO.																			
63 TREATMENT AUTHORIZATION CODES				64 ESC 5				65 EMPLOYER NAME RET/01/SELF EMPLOYED				66 EMPLOYER LOCATION																							
67 PRIN. DIAG. CD. 4619		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 CODE		76 ADM. DIAG. CD.		77 E-CODE		78 000													
79 P.C. 9		80 PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID 811669351205 D26591, DOXEY, G PAUL		83 OTHER PHYS. ID		84 REMARKS		85 PROVIDER REPRESENTATIVE X		86 DATE 061902		87		88		89		90													

DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130-0435 634-4000	2 049 R3 A-0757 MROP/MCRO REBILL IVS	3 PATIENT CONTROL NO. 2618736181
5 FED. TAX NO. 0126 942854057	6 STATEMENT COVERS PERIOD FROM 120601 120601	7 COV D. 8 N-C D. 9 C-I D. 10 L-R D. 11

12 PATIENT NAME PETE, JUNE W	13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601
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14 BIRTHDATE 06161936	15 SEX F	16 MS W	17 DATE 120601	18 HR 13	19 TYPE 3	20 SRC 1	21 D HR 13	22 STAT 01	23 MEDICAL RECORD NO. 28-60-60	24	25	26	27	28	29	30	31
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32 OCCURRENCE DATE 11 120401	34 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM THROUGH	37 A B C
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PETE, JUNE W HCR 34 BOX 37 CALIENTE NV 89008-9601	39 CODE a b c d	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1 250	PHARMACY			1	5988		
2 270	MED-SUR SUPPLIES			1	1029		
3 510	CLINIC	99211	120601	1	4750		
4 940	OTHER RX SVS	90784	120601	1	1600		
5							
6							
7							
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31							
32							
33	001 TOTAL			4	13367		

50 PAYER MEDICARE O P R	51 PROVIDER NO. 460021	52 REL. 53 ASG. INFO BEN Y Y	54 PRIOR PAYMENTS 11324	55 EST. AMOUNT DUE 2043	56
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57	DUE FROM PATIENT				
58 INSURED'S NAME PETE, JUNE W	59 P. REL 1	60 CERT. - SSN - HIC. - ID NO. 530226013D	61 GROUP NAME RET/01/SELF	62 INSURANCE GROUP NO.	

63 TREATMENT AUTHORIZATION CODES	64 ESC	65 EMPLOYER NAME 5 RET/01/SELF EMPLOYED	66 EMPLOYER LOCATION
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67 PRIN. DIAG. CD. 4619	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 ADM. DIAG. CD.	76 E-CODE	77	78
79 P.C. 9	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS. ID 811669351205 D26591, DOXEY, G PAUL	83 OTHER PHYS. ID	84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE 000141				

DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130-J 435 634-4000	2 049 R3 A-0757 MROP/MCRO REBILL IVS 5 FED. TAX NO. 0126 942854057	6 STATEMENT COVERS PERIOD FROM 120701 THROUGH 120701	3 PATIENT CONTROL NO. 2618743344	131
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12 PATIENT NAME PETE, JUNE W	13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601
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14 BIRTHDATE 06161936	15 SEX F	16 MS W	17 DATE 120701	18 HR 14	19 TYPE 3	20 SRC 1	21 D HR 14	22 STAT 01	23 MEDICAL RECORD NO. 28-60-60	24	25	26	27	28	29	30	31
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32 CODE 11	33 OCCURRENCE DATE 120401	34 CODE	35 OCCURRENCE DATE	36 CODE	37 OCCURRENCE SPAN FROM THROUGH	38	39	40	41	42	43	44	45	46	47	48	49
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PETE, JUNE W HCR 34 BOX 37 CALIENTE NV 89008-9601	39 CODE a b c d	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT
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42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATES	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
010	**NON-REPORTABLE CHARGES	36000	120701	1	2100		
250	PHARMACY			1	5988		
270	MED-SUR SUPPLIES			1	1029		
510	CLINIC	99211	120701	1	4750		
940	OTHER RX SVS	90784	120701	1	1600		
001	TOTAL			5	15467		

50 PAYER MEDICARE O P R	51 PROVIDER NO. 460021	52 REL. 53 ASC INFO BEN Y Y	54 PRIOR PAYMENTS 11324	55 EST. AMOUNT DUE 4143	56
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57 <b>DUE FROM PATIENT</b>	58 INSURED'S NAME PETE, JUNE W	59 P. REL 1	60 CERT. - SSN - HIC. - ID NO. 530226013D	61 GROUP NAME RET/01/SELF	62 INSURANCE GROUP NO.
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63 TREATMENT AUTHORIZATION CODES	64 ESC 5	65 EMPLOYER NAME RET/01/SELF EMPLOYED	66 EMPLOYER LOCATION
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67 PRIN. DIAG. CD. 4619	68 CODE	69 CODE	70 CODE	71 CODE	72 CODE	73 CODE	74 CODE	75 ADM. DIAG. CD.	76 E-CODE	77
79 P.C. 9	80 PRINCIPAL PROCEDURE CODE DATE	81 OTHER PROCEDURE CODE DATE	82 ATTENDING PHYS. ID 811669351205 D26591, DOXEY, G PAUL	83 OTHER PHYS. ID	84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE			

84 REMARKS	85 PROVIDER REPRESENTATIVE	86 DATE
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X 061902

DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130-J 435 634-4000				2049 R3 A-0757 MROP/MCRO REBILL IVS				3 PATIENT CONTROL NO. 2618750539				131																											
5 FED. TAX NO. 0126				6 STATEMENT COVERS PERIOD FROM 942854057 THROUGH 120801		7 COV.D.		8 N-C.D.		9 C-I.D.		10 L-R.D.		11																									
12 PATIENT NAME PETE, JUNE W												13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601																											
14 BIRTHDATE 06161936		15 SEX F		16 MS W		17 DATE 120801		18 HR 15		19 TYPE 3		20 SRC 1		21 D HR 15		22 STAT 01		23 MEDICAL RECORD NO. 28-60-60		24		25		26		27		28		29		30		31					
32 CODE 11		OCCURRENCE DATE 120401		34 CODE		OCCURRENCE DATE		36 CODE		OCCURRENCE SPAN FROM		THROUGH		37 A B C																									
PETE, JUNE W HCR 34 BOX 37 CALIENTE NV 89008-9601												39 CODE a b c d		VALUE CODES AMOUNT								41 CODE		VALUE CODES AMOUNT															
42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATES				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																					
1 010		**NON-REPORTABLE CHARGES				36000				120801		1		2100																									
2 250		PHARMACY										1		5988																									
3 270		MED-SUR SUPPLIES										1		1029																									
4 510		CLINIC				99211				120801		1		4750																									
5 940		OTHER RX SVS				90784				120801		1		1600																									
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DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130-0180 435 634-4000			2049 R3 A-0757 MROP/MCRO REBILL IVS			3 PATIENT CONTROL NO. 2618750554			131																										
5 FED. TAX NO. 0126			6 STATEMENT COVERS PERIOD FROM 942854057 TO 120901			7 COV D.			8 N-C.D.			9 C-I.D.			10 L-R.D.			11																	
12 PATIENT NAME PETE, JUNE W												13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601																							
14 BIRTHDATE 06161936		15 SEX F		16 MS W		17 DATE 120901		18 HR 15		19 TYPE 3		20 SRC 1		21 D HR 15		22 STAT 01		23 MEDICAL RECORD NO. 28-60-60		24		25		26		27		28		29		30		31	
32 OCCURRENCE CODE DATE 11 120401		33		34 OCCURRENCE CODE DATE		35		36 OCCURRENCE SPAN FROM THROUGH		37 A B C		38		39 CODE a b c d		40 VALUE CODES AMOUNT		41 CODE a b c d		42 VALUE CODES AMOUNT		43		44		45		46		47		48		49	
42 REV. CD.		43 DESCRIPTION										44 HCPCS / RATES				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES				48 NON-COVERED CHARGES				49							
1 250		PHARMACY																1		5988															
2 270		MED-SUR SUPPLIES																1		1029															
3 510		CLINIC										99212				120901		1		9500															
4 940		OTHER RX SVS										90788				120901		1		3000															
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DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130- J 435 634-4000		2 049 R3 A-0757 MROP/MCRO REBILL IVS		3 PATIENT CONTROL NO. 2618750562		131							
5 FED. TAX NO. 0126 942854057		6 STATEMENT COVERS PERIOD FROM 121001 THROUGH 121001		7 COV D.		8 N-C D.		9 C-I D.		10 L-R D.		11	

12 PATIENT NAME PETE, JUNE W										13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601									
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14 BIRTHDATE 06161936		15 SEX F		16 MS W		17 DATE 121001		18 HR 15		19 TYPE 3		20 SRC 1		21 D HR 15		22 STAT 01		23 MEDICAL RECORD NO. 28-60-60		24		25		26		27		28		29		30		31	
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32 OCCURRENCE CODE DATE 11 120401		34 OCCURRENCE CODE DATE		36 OCCURRENCE SPAN FROM THROUGH		37 A B C	
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PETE, JUNE W HCR 34 BOX 37 CALIENTE NV 89008-9601				39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT	
				a				b			
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42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATES		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1		010 **NON-REPORTABLE CHARGES		36000		121001		1		2100					
2		250 PHARMACY						1		5988					
3		270 MED-SUR SUPPLIES						1		1029					
4		510 CLINIC		99211		121001		1		4750					
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50 PAYER MEDICARE O P R		51 PROVIDER NO. 460021		52 REL. INFO Y		53 ASG. BEN Y		54 PRIOR PAYMENTS 11324		55 EST. AMOUNT DUE 4143		56	
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57 DUE FROM PATIENT													
58 INSURED'S NAME PETE, JUNE W				59 P. REL 1		60 CERT. - SSN - HIC. - ID NO. 530226013D				61 GROUP NAME RET/01/SELF		62 INSURANCE GROUP NO.	

63 TREATMENT AUTHORIZATION CODES		64 ESC		65 EMPLOYER NAME 5 RET/01/SELF EMPLOYED				66 EMPLOYER LOCATION			
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67 PRIN. DIAG. CD. 4619		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 ADM. DIAG. CD.		76 E-CODE		78 000	
79 P.C. 9		80 PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID 811669351205 D26591, DOXEY, G PAUL		83 OTHER PHYS. ID		84 OTHER PHYS. ID		85 PROVIDER REPRESENTATIVE		86 DATE							

84 REMARKS		85 PROVIDER REPRESENTATIVE		86 DATE	
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DIXIE MEDICAL CENTER PO BOX 30180 SALT LAKE CITY UT 84130-J 435 634-4000				2 O49 R3 A-0757 MROP/MCRO REBILL IVS				3 PATIENT CONTROL NO. 2618722629				131																											
5 FED. TAX NO. 0126 942854057				6 STATEMENT COVERS PERIOD FROM 120401 THROUGH 120401				7 COV.D.		8 N-C.D.		9 C-I.D.		10 L-R.D.		11																							
12 PATIENT NAME PETE, JUNE W										13 PATIENT ADDRESS HCR 34 BOX 37 CALIENTE NV 89008-9601																													
14 BIRTHDATE 06161936		15 SEX F		16 MS W		17 DATE 120401				18 HR 16		19 TYPE 3		20 SRC 1		21 D HR 16		22 STAT 01		23 MEDICAL RECORD NO. 28-60-60				24		25		26		27		28		29		30		31	
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42 REV. CD.		43 DESCRIPTION				44 HCPCS / RATES				45 SERV. DATE				46 SERV. UNITS				47 TOTAL CHARGES				48 NON-COVERED CHARGES				49													
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58 INSURED'S NAME PETE, JUNE W				59 P.REL 1				60 CERT. - SSN - HIC. - ID NO. 530226013D				61 GROUP NAME RET/01/SELF				62 INSURANCE GROUP NO.																							
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79 P.C. 9		80 PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 ATTENDING PHYS. ID 811669351205		83 OTHER PHYS. ID D26591, DOXEY, G PAUL		84 REMARKS		85 PROVIDER REPRESENTATIVE X		86 DATE 061902																									

**EXHIBIT H**

000147

Deposition of June W. Cox Pete, 10/8/2004

<p>1 IN THE THIRD JUDICIAL DISTRICT COURT IN AND FOR 2 SALT LAKE COUNTY, STATE OF UTAH 3 JUNE W. COX PETE, 4 Case No. 030902746 5 Plaintiff, 6 vs. 7 DR. ROBERT L. YOUNGBLOOD, 8 ST. MARK'S HOSPITAL and JOHN 9 DOES I-IV, XYZ CORPORATIONS I-IV, 10 Defendants. 11 ~~~~~ 12 DEPOSITION OF JUNE W. COX PETE 13 ~~~~~ 14 TAKEN AT: WILLIAMS &amp; HUNT 15 257 East 200 South, Suite 500 16 Salt Lake City, Utah 17 DATE: October 8, 2004 18 TIME: 10:00 a.m. 19 REPORTER: TAMERA L. STEPHENS, CSR, RPR 20 21 22 23 24 25</p> <p style="text-align: right;">Page 1</p>	<p>1 Deposition of June W. Cox Pete 2 October 8, 2004 3 PROCEEDINGS 4 JUNE W. COX PETE, called as a witness 5 for and on behalf of the Defendant, being first 6 duly sworn, was examined and testified as follows: 7 EXAMINATION 8 BY-MS.JENSEN: 9 Q. Would you please state your name. 10 A. Well, how much do you want? 11 Q. Well, I almost called you Ms. Cox, and 12 then almost Ms. Pete, and I am not sure the best 13 way to address you. 14 A. Well, I think this is going--and at the 15 time that I was hurt and all that, I was Cox. 16 Q. Okay. Are you currently going by the 17 last name Pete? 18 A. Yes. My driver's license is June W. 19 Pete. 20 Q. Okay. 21 A. My maiden name was Wilkin. 22 Q. Would you like me to call you Ms. Pete 23 or Ms. Cox? What are you comfortable with? 24 A. Okay. Mrs. Cox. 25 Q. Okay, Mrs. Cox. I will try to remember</p> <p style="text-align: right;">Page 3</p>
<p>1 APPEARANCES 2 3 For the Plaintiff: 4 GREGORY BARLOW, ESQ. 5 ATTORNEY AT LAW 6 P.O. Box 98 7 Calient, Nevada 89008 8 and 9 BRIAN L. OLSON, ESQ. 10 GALLIAN, WILCOX, WELKER &amp; OLSON, L.C. 11 59 South 100 East 12 St. George, Utah 84770 13 14 For the Defendant: 15 CAROLYN STEVENS JENSEN, ESQ. 16 WILLIAMS &amp; HUNT 17 257 East 200 South 18 Salt Lake City, Utah 84145-5678 19 20 INDEX 21 JUNE W. COX PETE Page 22 Examination by Ms. Jensen ..... 3 23 Examination by Mr. Olson ..... 92 24 Further Examination by Ms. Jensen .... 95 25</p> <p style="text-align: right;">Page 2</p>	<p>1 to do that. 2 A. That's what I was-- 3 Q. What we are doing here today is a 4 deposition and it is my opportunity to ask you 5 questions about this lawsuit while you are under 6 oath and your responses are going to be recorded 7 by the court reporter here. Have you had an 8 opportunity to meet with either of your attorneys 9 or both of your attorneys about this deposition 10 process? 11 A. Yes, they have talked to me about it, 12 but I don't really--I mean, I know enough that it 13 will just be questions and answers and-- 14 Q. Okay. 15 A. --and that I will-- 16 Q. And if you don't understand my 17 question, let me know and I will be happy to take 18 another shot at it and rephrase it. Is that fair? 19 A. Sure. Sounds good. 20 Q. If you answer my question, I am going 21 to assume you have understood it. Is that fair 22 as well? 23 A. Yes. 24 Q. Okay. Are you currently on any 25 medication that would impair your ability to</p> <p style="text-align: right;">Page 4</p>

1 (Pages 1 to 4)



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1 understand my questions?  
2 A. No.  
3 Q. Or to answer truthfully?  
4 A. No.  
5 Q. Okay. What is your current address?  
6 A. I have a ranch on the Highway 93 north  
7 of Caliente and I have mailbox, and it is HCR 34  
8 Box 37, Caliente, Nevada, 89008.  
9 Q. How long have you lived there?  
10 A. For 40 years. Since 1964.  
11 Q. Okay. I take it you have been married  
12 at some point; is that correct?  
13 A. Yes. I was married to William Alvin  
14 Cox and had three sons.  
15 Q. Are you currently married to him?  
16 A. No. We divorced in the spring of 1970.  
17 Q. Okay.  
18 A. And in '77, I remarried Floyd Pete, and  
19 he died of a heart attack.  
20 Q. What year did he die?  
21 A. In 1983 on August 1.  
22 Q. Are those the only two marriages that  
23 you have been involved with?  
24 A. Yes.  
25 Q. Do you have any children, other than

Page 5

1 the three children you just identified?  
2 A. No.  
3 Q. What did you do to prepare for your  
4 deposition here today?  
5 A. Nothing.  
6 Q. Other than drive through the night.  
7 A. We got together--he talked to me a  
8 little bit--  
9 MR. OLSON: Let me just issue an  
10 objection and caution, June, anything that you and  
11 your attorney spoke about are privileged, so don't  
12 discuss any communications you have had with your  
13 attorney, and I just lodge that objection.  
14 THE WITNESS: Only that we would be  
15 coming to the deposition.  
16 BY MS. JENSEN:  
17 Q. And I am not interested in knowing your  
18 conversations between you and your attorney--  
19 A. No, but that's all that I know.  
20 Q. And I guess what I am getting at is,  
21 did you review any documents?  
22 A. No.  
23 Q. And did you have any discussions with  
24 anybody other than your attorneys?  
25 A. No.

Page 6

1 I mean I told my family I was coming up  
2 here for a deposition, but that's all.  
3 Q. Okay. Where did you go to high school?  
4 A. At Panaca, Lincoln County High School.  
5 Q. Where is that?  
6 A. Well, there's the town of Pioche was  
7 the county center of Lincoln County, and then  
8 there is Panaca is 12 miles south and then there  
9 is Caliente. And the three towns get together,  
10 they go to Panaca, which is in the middle, for  
11 Lincoln County High School.  
12 Q. That's in the State of Nevada?  
13 A. Yes.  
14 Q. What year did you graduate?  
15 A. I graduated in 1954.  
16 Q. And what's your date of birth?  
17 A. June 16, 1936.  
18 Q. Did you go on, following your  
19 graduation from high school, to obtain any post-  
20 high school education or training?  
21 A. Huh-uh.  
22 Q. Is that a no?  
23 A. No.  
24 Q. And I say that only so that the court  
25 reporter can record your answer. It needs to be

Page 7

1 audible and--  
2 A. Okay, not shake my head.  
3 Q. A shake of the head is hard to get  
4 down, but I will try to help you remember--  
5 A. No, I didn't go to any more schooling,  
6 but I had studied secretarial in the high school  
7 and a year later than--well, I worked at many  
8 jobs. I was a telephone operator for the--back  
9 in the old days when it was like the one that you  
10 see on television, you know, you plug the cords  
11 in and you might pull out too many and you  
12 thought, Uh-oh. But there were 36 phones in  
13 Pioche and that is where I was born and raised.  
14 Q. And this job you had working with the  
15 phones, was that--what year approximately did  
16 that--  
17 A. Well, I did it on night shift my senior  
18 year and maybe my junior year, worked on weekends.  
19 Q. In high school?  
20 A. In high school. And then after I got  
21 out of high school, I was secretary up at Morris  
22 Motor Company, which is a car dealer at the top  
23 of the street in Pioche and I said, Well, when I  
24 get another job, it will have to be out of town,  
25 because I have worked all the way up the street.

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2 (Pages 5 to 8)



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<p>1 I was starting at the Gem Theater and then I was 2 the reporter for the Lincoln County Record and 3 I--and the telephone office was partway between 4 the Gem Theater and the other, but I was at the 5 telephone office when I was actually working for 6 the Lincoln County Record. Then I went on up the 7 street to Morris Motor Company after I graduated. 8 So I did, I got--anyway, my interest in horses, I 9 had this Mustang mare that I broke and trained 10 and I took her to Ely to a horse show the year 11 that I graduated from high school and I got two 12 6th place ribbons. The following year, a lady 13 notified me that there was an opening coming up 14 at Kennecott, and that was a branch of the 15 Kennecott out here in McGill, Nevada and for me 16 to come up--it was for the construction 17 superintendent, and for me to come up and take 18 the test and apply for the job and I could go up 19 there where there were more people interested in 20 horses, so I did. 21 Q. I'm sorry to interrupt, but what year 22 are we talking about? 23 A. We are talking a year later, like 1956, 24 a year after I graduated. 25 Q. Okay.</p> <p>Page 9</p>	<p>1 this property. 2 Q. Okay. Did you work at other jobs other 3 than your ranch following the termination of your 4 employment at Kennecott? 5 A. No. 6 Q. Okay. And what would have been the 7 year that you moved back to Caliente? 8 A. In '64. 9 Q. Okay. And can you describe your ranch 10 a little bit to me? 11 A. Okay. There's 60 acres and I have two 12 irrigation wells and I raise alfalfa and grass 13 combination hay, oat hay, too, and I swath it and 14 bale it and haul it and everything to do with the 15 whole operation, and I did this raising my three 16 sons, too. I had milk cows and milked them and 17 the kids helped me, too. 18 Q. Is that pretty much the state of your 19 ranch today, or has that changed over the years? 20 A. It has changed, because I don't have so 21 many animals and I don't have--I have one milk 22 cow. But I sold milk and beef and things like 23 that to help raise the kids. I mean, I raised 24 them, supported them right there on the ranch. 25 Q. Do you still work at your ranch?</p> <p>Page 11</p>
<p>1 A. Because I worked for Morris Motor 2 Company. 3 Q. That's okay. Sorry, didn't mean to 4 interrupt. If you walk me through it, then I 5 won't have to ask you the questions and you can 6 just describe your education and training-- 7 A. And I mentioned that a year after, but 8 anyway, that's what--so then I worked for 9 Kennecott for a lot of years and that's where I 10 met my husband. 11 Q. When you say Kennecott, do you mean 12 here in the Salt Lake Valley? 13 A. No. This was Kennecott at McGill-- 14 Q. At McGill. 15 A. --Nevada. I mentioned that, also. 16 Q. And how long did you work at Kennecott? 17 What was the year that you stopped working at 18 Kennecott? 19 A. Well, I worked for them seven years, 20 from--let's see, until '62. 21 Q. Okay. 22 A. My husband also worked at Kennecott. 23 And then we had a fire that burned our home and 24 we went down to where I live now, we moved down 25 there to run this ranch--or make a ranch out of</p> <p>Page 10</p>	<p>1 A. Yes. 2 Q. And you are the person primarily 3 responsible for the ranch; is that correct? 4 A. Yes. 5 Q. Okay. So have we now talked about all 6 of your jobs, your employments? 7 A. Uh-huh. I worked--like I say, when I 8 separated from my husband, I worked for Tom Clay 9 as a secretary. He was a retired lawyer from 10 Riverside, California that bought a ranch and 11 other--sort of combined and made a big ranch out 12 of these smaller properties. They call it the 13 Thousand and One Ranch, but I worked for him as a 14 secretary through that winter until I started-- 15 this was in 1969 that I worked for him into the 16 spring of '70, when I started running the farm 17 again in the spring, and I never worked for 18 anybody else. Oh, except for sometimes I was a 19 flagger after my kids were married and gone. 20 Q. Is that a flagger in the context of 21 road construction? 22 A. Yes. 23 Q. And that would be an occasional 24 periodic-type thing? 25 A. Yes, just a short term.</p> <p>Page 12</p>



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3 (Pages 9 to 12)

1 Q. So from approximately the spring--if I  
2 understand your testimony correctly, from  
3 approximately the spring of 1970 to the present,  
4 you have been occupied ranching?  
5 A. Yes.  
6 Q. Okay. Have you ever applied for  
7 unemployment or disability benefits?  
8 A. Oh, it seemed like when I was up at Ely  
9 once. I don't know. It seemed like I got  
10 unemployment for a little while.  
11 Q. Okay. How long ago would that have  
12 been?  
13 A. Well, that would have been in the  
14 '50's. I don't know. When I worked for  
15 Kennecott, I worked steady for them. I don't  
16 remember--  
17 Q. It would have been prior to your  
18 accident in 1970?  
19 A. Oh, yes.  
20 Q. Okay. Have you, at any time in your  
21 life, received any kind of mental health care or  
22 counseling?  
23 MR. OLSON: I am going to object based  
24 upon relevance, but go ahead and answer the  
25 question.

Page 13

1 THE WITNESS: No.  
2 BY MS. JENSEN:  
3 Q. You have never sought professional help  
4 for that kind of thing?  
5 A. No, I didn't need it.  
6 MS. JENSEN: And just by way of  
7 relevance, she seeks emotional distress damages,  
8 so I needed to track that down.  
9 MR. OLSON: Sure.  
10 BY MS. JENSEN:  
11 Q. Have you ever seen a physician or other  
12 medical care provider for emotional distress or  
13 mental distress?  
14 A. No.  
15 Q. Could you--and I know this is going  
16 back a ways, but I am wondering if you could  
17 identify for me the health care providers who  
18 provided care to you prior to your accident in  
19 1970.  
20 A. Well, a long time ago--  
21 Q. It is.  
22 A. --in Pioche, I had a ruptured appendix  
23 and Dr. Fortier--  
24 Q. Could you spell that?  
25 A. F-o-r-t-i-e-r.

Page 14

1 Q. Okay.  
2 A. There is a an old hospital there in  
3 Pioche that he ran.  
4 Q. What's the name of that hospital?  
5 A. Dr. Fortier Pioche Hospital.  
6 Q. Oh, it's his own hospital?  
7 A. Uh-huh. But he--oh, I heard about it  
8 somehow, he died in Las Vegas recently, but that  
9 would have been--he would have been really old.  
10 Q. Approximately what year did you have  
11 your appendix out?  
12 A. Anyway, it blew my whole summer. It  
13 was when I graduated from grade school, so that  
14 was 1950.  
15 Q. Okay. All right. Did you have some  
16 kind of family physician you went to for colds or  
17 flus or that kind of thing prior to 1970?  
18 A. I had--well, I went to--actually, I  
19 went to Dr. Dills, and that's what the Pioche  
20 the--Caliente Hospital is named Dr. Dills Medical  
21 Center, D-i-l-l-s.  
22 Q. What did you see Dr. Dills for?  
23 A. This would be for colds or--  
24 Q. Okay. What kind of physician was Dr.  
25 Dills?

Page 15

1 A. Just a general practitioner. He was  
2 just around there seemed like all his life.  
3 Everybody knew Dr. Dills. And he delivered my  
4 third son.  
5 Q. And again, Dr. Dills was in the--  
6 A. 1965.  
7 Q. Was Dr. Dills in the Caliente area?  
8 A. Yes. He lived in Caliente.  
9 Q. Anybody else prior to 1970, besides Dr.  
10 Dills and Dr. Fortier?  
11 A. My brother, Dr. Joseph D. Wilkin.  
12 Q. Where is he located?  
13 A. He is--  
14 MR. BARLOW: He is deceased, Counsel.  
15 THE WITNESS: He is deceased now, but  
16 he lived in Panaca and he had a clinic.  
17 BY MS. JENSEN:  
18 Q. What was the name of the clinic?  
19 A. It was just his clinic, just Dr.  
20 Wilkin.  
21 Q. Okay. What did you see your brother  
22 for?  
23 A. Oh, if I slipped and cut my head or  
24 something or anything, but I saw him primarily  
25 after--well, this is talking about before 1970--

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4 (Pages 13 to 16)



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<p>1 Q. We are focusing on the period of time 2 prior to 1970. 3 A. Okay. 4 Q. Is he a general practitioner? 5 A. Yes. 6 Q. Okay. Would it be fair to say you saw 7 him for general-type ailments, colds, flus? 8 A. Anything. But I mean I was pretty much 9 a well person. I didn't have problems with colds 10 or anything and I worked whether or not, but 11 anyway, I was-- 12 Q. Okay. Anybody else you can think of, 13 other than those three, Fortier, Dills and Wilkin? 14 A. Well, I had two babies before that and 15 Dr. Ririe at--R-i-r-i-e, and it is Dr. Ririe 16 Hospital in Ely. That's when--when I was working 17 for Kennecott, lived in McGill and that's near 18 Ely, Nevada. 19 Q. Is Dr. Ririe--or was Dr. Ririe an OB, 20 an obstetrician? 21 A. He was a general practitioner. 22 Q. Anybody else you can think of? 23 A. Huh-uh. 24 Q. Okay. Is that a no? 25 A. Huh?</p> <p>Page 17</p>	<p>1 seeking medical care for sinus issues? 2 A. Well, that was a particular one, but I 3 was on medication a little bit at times, got 4 prescriptions, I don't know, some kind of 5 antibiotics. 6 Q. For sinus ailments? 7 A. Yes, I had sinus problems. 8 Q. Who did you seek treatment from for 9 those sinus problems prior to 1970? 10 A. That's who I have already-- 11 Q. We have identified--would that be Dr. - 12 it would be either Dr. Fortier, Dills or Wilkins? 13 A. Yes. And they are both deceased, all-- 14 Dills and everybody. It's been so many years 15 ago. 16 Q. Can you estimate for me the frequency 17 with which you had sinus problems prior to the 18 accident in 1970? 19 A. Well, maybe once a year, if that. 20 Q. Now, I understand you were involved in 21 a horse accident back in 1970, correct? 22 A. Yeah. 23 Q. Why don't you tell me a little bit 24 about that accident. 25 A. Okay. I was in a quarter-mile horse</p> <p>Page 19</p>
<p>1 Q. Is that a no? 2 A. That's a no, yes. Sorry. 3 Q. Do you recall ever having problems with 4 your sinuses, by the way of infection or pain, 5 prior to your accident in 1970? 6 A. Yes, I had some sinus problems. 7 Q. Can you describe those for me? 8 A. Just--it was just sinus headaches and a 9 little swelling in the sinus. 10 Q. Did you ever seek medical care for the 11 sinus problems? 12 A. Well, I remember going up to Dr. 13 Fortier, and see, that's what happened with the 14 appendix. They tried to treat it with antibiotics 15 instead of leaving the drain tube in, so I was in 16 the hospital a whole month. It was very severe. 17 But anyway, I went up and got a shot of 18 penicillin once, because I had a terrible 19 headache, and it loosened it and drained--started 20 draining when I was walking home from uptown 21 Pioche. 22 Q. And you received the penicillin for the 23 sinus? 24 A. Uh-huh. 25 Q. Any other occasions you remember</p> <p>Page 18</p>	<p>1 race where they have a regular saddle instead of 2 a jockey saddle, and the horse was the one that I 3 rodeo-ed on and did all these things. And I had 4 won five world championships prior to that time in 5 calf roping and goat tying and won many trophies 6 and halters and breast collars and things. And 7 we had been in the stock horse races each year 8 prior to this year of 1970, and he had--and I had 9 won every one we had been in. Well, in 1970, 10 everything seemed to be going fine and we crossed 11 the finish line about third. I was starting to 12 urge him before we got there, because others were 13 gaining on me and all of a sudden, I don't know-- 14 I mean as far as me knowing what happened, others 15 said the horse just turned a flip, his front legs 16 went out from under him and they thought maybe 17 other horses had tripped him or something, but it 18 turned out he just had like a stroke. He turned 19 this flip and lit with the saddle horn and candle 20 on my shoulder and head. I was face down in the 21 track, because I went forward and down flat and 22 then he came over on top of me. And they said I 23 laid there for--they tried to get the ambulance to 24 come down and it didn't and I was there for 45 25 minutes on the track just--oh, we only have one</p> <p>Page 20</p>



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<p>1 ambulance here standing by for an emergency. This  2 is all what people told me, because I was more or  3 less unconscious laying on the track. And then  4 finally, they sent this ambulance, picked me up  5 and when they raised me up and--or I was in  6 the--on the stretcher and my friend was in the  7 ambulance with me that I had gone to the rodeo  8 with, my kids were all there, too, there at this  9 horse show in Ely, and I was--when my sons were  10 ten and eight and five. And anyway, when I  11 raised my head up on the stretcher, my eye was  12 hanging out a couple inches and blood was gushing  13 from everywhere, every opening in my head. So  14 they took me to--and my arm was just all broken.  15 They took me to Dr. Ririe's hospital there in Ely  16 and then they tied my arm to me and put my eye  17 back in and wrapped my head with gauze. I don't  18 know this, either. See, I was out until I more  19 or less--then they flew me to Salt Lake to the  20 St. Mark's Hospital. And I was there at the  21 hospital for about three days before they decided  22 to operate, and it was Dr. Youngblood who did the  23 surgery.  24 Q. I am going to stop you there and back  25 you up a little bit and then we can walk through</p> <p style="text-align: right;">Page 21</p>	<p>1 Mark's?  2 A. I was out of it. I don't even remember  3 until after surgery and then I was in intensive  4 care for seven days.  5 Q. So do you have any recollection of  6 contact with Dr. Youngblood before your surgery?  7 A. No.  8 Q. So you don't recall any conversations  9 with him or any of the care that you were to  10 receive or the procedures?  11 A. Huh-uh.  12 Q. Is that a no?  13 A. No, I don't. No. I didn't talk to  14 them and I remember--the first thing I remember of  15 seeing myself after I was out of surgery or  16 sometime in those seven days, I don't know how  17 many days, I was still out of it. I don't  18 remember. You know, I was just still pretty much  19 unconscious, I guess, because I had--apparently,  20 what they have told me, an x-ray showed I had  21 fractures all over my head--  22 Q. Sure.  23 A. --and like bleeding from everywhere. I  24 mean--  25 Q. Do you have any recollection--</p> <p style="text-align: right;">Page 23</p>
<p>1 it.  2 Do you know how it is--it was decided  3 that you would be sent to St. Mark's Hospital?  4 A. No, I don't know.  5 Q. Were you involved with any of that  6 decision?  7 A. No. Because my parents weren't there.  8 It's just what the doctor made the decision, I  9 guess, Dr. Ririe did.  10 Q. And what's the first thing you remember  11 about St. Mark's Hospital?  12 A. Well, I don't know these discussions  13 of--apparently, Dr. Youngblood asked if anyone--my  14 parents were there and friends were there and they  15 had had the elders come over and administer to  16 me.  17 Q. And I guess what I would like to focus  18 on is what your independent--your own recollection  19 of the--  20 A. I haven't even gotten to there yet.  21 They said I was mumbling all the time about Poco,  22 that was my horse, Poco Piute, and bailing. I  23 had planned to go home and bail that night after  24 the horse show.  25 Q. So were you pretty out of it at St.</p> <p style="text-align: right;">Page 22</p>	<p>1 A. But I remember--excuse me.  2 Q. That's fine.  3 A. The first time I remember was looking  4 in a mirror and I thought I was a mummy.  5 Q. Was that in the hospital?  6 A. In the hospital. That was one of the  7 days. And then after I--after that, I was  8 conscious and knew what was going on, I hadn't  9 lost any memory, and my parents were there. But  10 first thing was my head was all bandaged up and  11 my eyes were orange, and that's what I remember.  12 And they just had my arm in a sling. There were  13 14 breaks in it, so they told me, and all these  14 things. My nose was broke and my eye bones were  15 shattered and this jaw was broke. The teeth had  16 gone past that way and knocked the bottom off of  17 the--the inside off the bottom and the outside off  18 the top as it smashed. And Dr. Youngblood did  19 the surgery, fixed my nose, and there's wires in  20 here and here. You can feel them, steel wires,  21 and in my jaw, also, and he wired my teeth  22 together.  23 Q. What is your first recollection of Dr.  24 Youngblood following the surgery?  25 A. Well, I really didn't observe him that</p> <p style="text-align: right;">Page 24</p>



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<p>1 much to think even how old he was or anything, 2 you know. Actually, when we started on this case 3 and found out he had just started practicing in 4 1970 when he was licensed and this happened in 5 August, the 9th of August 1970, so he must have 6 been about my age. 7 Q. Do you have any memory of meeting with 8 Dr. Youngblood following the surgery, but before 9 your discharge from the hospital? 10 A. No. He would just come in and look at 11 me, I guess, but I don't--didn't talk to him. I 12 don't remember talking to him about anything. 13 Q. Okay. 14 A. Then when I was released--see, I was in 15 intensive care for seven days and out of the 16 hospital in eleven, four more days after I was 17 out of intensive care, but I stayed in the Salt 18 Lake area in Sandy, Utah with a lady named Madge 19 Nautta who used to be in Caliente and worked at 20 the youth training center. And she took me where 21 I needed to go back to see Dr. Youngblood at his 22 office and that's when he took out a packing and 23 gauze that was under this eye, like he said, to 24 help keep the eye in place. 25 Q. And we will go through that. We are</p> <p style="text-align: right;">Page 25</p>	<p>1 A. Now this--he only fell on me once. 2 Q. In fact, that's what I was going to 3 say. Does this information sound accurate to you? 4 A. Well, no. He only fell once. And 5 then--I mean, when we actually fell, but then he 6 tried to get up and when he did fall on my back 7 and legs in trying to get up, he just rolled over 8 on me, and others rushed out there and got the 9 horse because he couldn't stand up. But they 10 said he fell three times on me, but he didn't do 11 any damage the other times, because he was just 12 on my back and legs, they said, he just toppled 13 over. 14 Q. But otherwise, that's an accurate 15 description of your situation at the time? 16 A. Yes. 17 Q. Okay. I also have another report of 18 that same date, which says--which was prepared by 19 Dr. Youngblood, and which I believe to be an 20 operative report. It says, "Severely depressed 21 fracture of the right maxilla and zygoma. Severe 22 compound fracture of the mandible and fracture of 23 the nose with lacerations of the right eyebrow, 24 chin and lower lip." Does that information-- 25 A. That's all the head right here.</p> <p style="text-align: right;">Page 27</p>
<p>1 going to go through all this. So what I need to 2 pin down, and you may have answered this already, 3 is you have no recollection of speaking with or 4 meeting with Dr. Youngblood prior to your 5 discharge from St. Mark's Hospital; is that 6 correct? 7 A. Not what the conversation was or 8 anything. 9 Q. Other than a vague recollection that 10 you did see him, there's no specifics regarding 11 those recollections? 12 A. No. 13 Q. I have some medical records that were 14 provided regarding your hospitalization at St. 15 Mark's and I am going to read it. This one is 16 dated 8/9/70, which is, I understand, the date-- 17 A. When I was admitted to St. Mark's 18 Hospital. 19 Q. Correct. And this was a document 20 prepared by Dr. Youngblood, and it says, "This 21 35-year old white female was injured in a rodeo 22 when her horse fell on her twice sustaining 23 multiple facial fractures, fracture of the right 24 shoulder and lacerations of right eyebrow, lower 25 lip and chin."</p> <p style="text-align: right;">Page 26</p>	<p>1 Q. Right. Does that information-- 2 A. As near as I know those terms. I don't 3 know what parts are what, but he did say the nose 4 was broke and the chin. 5 Q. You had significance facial trauma, 6 right? 7 A. Right. It was as bad as it could be 8 without being dead. 9 Q. Okay. Do you recall how long you were 10 in the hospital at St. Mark's? 11 A. I have told you that. 12 Q. Seven days? 13 A. No, eleven days. 14 Q. Okay. 15 A. I was in intensive care for seven out 16 of those eleven, then I was just in the hospital 17 for four more days before they released me-- 18 Q. Okay. 19 A. --to go and stay with this friend being 20 right there in the Salt Lake area. 21 Q. Do you recall any contacts with other 22 care providers at St. Mark's Hospital prior to 23 your discharge? 24 A. No. 25 Q. Like I mean nurses, other physicians or</p> <p style="text-align: right;">Page 28</p>

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<p>1 the like?</p> <p>2 A. No, I don't remember people.</p> <p>3 Q. Okay. The records from Dr.</p> <p>4 Youngblood's office indicate that you next saw him</p> <p>5 in follow-up on August 20, 1970. Does that sound</p> <p>6 accurate to you?</p> <p>7 A. Let's see, the days--it wasn't too many</p> <p>8 days after I had been discharged that I went to</p> <p>9 his office. I don't remember just the date, but</p> <p>10 I don't think it was 20 days after the accident.</p> <p>11 Maybe so, because that was 11 and then you add</p> <p>12 another week and that's about right, I guess. I</p> <p>13 am not--</p> <p>14 Q. Okay. His notes indicate that the</p> <p>15 packs and sutures were taken out at that time.</p> <p>16 Do you have any recollection of the removal of</p> <p>17 the packs?</p> <p>18 A. Yes.</p> <p>19 Q. Why don't you tell me about that.</p> <p>20 A. Okay. He pulled out one pack from</p> <p>21 under my eye and--but still the wires were in.</p> <p>22 He had my jaws wired together. They were in for</p> <p>23 six weeks. But anyway, he pulled that out and I</p> <p>24 remember getting dizzy and just about fainting,</p> <p>25 because it was--you know, it just--because he just</p> <p style="text-align: right;">Page 29</p>	<p>1 your lip?</p> <p>2 A. No.</p> <p>3 Q. In between your lip and your gum?</p> <p>4 A. Yeah.</p> <p>5 Q. On the interior of your mouth?</p> <p>6 A. Inside.</p> <p>7 Q. On your right side, correct?</p> <p>8 A. Uh-huh.</p> <p>9 Q. And why is it you say he only removed</p> <p>10 one?</p> <p>11 A. Well, that's all--he just pulled on</p> <p>12 this and brought it out.</p> <p>13 Q. Anything else about this visit?</p> <p>14 A. Huh-uh.</p> <p>15 Q. Is that a no?</p> <p>16 A. That's a no, yes. Yes, a no.</p> <p>17 Q. The medical records indicate that your</p> <p>18 next visit or contact with Dr. Youngblood was on</p> <p>19 8/31/70. Does that sound about right?</p> <p>20 A. I am not sure of the dates now.</p> <p>21 Q. Well, this might--</p> <p>22 A. It could be--</p> <p>23 Q. Actually, never mind. You didn't,</p> <p>24 apparently, keep that appointment. I apologize, I</p> <p>25 have the number--</p> <p style="text-align: right;">Page 31</p>
<p>1 went under the cheek inside of my mouth to take</p> <p>2 it out. But he didn't say anything about</p> <p>3 anything else or--</p> <p>4 Q. Do you have any recollections of any</p> <p>5 conversations during that visit, meaning the visit</p> <p>6 when the packs were removed?</p> <p>7 A. Well, then another time--maybe not</p> <p>8 then.</p> <p>9 Q. Just focusing--we will go through it</p> <p>10 all, but it is easier if we just sort of break it</p> <p>11 down sequentially.</p> <p>12 A. No, I don't remember a conversation.</p> <p>13 Q. Is there anything else that you</p> <p>14 remember about the packs being removed that</p> <p>15 haven't already discussed?</p> <p>16 A. Just the pack, just one. He just</p> <p>17 pulled out a gauze thing that was under my cheek</p> <p>18 from under my eye.</p> <p>19 Q. Could you feel from where it was being</p> <p>20 removed?</p> <p>21 A. Yes, because it was hurting when it was</p> <p>22 pulled out there and it was all icky and I about</p> <p>23 passed out. I mean, I got woozy and I sat down</p> <p>24 because--</p> <p>25 Q. Was the area it was removed from in</p> <p style="text-align: right;">Page 30</p>	<p>1 A. Well, now, every appointment that I</p> <p>2 remember that I was told about the appointment, I</p> <p>3 kept every one he told me. That's my recollection.</p> <p>4 And I went--well, when I was released to come</p> <p>5 home, I had a pair of pliers with me and he</p> <p>6 released me, but Madge Nautta took me there to</p> <p>7 see him. I don't remember the dates.</p> <p>8 Q. If his medical records were to say,</p> <p>9 8/31/71, Didn't keep appointment, would you have</p> <p>10 any reason to disagree with that?</p> <p>11 A. Well, I don't remember not keeping any</p> <p>12 appointments.</p> <p>13 Q. It could be, you just don't remember</p> <p>14 or--</p> <p>15 A. Well, I wasn't notified--I mean, I</p> <p>16 don't know.</p> <p>17 Q. Okay.</p> <p>18 A. Because I kept every appointment, to my</p> <p>19 knowledge, right from the beginning. I went to</p> <p>20 see him every time I needed to see him--</p> <p>21 Q. Okay.</p> <p>22 A. --that he notified me, because I didn't</p> <p>23 pop in on him when I wasn't notified for an</p> <p>24 appointment.</p> <p>25 Q. Sure. There was a subsequent visit</p> <p style="text-align: right;">Page 32</p>

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<p>1 from the time your packs were removed. Do you 2 recall anything about that visit? 3 A. I remember at six weeks, I think my 4 brother, Dr. Joe Wilkin, was with me when he 5 removed the wires that wired my jaws together, 6 because that was how long I had the wires in 7 there. 8 Q. Okay. Do you remember any visits with 9 Dr. Youngblood prior to the removal of your wire 10 at his office? 11 A. Well, only when I would go with Madge 12 Nautta. And then I went--my mother took me once 13 to a visit, to an appointment with him, and 14 that's the only ones I remember of going to and 15 that was at his request when I had an 16 appointment, but there were no appointments that I 17 missed. 18 Q. Focusing on the visit where the wires 19 were removed, can you tell me what you remember 20 about that visit? 21 A. Just prying around and cutting the 22 wires and taking--just wired together on my teeth, 23 top and bottom. 24 Q. Okay. Do you have an independent 25 recollection of that, the wire removal?</p> <p>Page 33</p>	<p>1 A. I don't remember him saying anything, 2 but that's what he wrote in his notes. 3 Q. Okay. 4 A. Then he brought that out. That was in 5 his notes when we had that hearing. 6 Q. Focusing on that same visit where the 7 wire was removed, do you recall whether or not 8 you were suffering any complications at that 9 point? 10 A. No, I didn't remember feeling bad at 11 that time or anything. 12 Q. Okay. If you had felt bad, would you 13 have mentioned it to Dr. Youngblood? 14 A. Yes. 15 Q. Or if you were suffering some kind of 16 unusual pain or complaint, you would also have 17 mentioned that to Dr. Youngblood? 18 A. Yes. Now, I am not a person to take 19 drugs and painkillers, I just like to know what 20 is going on with my body and not camouflage it 21 with pain killers. 22 Q. Okay. Do you remember your next visit 23 with Dr. Youngblood? 24 A. Well, those were the only visits I 25 remember going up there.</p> <p>Page 35</p>
<p>1 A. Well, just that he did it. 2 Q. Okay. 3 A. That I went there. 4 Q. Do you recall any conversations with 5 Dr. Youngblood at that visit? 6 A. Now, he had a file on me and when the 7 wires were in there, he--I looked at this file 8 and he had told me this, talks much--too much, 9 and he mentioned that. I remember it is written 10 and he mentioned that in the hearing that we had 11 December 12 here in Salt Lake when we met with 12 him and another-- 13 Q. And you remember him saying that to 14 you? 15 A. I remember him writing that down and 16 then he read it from his notes or his records and 17 I remember seeing it on the file. 18 Q. Did he indicate to you the significance 19 of trying to talk while your mouth was wired 20 shut? 21 A. Well, I couldn't see that it changed 22 anything, because I can still talk with them. 23 You know, they are closed-- 24 Q. Or that it could potentially loosen the 25 wires or compromise the wires--</p> <p>Page 34</p>	<p>1 Q. So you have no recollection of other 2 contact with Dr. Youngblood? 3 A. No. 4 Q. Okay-- 5 A. As near as I knew, I was released and 6 I-- 7 Q. Meaning released from his care? 8 A. Yes. 9 Q. Do you have any recollection of a 10 follow-up visit with him where he evaluated your 11 scarring? 12 A. Well, one of the visits, he said the 13 scarring could be reduced if I wanted it to be, 14 but you can see the scarring. They made an 15 incision under my eye here and I can't see any 16 trace of it, and see the scars on my chin, 17 because it was cut through and through, an inch 18 and a half from my teeth, and so . . . 19 Q. But do you remember a visit with Dr. 20 Youngblood discussing scarring? 21 A. I remember that he said that it could 22 be reduced some, but that would be another expense 23 and I didn't think it was necessary. 24 Q. Okay. And that would be your last 25 recollection of contact with Dr. Youngblood,</p> <p>Page 36</p>

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<p>1 correct?  2 A. Uh-huh.  3 Q. Is that a yes?  4 A. Yes.  5 Q. And so you had no further contact with  6 him?  7 A. No.  8 Q. And you never went back to him with any  9 kind of complaints?  10 A. No.  11 Q. Or called him with any kind of  12 concerns?  13 A. No. I just kept paying the bill.  14 Q. What bill?  15 A. The bill from St. Mark's Hospital.  16 Q. Okay.  17 A. That went on for years and years and  18 years.  19 Q. Did any care provider ever tell you  20 about what kind--or what to expect after your  21 facial trauma?  22 A. No.  23 Q. Or that you might suffer sinus  24 complications for the rest of your life, did  25 anybody say anything like that?</p> <p style="text-align: right;">Page 37</p>	<p>1 A. Well, my brother, Joe Wilkin, was the  2 doctor and he was my doctor. And I would--see,  3 this started getting the sinus headaches, and the  4 swelling from my nose over right here and it  5 would rub on my glasses, be swollen up and tender  6 and sore and I would get antibiotics,  7 prescriptions from my brother to relieve the pain  8 and hopefully would cure the sinus problem, which  9 I thought was just my situation. I didn't think  10 anything was causing it, only that I had sinus  11 problems.  12 Q. What other care providers, other than  13 your brother, did you see--  14 A. No, I didn't see any.  15 Q. Okay. So there is no other person you  16 would go to for any reason?  17 A. No.  18 Q. Between 1970 and now?  19 A. Well, then when my brother, Joe, died--  20 Q. Okay.  21 A. --I went to another brother who lived  22 in Ely, Bruce Wilkin.  23 Q. What kind of physician is Bruce  24 Wilkins?  25 A. He is a general practitioner and OB</p> <p style="text-align: right;">Page 39</p>
<p>1 A. No.  2 Q. Did anyone discuss with you your  3 sinuses in particular at all?  4 A. No. And only--I don't remember when it  5 actually started. I thought it was just because  6 it was so smashed. See, on X-rays, it didn't  7 show up as any black.  8 Q. We will get to that.  9 A. Okay.  10 Q. We will get to that. What I am  11 focusing on is the period following your surgery  12 when you were under the care of medical providers,  13 what, if anything, was told to you about your  14 sinuses and what to expect in your life about  15 them.  16 A. Nothing was told to me.  17 Q. Okay. Now we are going to focus on the  18 period following your care by Dr. Youngblood,  19 hopefully to the present date, and I need to know  20 the names of the medical care providers who have  21 provided care to you. And we can do it whatever  22 way seems easiest to you. It might be easiest  23 just to sort of think in your mind, Who did I see  24 after Dr. Youngblood, and kind of walk me through  25 it as best you can.</p> <p style="text-align: right;">Page 38</p>	<p>1 specialty.  2 Q. What year did your brother, Joe, die?  3 A. In '97.  4 Q. So would it be fair to say from  5 approximately 1970 through 1997, Joe Wilkins was  6 your prior care provider?  7 A. Yes.  8 Q. And you didn't go to other general  9 practitioners or other care providers?  10 A. No.  11 Q. And then in 1997, or upon the death of  12 your brother, Joe, you switched your care to Bruce  13 Wilkins; correct?  14 A. Yes.  15 Q. And are you still under Bruce Wilkins'  16 care?  17 A. Yes.  18 Q. So that's from 1997 through the  19 present, correct?  20 A. Yes.  21 Q. And does Bruce Wilkins also provide you  22 with all your primary care?  23 A. Yes.  24 Q. Do you consider him to be your primary  25 care provider?</p> <p style="text-align: right;">Page 40</p>



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10 (Pages 37 to 40)

<p>1 A. Yes.  2 Q. Can you think of any other care  3 providers, other than your brothers, Joe and Bruce  4 Wilkins, that you would have seen between 1970 and  5 today?  6 A. Well, when we got to the point of what  7 this is all about and found out about the gauze  8 and when I had real severe--I mean, I can go into  9 that. I mean, I was on medication--every month  10 or couple of months, this would flare-up and hurt.  11 Q. Sure. And we will get into that.  12 A. But that was--okay, I didn't see any  13 care providers until--okay--  14 Q. Who did you see for dental work?  15 A. Well, I went to my nephew, Todd Wilkin,  16 who is a son of Bruce Wilkin.  17 Q. And so is he also in Ely?  18 A. In Ely, uh-huh.  19 Q. When did you start seeing Todd?  20 A. In '99.  21 Q. Who did you see as a dentist prior to  22 Todd?  23 A. There was a Dr. Gaylen Brown in Cedar  24 City who did the repairs on my teeth after this  25 accident. See, I had to have gold crowns.</p> <p style="text-align: right;">Page 41</p>	<p>1 until then when my nephew became a dentist, I  2 went to him.  3 Q. So you hadn't seen Steve Klomp since  4 1999--  5 A. Right.  6 Q. --since your nephew went into practice?  7 A. Right.  8 Q. About what year did you start seeing  9 Steve Klomp? Was it after your accident in 1970?  10 A. Yes, because, see, then it was the Dr.  11 Brown in Cedar City that took care of all the  12 repairs and put crowns on these teeth that were  13 all broken, the edges were broken off the top and  14 bottom.  15 Q. And did Steve Klomp provide more  16 routine dental care to you?  17 A. Yes.  18 Q. And would that have been approximately  19 1971 as well?  20 A. No. I didn't go to any dentist for  21 quite a while.  22 Q. Okay.  23 A. For quite a few years, I just didn't  24 have any problems.  25 Q. Okay. Is there any way you can</p> <p style="text-align: right;">Page 43</p>
<p>1 Q. What approximate years did you obtain  2 care from Dr. Brown in Cedar City?  3 A. Oh, this was--well, starting in January  4 of '71, 1971.  5 Q. Did you see Dr. Brown for dental care  6 until you switched to your nephew in 1999?  7 A. Yes. And I didn't go to him. I mean,  8 I got these fixed and I--oh, and then there was  9 Dr. Klomp in Panaca.  10 Q. Can you spell that for me, please?  11 A. K-l-o-m-p.  12 Q. And what was his first name?  13 A. Steve Klomp.  14 Q. What kind of physician or care provider  15 is Steve Klomp?  16 MR. BARLOW: He is a dentist.  17 THE WITNESS: He is a dentist.  18 MS. JENSEN: Should we put you under  19 oath?  20 MR. BARLOW: No.  21 BY MS. JENSEN:  22 Q. Okay. What years did you obtain care  23 from Steve Klomp?  24 A. Fillings and different things for--  25 over the years, as needed, but nothing serious</p> <p style="text-align: right;">Page 42</p>	<p>1 ballpark what year you started seeing him, Dr.  2 Klomp?  3 A. Okay, maybe about '75.  4 Q. And would it be fair to say you saw Dr.  5 Klomp, as needed, from 1975 through 1999?  6 A. Through '98 or--  7 Q. Whenever--  8 A. Yeah.  9 Q. Okay.  10 A. Because I remember I still owed him  11 some money and I finished paying him off and--but  12 I was already seeing--  13 Q. Any other dentists who provided care to  14 you?  15 A. No.  16 Q. Any--when was the first time you saw a  17 physician, other than Joe or Bruce Wilkins, after  18 your surgery?  19 A. Okay, you want to bring it up-to-date,  20 then?  21 Q. Yeah.  22 A. You want me to get into this--  23 Q. Just by names and then we will go  24 through the care they provided. I just need a  25 complete list and then we will go back.</p> <p style="text-align: right;">Page 44</p>

11 (Pages 41 to 44)



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<p>1 A. Well, I can't even remember--okay, 2 Bruce had given me--I had a real severe headache 3 and this sinus that I thought was just sinus was 4 so bad and I had taken antibiotics and doxycycline 5 was what I was taking and I started that about 6 the 15th of November of 2001, this one 7 prescription. It ran out and Friday, he called 8 in another prescription to the drugstore. 9 Q. Who is he? 10 A. Dr. Bruce Wilkin. 11 Q. Okay. 12 A. Because that hadn't relieved it. And 13 it was really swollen and just--it was hurting 14 ferociously, you know, just very painful. He 15 prescribed Cefaclor. On Friday evening, I took 16 one of those Cefaclor pills. Saturday morning, I 17 started with more swelling and a little bit of 18 puffiness here, like a thin layer that was sort 19 of clear, you know. I took another pill. I 20 tried to call my brother, Dr. Bruce Wilkin. I 21 couldn't get him on his cell phone or his 22 telephone, so I took another pill. Sunday 23 morning, I woke up with an egg-sized swelling 24 here, just like I had an egg under my eye, and 25 this was swollen up even more, about to the top</p> <p style="text-align: right;">Page 45</p>	<p>1 doctor? 2 A. I can't remember it. 3 Q. Okay. Was he the emergency room 4 physician, someone in the emergency room? 5 A. No. It was just--this is the Dixie 6 Medical Center where everybody would go for--they 7 were open all the time, the health care center. 8 It's right next to the new hospital. 9 Q. Sure. I am just wondering who it was 10 you saw there, if you recall. 11 A. I can't remember his name. 12 Q. Was it a physician? 13 A. Yes, it was a doctor. 14 Q. Okay. 15 A. He took care of anything and 16 everything. 17 Q. Okay. So other than your brother, 18 Bruce Wilkin, so far we have identified a 19 physician at Dixie Regional, but we don't know his 20 name, is that correct? 21 A. Yeah. 22 Q. Is that fair? 23 A. That's fair, because I can't remember. 24 But anyway, he had me come back and see him the 25 next day and the swelling was still going down.</p> <p style="text-align: right;">Page 47</p>
<p>1 of my nose and my lip was swollen clear to my 2 nose. And I got a hold of Dr. Bruce on the phone 3 and he said, You have got to go see a specialist 4 and find out about that sinus and the allergic 5 reaction to the Cefaclor. So I went to the 6 health care center for emergency, just out-patient 7 stuff. 8 Q. In Caliente? 9 A. No, in St. George. My son, Burt Cox, 10 and his wife, Lillian, took me over there. 11 Q. To-- 12 A. To St. George that Sunday. 13 Q. What is the name of the facility you 14 went to there? 15 A. The health care center there. 16 Q. Dixie Regional? 17 A. Yes. 18 Q. Okay. Go ahead. 19 A. So I saw this doctor there and he gave 20 me a shot for the allergic reaction to these 21 pills, and he also gave me a packet of pills that 22 you would take five, four, three, two, one until 23 they were all gone, and that was also for the 24 allergic reaction. 25 Q. Do you remember the name of this</p> <p style="text-align: right;">Page 46</p>	<p>1 I stayed there at a half-sister's, Joyce Dawson, 2 in St. George, which was really close to the 3 medical center, so that I would be there and he 4 could check me and then I kept taking these 5 pills. But I stayed there a whole week. And 6 then I asked him the doctor's names of the 7 specialist for ENT specialty, and he gave me a 8 couple of names. I don't remember the other one, 9 but Dr. Doxey was, D-o-x-e-y. 10 Q. Was he an ENT, an ear, nose and throat 11 doctor? 12 A. Yes. 13 Q. Could the doctor you saw at Dixie 14 Regional have been named Dr. Hill, H-i-l-l? 15 A. No. 16 Q. It was not Dr. Hill? 17 A. No. Because I saw Dr. Hill after that. 18 Q. Okay. 19 A. He was a dentist, maxill--anyway, he--I 20 chose the name of a Physician Doxey and he was 21 located right close to where my sister lived and 22 I went to see him and he took cultures from--used 23 a swab, reached up under the cheek here where I 24 could taste the taste and there was something 25 oozing out through the gum underneath my cheek</p> <p style="text-align: right;">Page 48</p>



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<p>1 where the swelling was and also he reached up in 2 my nose and took a culture from up on the top up 3 there, so he took two cultures, and he prescribed 4 that I go to this other clinic and have a shot 5 every day for a whole week. 6 Q. What other clinic? 7 A. There was--oh, one right next on the 8 other--the main hospital. 9 Q. In St. George? 10 A. In St. George. This was all in St. 11 George. 12 Q. But a different clinic than you went to 13 earlier? 14 A. Uh-huh. 15 Q. And do you recall the name of anybody 16 who worked there? 17 A. Oh, they more or less--infusions was 18 the shots they gave you right in your vein, and 19 the nurses did it. Every day for a week, I went 20 there and got a shot. And he also wanted me to 21 go see a Dr. Hill, who was a dentist that was a 22 specialist, and also to get a CAT scan at the 23 hospital he gave me. So I did those things while 24 I still was staying over there in St. George at 25 my sister's. And Dr. Hill, he took X-rays and</p> <p style="text-align: right;">Page 49</p>	<p>1 Q. So other than the care provider at 2 Dixie Regional, the physician who you don't 3 remember his name, Dr. Doxey, Dr. Hill, and the 4 physician at another Dixie or St. George clinic, 5 do you recall-- 6 A. There was no other doctor and other 7 clinic. 8 Q. Okay, I thought I-- 9 A. I just went to the nurses at this place 10 and they gave me the shots, the infusion shots. 11 Q. Okay. Maybe I am confused. Did you go 12 to two different clinics in St. George? 13 A. Yes, they just gave the shots to people 14 and took care of people. 15 Q. So did you go to two different clinics 16 in St. George? 17 A. I went to Doxey's office, which wasn't 18 by the hospital, and then I went to this clinic 19 where they gave--and up to the main hospital. 20 Maybe that's the Dixie Regional and this other was 21 a health care center. 22 Q. Sort of backing up, when you first saw 23 a care provider in St. George who gave you the 24 shot-- 25 A. Uh-huh, and the pills.</p> <p style="text-align: right;">Page 51</p>
<p>1 they had already done the CAT scan at the 2 hospital and he felt--he thought there was just 3 infected teeth or something. In looking at the 4 X-rays, he thought there was infection there and 5 he said he wanted to pull the teeth out. And I 6 said, Huh-uh. No. No. You pull them out, you 7 can't put them back in. And I wouldn't let him 8 start pulling teeth or anything. I said, I want 9 copies of the X-rays now to take with me when I 10 get released from getting these infusion shots and 11 can go home and I can take them over to my 12 nephew, Todd Wilkin, to compare with the X-rays 13 that he had taken of my teeth when I first went 14 to see him, which was in '99. So I took--but 15 anyway, before I left there, Dr.--see, now, this 16 was--when I first saw Dr. Doxey, it was December 17 3, and then I was there for the whole week after 18 that and this was all in 2001. Anyway, when he 19 got back from his trip or something, which he was 20 back at the end of this week's time that I was 21 taking these infusion shots, why, he said nothing 22 would kill the cultures that he had taken the 23 swabs, and so he put me on some powerful pills to 24 keep taking to see if we could slow that down. 25 And he didn't know anymore than we knew.</p> <p style="text-align: right;">Page 50</p>	<p>1 Q. --and the pills, but you don't remember 2 his name; is that correct? 3 A. No, and it was on River Road. It was 4 right next to the brand-new hospital they had 5 built. 6 Q. Okay. 7 MR. OLSON: Counsel, maybe if I break 8 in, maybe I can help you out here. 9 MS. JENSEN: That would be helpful. 10 MR. OLSON: I think the facility we are 11 talking about there is an IHC Workmed and quick 12 care kind of a facility on River Road. 13 MS. JENSEN: Do you know the name of 14 the physician? 15 MR. OLSON: I think--looking at our 16 records, I think it may have been Brian Carter. 17 MS. JENSEN: Okay. 18 MR. OLSON: So if that helps out. I 19 don't think it was Dixie Regional where s e first 20 went-- 21 THE WITNESS: That is the main 22 hospital, isn't it, Dixie Regional? 23 BY MS. JENSEN: 24 Q. It is. 25 A. And I didn't go there, only to get the</p> <p style="text-align: right;">Page 52</p>



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<p>1 CAT scan that Dr. Doxey prescribed--wanted me to 2 get. 3 Q. So-- 4 A. And then this other, where they gave me 5 the shots, was just right across the street 6 from--it was just south from the Dixie Regional 7 Medical Center. 8 Q. But it wasn't the Workmed--or wasn't 9 the InstaCare; is that correct? 10 MR. OLSON: I think that's correct. 11 There is a group of office buildings just south 12 of the old Dixie Regional Medical Center on 400 13 East, and I assume that's what we are talking 14 about. 15 THE WITNESS: And they gave me the 16 infusion every day. 17 BY MS. JENSEN: 18 Q. And it was not a physician that did 19 that, but just-- 20 A. A nurse. 21 Q. --a nurse who did it according to Dr. 22 Doxey's orders? 23 A. Yes. 24 Q. That must have been the place where 25 they just simply did those types of infusions,</p> <p style="text-align: right;">Page 53</p>	<p>1 A. No. 2 Q. Okay. So we have now talked about 3 everybody who has provided care to you, correct? 4 A. Yes. 5 Q. Including dental or oral care? 6 A. Right. 7 Q. Prior to seeing Dr. Doxey in 2001, did 8 you have any kind of procedure on your face or 9 sinus or mouth? 10 A. No. I just took antibiotics as 11 prescribed by my brother doctors. 12 Q. I know you had some dental work done, 13 some reconstruction work done. Can you describe 14 that for me? 15 A. Well, I would go to Dr. Todd Wilkin and 16 he just did repairs that needed to be--like put 17 in a bridge for a tooth that was too decayed. 18 Q. Were any other procedures performed on 19 your mouth, other than those you just identified 20 by Dr. Todd Wilkin? 21 A. No, not prior to that time. I mean, he 22 has done work since. 23 Q. You mean since the gauze was removed? 24 A. Yes. 25 Q. And I am not as interested in that</p> <p style="text-align: right;">Page 55</p>
<p>1 correct? 2 A. Right. 3 MS. JENSEN: Do you know the name of 4 the place that gave her the infusions? 5 MR. OLSON: You know, I would have to 6 look through our records. I don't know off the 7 top of my head, but if we get a break, I'll be 8 happy to look through and see if I can figure it 9 out. 10 MS. JENSEN: Okay, that's great. 11 BY MS. JENSEN: 12 Q. Okay. So we have talked about Joe 13 Wilkins, Bruce Wilkins, Todd Wilkins. 14 A. No s. 15 Q. Wilken. Gaylen Brown, Steve Klomp, Dr. 16 Doxey, Dr. Hill, and then a physician at an 17 InstaCare in St. George, who we don't know the 18 name of. 19 A. Well, put--that name, Carter, sounds 20 like-- 21 Q. Bruce--Brian Carter, excuse me. 22 A. Right. 23 Q. Other than those physicians, do you 24 recall any other care providers who provided care 25 to you since 1970?</p> <p style="text-align: right;">Page 54</p>	<p>1 right now. 2 A. I know. 3 Q. What I am getting at is--and you might 4 have answered this, but just to make sure we have 5 covered it, have you had any procedures for any 6 reason on your face, mouth or sinus area since 7 1970--or between the time period 1970 and 2001, 8 when you saw Dr. Doxey? 9 A. No. I've just taken medication, just 10 the antibiotics to try to get rid of whatever-- 11 Q. And what's confusing me-- 12 A. --that I thought was just sinus 13 problems. 14 Q. And what is confusing me, I guess, is 15 you did have some work done on your teeth. Would 16 you just consider that routine dental work and not 17 included in these procedures? 18 A. Right. There was no connection with 19 that and my cheek or my sinus, never. 20 Q. And I am not focusing on connection 21 between teeth and sinus. I just want to know any 22 procedure. I want a list of all the procedures-- 23 A. There was nothing. Nothing was done. 24 Q. Other than might be revealed by these 25 two dentist that you have identified, correct?</p> <p style="text-align: right;">Page 56</p>

14 (Pages 53 to 56)



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1 A. Well, I told you about the one in Cedar  
2 City doing the repairs after the accident starting  
3 in about January of 1971.  
4 Q. Uh-huh.  
5 A. You have got that down, I am sure.  
6 Q. I do. Okay.  
7 A. I told you that was Gaylen Brown.  
8 Q. You did.  
9 A. And he did repairs on the breakage of  
10 the teeth that happened at the time of the  
11 accident.  
12 Q. In discussing these care providers and  
13 identifying these care providers, have we also  
14 discussed all the health care facilities at which  
15 you have received medical care? Have we already  
16 talked about all the places you received medical  
17 care?  
18 A. Yes. Because where my brother's--at  
19 his clinic, he just--well, I might get cut or  
20 something or, you know, and brother--Dr. Joe  
21 Wilkin, he just, you know, would give me  
22 prescriptions to cover--to help on this pain and  
23 hurting.  
24 Q. Sure. And I am just wondering if there  
25 were other places where you might have received

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1 he located in?  
2 A. Panaca.  
3 Q. When you were under the care of your  
4 brother, Joe Wilkins--  
5 A. No s.  
6 Q. Wilkin.  
7 A. Got to quit that. I won't let it be on  
8 the record.  
9 Q. When you were under his care, did you  
10 ever complain to him about your sinus symptoms?  
11 A. Yes, absolutely, because he would  
12 prescribe medicine to--and it would relieve the  
13 aching. It wouldn't hurt quite so bad, but it  
14 was continually. I was working and running the  
15 ranch and doing my work whether I had a headache  
16 or not. I had to--  
17 Q. Was he the first care provider who you  
18 went to with health for your sinus problems?  
19 A. Yes.  
20 Q. Let's do this. Why don't you walk me  
21 through your sinus problems and then I will come  
22 back to another line of questioning I have. When  
23 did you first start suffering problems or pain  
24 related to your sinuses or your face?  
25 A. I don't remember. It seemed quite--oh,

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1 care, other than what we have talked about.  
2 A. No, I didn't go anywhere.  
3 MS. JENSEN: Let's take a five-minute  
4 break, if that's okay.  
5 MR. OLSON: Okay.  
6 (Break was taken.)  
7 BY MS. JENSEN:  
8 Q. We just took a break, and during the  
9 break, I was talking to Mr. Barlow, here, who  
10 indicated that at Todd Wilkin's office at the time  
11 that the gauze was removed, there was another care  
12 provider involved. Do you recall his name?  
13 A. Yes.  
14 Q. And what's that?  
15 A. Troy--Dr. Troy Savant.  
16 Q. And what kind of doctor is he?  
17 A. He is an oral surgeon living in Reno,  
18 Nevada.  
19 Q. And was that the only occasion on which  
20 you worked with Dr. Savant?  
21 A. Yes.  
22 Q. Can you recall any other care providers  
23 other than those we have talked about?  
24 A. No.  
25 Q. And where is Steve Klomp, what city is

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1 a year or two after this accident, it just  
2 started flaring up and would swell up and would  
3 ache and hurt and I would get prescriptions for  
4 medication.  
5 Q. And who would you get those  
6 prescriptions from?  
7 A. Well, I would get the prescriptions  
8 from my brother, Dr. Joe Wilkin, and I would fill  
9 them down at the Swallow's Drug it was then. Now  
10 it has been sold. And I haven't had any  
11 prescriptions--but anyway, the Swallow's Drug for  
12 the antibiotics.  
13 Q. Did you fill your prescriptions for  
14 antibiotics anywhere other than Swallow's?  
15 A. No, I didn't.  
16 Q. Did you seek care from anyone other  
17 than your brother, Dr. Wilkin, Joe Wilkin?  
18 A. No. No, because he just lived seven  
19 miles north of where I lived.  
20 Q. Did you ever seek any care for your  
21 sinus issues from brother Bruce Wilkin?  
22 A. Yes, after my brother Joe died, I got  
23 prescriptions for antibiotics from him, Bruce  
24 Wilkin.  
25 Q. Did you ever talk with your--or go to

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15 (Pages 57 to 60)



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1 your dentist, Todd Wilkin, and discuss with him  
2 your complaints relating to your sinuses or face?  
3 A. No, not prior to--  
4 Q. Not prior to the flare-up in 2001,  
5 correct?  
6 A. Right.  
7 Q. And would the same be true with Dr.  
8 Gaylen Brown in Cedar City?  
9 A. I didn't talk with him, because it  
10 didn't hurt then. I mean, it took a while, I  
11 guess, for--  
12 Q. What about Steve Klomp?  
13 A. No.  
14 Q. You did not seek care from him  
15 regarding your sinuses or facial issues?  
16 A. No.  
17 Q. Is that a no?  
18 A. No. Sorry.  
19 Q. So the only two care providers you went  
20 to over the years, from 1970 through the time  
21 things flared up in the fall of 2001, for sinus  
22 issues were your--were Joe Wilkin and Bruce  
23 Wilkin, correct?  
24 A. Yeah.  
25 Q. Can you estimate for me the frequency

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1 with which you suffered sinus symptoms?  
2 A. Well, it would build up and be more  
3 severe and I would go get a new prescription,  
4 because I would have taken all of the other one.  
5 Every couple of months it would get bad.  
6 Q. What do you mean by get bad?  
7 A. It would ache and be swollen more. It  
8 seemed like it never really went away. It seemed  
9 like it was always hurting, but I was taking  
10 medication just about all the time. And at  
11 times, it would be more severe than others, and  
12 that's when I would--the prescription would have  
13 run out and I would have not taken it for a  
14 while--  
15 Q. Did Joe Wilkin--Dr. Wilkin--I am going  
16 to call him Joe Wilkin, because there's too many  
17 Wilkin doctors to keep it straight.  
18 A. Dr. Joe.  
19 Q. Did Joe Wilkin do anything for you  
20 relating to your sinus complaints, other than  
21 prescribe antibiotics?  
22 A. No.  
23 Q. Did Bruce Wilkin ever do anything for  
24 you relating to your sinus complaints, other than  
25 antibiotic prescriptions?

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1 A. They just--that's a no.  
2 Q. What did Joe Wilkin say to you about  
3 your sinus issues, if you recall anything?  
4 A. Well, it was just hurting and giving me  
5 headaches from in my cheek here, and that's--  
6 Q. Did he ever--  
7 A. Suggest--  
8 Q. --do an X-ray or any other kind of  
9 imaging study?  
10 A. No. The X-rays--no, I didn't--I had  
11 one X-ray. This lady was a friend and I told her  
12 about all my injuries and she wanted to X-ray me  
13 just to see the wires, so I had a whole head  
14 shot.  
15 Q. When was that?  
16 A. I don't know what year it was, but it  
17 was--it was down at the hospital in Caliente and  
18 she just took an X-ray and I have the X-ray and  
19 it just showed no black on this side and black--  
20 Q. Who is the woman?  
21 A. Debbie Wheeler. She was the X-ray  
22 technician at the hospital.  
23 Q. And is she a personal friend of yours?  
24 A. She is a friend and I talked about this  
25 accident, and that wasn't--I mean that was prior

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1 to the sinus--or the gauze in the cheek and  
2 everything, didn't know about that, but the X-rays  
3 did show and that's the only X-ray I got.  
4 Q. That was, to your understanding, not  
5 reviewed by a care provider?  
6 A. No.  
7 Q. That was something done for--  
8 A. Her curiosity.  
9 Q. --her curiosity?  
10 A. And my own. And it did show that this  
11 was packed with something, you know. I mean, it  
12 was full of infection or just smashed, or there  
13 was no airspace.  
14 Q. Do you recall approximately what year  
15 that X-ray would have been taken?  
16 A. Oh, we can guess.  
17 Q. I don't want you to guess, but if you  
18 can make a good estimate.  
19 A. Okay. 1980.  
20 Q. Did you ever show that X-ray to either  
21 of your brothers, Joe or Bruce Wilkin?  
22 A. No.  
23 Q. During this period of time where you  
24 say you had ongoing or chronic sinus  
25 difficulties--

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<p>1 A. Yes.</p> <p>2 Q. --did it ever--did you ever consider</p> <p>3 going back to Dr. Youngblood or consulting with</p> <p>4 him?</p> <p>5 A. No. I guess just the expense of the</p> <p>6 trip coming to Salt Lake and I never talked to</p> <p>7 him, I didn't even think that--have any idea of</p> <p>8 anything being in there that would be causing it.</p> <p>9 Q. Did your brother, Dr. Joe Wilkin, ever</p> <p>10 suggest that you go see a specialist--</p> <p>11 A. No.</p> <p>12 Q. --of any kind?</p> <p>13 A. No.</p> <p>14 Q. Did your brother Bruce suggest you see</p> <p>15 a specialist?</p> <p>16 A. After I had this flare-up from the</p> <p>17 Cefaclor.</p> <p>18 Q. And that's in 2002, correct?</p> <p>19 A. No, 2001.</p> <p>20 Q. Excuse me, 2001.</p> <p>21 A. And that was when the swelling and all</p> <p>22 the allergic reaction to that Cefaclor medicine</p> <p>23 that he had prescribed and that's already been</p> <p>24 discussed.</p> <p>25 Q. We discussed that.</p> <p>Page 65</p>	<p>1 A. No, I just sort of thought it was</p> <p>2 something I had to live with, you know, just the</p> <p>3 pain and the sinus infection.</p> <p>4 Q. Do you think that if you had seen a</p> <p>5 specialist earlier, the gauze would have been</p> <p>6 detected earlier?</p> <p>7 MR. OLSON: I am going to object. It</p> <p>8 calls for speculation.</p> <p>9 THE WITNESS: Yes.</p> <p>10 MS. JENSEN: That's her personal</p> <p>11 belief.</p> <p>12 THE WITNESS: I--Dr. Doxey said to</p> <p>13 me--well, I am getting ahead of myself there.</p> <p>14 This is after it was discovered by my nephew,</p> <p>15 Todd, when he couldn't see anything wrong with the</p> <p>16 teeth like Dr. Hill had suggested, and he was</p> <p>17 examining me and he says, Aunt June, what if we</p> <p>18 lance that under the cheek just the bottom of</p> <p>19 that swelling. And he had all these suction</p> <p>20 things, because they were getting pus and all that</p> <p>21 crap out of there that was just coming out, and</p> <p>22 he--and his investigation--I mean, I had never</p> <p>23 told him about this gauze being taken out from</p> <p>24 under that cheek and I started mumbling, groaning</p> <p>25 around, and he took the instruments out of my</p> <p>Page 67</p>
<p>1 A. And that was the only time, and he said</p> <p>2 then, You should have gone to see a specialist.</p> <p>3 And I said, Well, you didn't tell me to.</p> <p>4 Q. What did he say about that?</p> <p>5 A. Well, you better go see one now and see</p> <p>6 what's going on. He didn't deny it or didn't--</p> <p>7 Q. Why did he think you should have seen a</p> <p>8 specialist?</p> <p>9 A. Well, because let's get to the bottom</p> <p>10 of this. Why is this flaring up or why is the</p> <p>11 sinus continuing to be so bad. An ENT</p> <p>12 specialist, he specified that.</p> <p>13 Q. Back in 2001?</p> <p>14 A. Yes. And this would have been like,</p> <p>15 oh, November--okay, about the 16th, 17th. So I</p> <p>16 think it was the 15th when that other Doxycycline</p> <p>17 prescription ran out and then he prescribed the</p> <p>18 Cefaclor. If we could check the calendar, it was</p> <p>19 on a Friday night, and then the Saturday morning</p> <p>20 was when the swelling started, and then it was</p> <p>21 Sunday morning that it was really swollen up bad</p> <p>22 and I went to the IHC center.</p> <p>23 Q. Prior to this bad swelling incident in</p> <p>24 2001 that you have described, did you ever</p> <p>25 consider seeing a specialist?</p> <p>Page 66</p>	<p>1 mouth and I told him about Dr. Youngblood pulling</p> <p>2 that gauze packing out from under my eye. He</p> <p>3 says, That's what it is. There is still gauze in</p> <p>4 there.</p> <p>5 BY MS. JENSEN:</p> <p>6 Q. This is Dr. Doxey we are talking about?</p> <p>7 A. No, this is Dr. Todd Wilkin.</p> <p>8 Q. Okay.</p> <p>9 A. And then he said he didn't want to go</p> <p>10 any further at that time, because he was there</p> <p>11 all alone with just his staff in the dentist's</p> <p>12 office and he had just deadened it before he</p> <p>13 lanced it a little bit and there was infection</p> <p>14 and stuff coming out of that, pus and all</p> <p>15 kinds--just that and it stunk and it was terrible.</p> <p>16 But anyway, he said to me, I will tell dad. I</p> <p>17 will get a hold of Troy. And I go, What? And he</p> <p>18 says, I will talk to them about this. We have</p> <p>19 got to get that out of there, but I don't want to</p> <p>20 take a chance of doing it myself. So he says--</p> <p>21 so he called. I stayed overnight there and he</p> <p>22 called Troy Savant, his brother-in-law, and his</p> <p>23 dad, Dr. Bruce, because Troy was coming from Reno</p> <p>24 for Christmas. This was Sunday that it would be</p> <p>25 scheduled to do this operation on Sunday prior to</p> <p>Page 68</p>



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<p>1 Christmas being on Tuesday, and this was in 19--  2 2001. Anyway, then with everyone there and even  3 the student nurse and all of Todd's staff and--  4 student dentist, I should say, they got me there  5 and they deadened it even more than what Todd had  6 deadened it and Dr. Savant pulled--they had me  7 just upside down in the dentist chair, and he  8 pulled not only one, but two strips of gauze,  9 they were four by four sheets that had been  10 twisted diagonally and stuffed up in there. For  11 why--whatever reason Dr. Youngblood had, because  12 nobody else had ever done anything about my face  13 or--since then, and I had no idea it was in  14 there. Anyway, he pulled it out and put it on the  15 tray and then he put a ruler by it and took  16 pictures of it and it showed that it was five and  17 a half inches long, those two strips. And the  18 medication that Dr. Doxey had me on, Dr. Bruce  19 had some more of the same capsules and gave me  20 those that were real high antibiotics and some  21 pain pills. And that's--I took those, and I have  22 not had any problems since. That--I have had one  23 prescription in this many years, in three years,  24 for just a little sore throat; but no sinus  25 problems, no aching, no swelling, and it is just--</p> <p style="text-align: right;">Page 69</p>	<p>1 would have treated you for sinus complaints that  2 were not at his clinic?  3 A. Well, he didn't. He just wrote  4 prescriptions for me.  5 Q. And that was always at the clinic?  6 A. At the clinic. I would catch him  7 before he would--  8 Q. Okay. And I have medical records from  9 his office, but they begin in about 1983. Did  10 you--I understand you saw him prior to 1983,  11 correct?  12 A. Dr. Joe Wilkin?  13 Q. Yes?  14 A. Ever since he became a doctor, I saw  15 him for odds and ends, or when I cut my finger or  16 fall over and be tied to a wire, trying to fix a  17 fence, fell into the horse trailer once and fell  18 and gashed my head. Just for whatever. I was  19 throwing wood to the fireplace and hit myself in  20 the chin once. But I just would see him for  21 various things.  22 Q. Including sinus complaints, correct?  23 A. Yes.  24 Q. Okay.  25 A. And that was mainly all. I mean, I was</p> <p style="text-align: right;">Page 71</p>
<p>1 and when I talked to Dr. Doxey about it, he says,  2 Oh, that's amazing. He said, That's what I would  3 have had to have done. I would have gone through  4 the nasal passage and found that I couldn't--and I  5 would have noticed it there, you know, through  6 that, but he said, I would have had to have  7 lanced it and taken it out just like they did.  8 And then after Troy took it out of there, then I  9 could--it was deadened, the right nerves were  10 deadened and I couldn't feel anything, but I  11 talked to Todd about this later on when I went  12 back for another dental appointment and he said,  13 Well, he was scraping it. I could feel a  14 pressure, and he said he was scraping it out  15 while we were washing it out, so they got all the  16 infection out of there, because whatever pills  17 then--and I have not had a headache or a sinus  18 problem since.  19 Q. Going back to Joe Wilkins--Wilkin--  20 A. Yes. Yeah.  21 Q. --did you see him for antibiotics in  22 his office, or did he ever give you prescriptions,  23 you know, from his house or at your house?  24 A. It was at his clinic.  25 Q. Can you remember any times that he</p> <p style="text-align: right;">Page 70</p>	<p>1 thought pretty healthy, but--  2 Q. Because as I have looked over the  3 records, I can only find three occasions on which  4 sinuses are an issue between 1983 and 1996.  5 Maybe you can--  6 A. Well, it was a continual thing. It was  7 ongoing all the time. I never talked about it.  8 It was just part of me. I had these sinus  9 problems.  10 Q. And are you aware of any documentation  11 about that or that would evidence that?  12 A. No. We never wrote it down. It was  13 just the antibiotic prescriptions and I just don't  14 remember particular dates, it was just an all the  15 time thing that I had--sometimes it was worse than  16 others and that's when I would get new  17 prescriptions. I would use a prescription or  18 something and they might change it from  19 amoxicillin to doxycycline. But that's  20 primarily--  21 Q. And again, those prescriptions would  22 have primarily been filled at Swallow's, correct?  23 A. Yes.  24 Q. What did Swallow's become?  25 A. It was the drugstore.</p> <p style="text-align: right;">Page 72</p>



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<p>1 Q. You said it was sold. What did they-- 2 A. It was sold to an Adam Katschke. 3 Q. And do you know what the name of the 4 pharmacy-- 5 A. Meadow Valley Pharmacy. 6 Q. Excuse me? 7 A. MVP, Meadow Valley Pharmacy. Out in 8 Lincoln County, it is Meadow Valley. 9 Q. And it is still a pharmacy, correct? 10 A. Yes, it is. 11 Q. Did your brother, Bruce Wilkin, 12 prescribe and treat your sinus complaints at his 13 office? 14 A. Yes, I would see him at his office in 15 Ely. 16 Q. Would you ever see him informally for 17 treatment like at his house or at your house? 18 A. Well, it seemed like he would come over 19 quail hunting and I would need a prescription and 20 he might give me a prescription there at my house 21 or-- 22 Q. But primarily, you received care from 23 him at his office in Ely? 24 A. Yes. William B. Ririe Medical Center 25 in Ely.</p> <p>Page 73</p>	<p>1 received care from, since the gauze was removed, 2 for any reason? 3 A. I see Bruce, but we don't--I mean-- 4 Q. So Bruce-- 5 A. He takes my blood pressure. 6 Q. Is Bruce still what you consider to be 7 your primary care physician? 8 A. Definitely. 9 Q. And have you seen any physician, 10 besides Bruce Wilkin, since the removal of the 11 gauze? 12 A. I do, at times, get nosebleeds. 13 Q. Who do you see for that? 14 A. I get nosebleeds and its primarily in 15 the right side of my nose. Even now, if I blew 16 it hard, I could make it bleed. I mean I wouldn't 17 make it bleed, but that's what would happen. 18 And I think it is--and I did see Richard Katschke 19 once, it was bleeding, that was about a month 20 ago, bleeding severely, and I went down to Ely 21 and the hospital in Caliente and he said--I mean, 22 I managed to get it stopped by then, but he said, 23 Oh, it is really nice when people have treated 24 themselves and taken care of it. But I saw him 25 and that's all.</p> <p>Page 75</p>
<p>1 Q. Did Todd Wilkin ever take X-rays of 2 your mouth? 3 A. Just my teeth, because he had X-rays to 4 compare with the ones from Dr. Hill that I took 5 over to him and he compared the X-rays and they 6 were the same. But he couldn't see any abscessed 7 teeth problem, which Dr. Hill was going to pull 8 teeth. 9 Q. Did you receive any kind of follow-up 10 care from Dr.--is it Dr. Savant, Troy Savant? 11 A. No. 12 Q. So just this one time when he assisted 13 or removed the gauze was the only time he 14 provided care to you? 15 A. Yes. I have talked to him at family 16 reunions since. 17 Q. Okay. What have you talked about? 18 A. Well, I mean how good I felt and how I 19 appreciated him doing that for me and-- 20 Q. And so you've had no sinus problems 21 whatsoever since the removal? 22 A. No. 23 Q. No infections, no headaches? 24 A. None at all. 25 Q. What medical care providers have you</p> <p>Page 74</p>	<p>1 Q. So is Richard Katsch-- 2 MR. BARLOW: Katschke. 3 THE WITNESS: Katschke, a brother-- 4 BY MS. JENSEN: 5 Q. Is he a physician at the Caliente 6 hospital? 7 A. Yes. 8 Q. Is he an emergency physician? 9 A. A doctor, a general practitioner. 10 Q. And other than this one occasion one 11 month ago, have you received any other care from 12 him? 13 A. No. 14 Q. Any other doctors? 15 A. No. 16 Q. For nosebleeds or anything? 17 A. No. 18 Q. So if we get-- 19 A. I try to be careful and not blow it 20 and-- 21 Q. Not jinks it, huh? But if we get Dr. 22 Bruce Wilkin--the medical records from his office, 23 that will reflect all the care that's been 24 provided to you since it was removed in 2001, 25 other than the Caliente ER one month ago, correct?</p> <p>Page 76</p>



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1 A. Yes.  
 2 Q. Did you see Dr. Doxey or Dr. Hill  
 3 following the removal of the gauze?  
 4 A. No. I talked to Doxey on the  
 5 telephone.  
 6 Q. Okay. Any contact with Dr. Hill  
 7 after--  
 8 A. No. Except bills.  
 9 Q. Earlier, I believe you testified that  
 10 your brother, Bruce Wilkin, said, We have got to  
 11 get you to a specialist, which is why you went to  
 12 see Dr. Doxey; is that correct?  
 13 A. Yes.  
 14 Q. Did you speak with him as to why he  
 15 didn't refer you to a specialist earlier?  
 16 A. That was all I mentioned, that he said  
 17 I should have gone to a specialist. I said,  
 18 Well, you didn't tell me to.  
 19 Q. Did he have any response to that?  
 20 A. Well, just like, Well, you better go  
 21 see one now.  
 22 Q. Have you talked with him at any other  
 23 time about why he didn't send you to a specialist  
 24 sooner?  
 25 A. No.

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1 Q. Sort of switching gears here now to  
 2 this lawsuit, would you describe for me all the  
 3 injuries you claim pursuant to this lawsuit?  
 4 Let's start with physical. What physical injuries  
 5 do you claim to have suffered and seek damages  
 6 for pursuant to this lawsuit?  
 7 A. Well, there is no other physical  
 8 injuries or anything, except the pain and  
 9 suffering I went through because of this--  
 10 apparently, now we know the answer, the gauze  
 11 being left in the cheek, in the sinus  
 12 compartments. And that's basically--  
 13 Q. So you didn't take issue with the  
 14 scars, the wiring, any other aspect of surgery?  
 15 A. No. Everything was all right and I  
 16 didn't know this gauze was there, but  
 17 apparently--definitely, it was put in there by Dr.  
 18 Youngblood at the time of the surgery, and I  
 19 feel, definitely, he should have taken it out.  
 20 Like he said, it should have been taken out  
 21 within a couple of weeks. Well, I was continually  
 22 under his care during that time, and he took the  
 23 other one out, and why he didn't take it all out,  
 24 who knows? Maybe he just forgot, because I don't  
 25 think he intentionally left it there.

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1 Q. I understand you claim to have suffered  
 2 chronic sinus infections beginning in about 1972  
 3 until the gauze was removed, correct?  
 4 A. Yes.  
 5 Q. Did that--did the chronic sinus  
 6 complaint keep you from doing things?  
 7 A. No. I suffered through it. I did my  
 8 work. But I didn't do as much, say,  
 9 progressively expanding or doing things as I could  
 10 have if I would have felt better. I could have--  
 11 Q. I am not sure what you mean by that.  
 12 Why don't you explain.  
 13 A. Worked harder, had more ambition and  
 14 done things in a more timely manner maybe, where  
 15 I would just lay down and rest instead of getting  
 16 down and doing some of the work.  
 17 Q. Did it somehow affect your strength or  
 18 your stamina?  
 19 A. Well, yes, it did, because I was sick.  
 20 I was not feeling good.  
 21 Q. You mean from the--when it would be  
 22 infected?  
 23 A. When it would be severely infected. It  
 24 was continually just a nagging pain sort of, but  
 25 I didn't take pain pills, I don't believe in

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1 getting on drugs or anything like that, I just  
 2 tried to control it with the antibiotics to get  
 3 rid of whatever was the infection. But I--now we  
 4 all know the conclusion of it. It makes a  
 5 difference because with that being removed,  
 6 there's been no sinus, no aching, no medication,  
 7 nothing.  
 8 Q. Do you seek medical expenses pursuant  
 9 to this lawsuit?  
 10 A. Yes, medical expenses should be  
 11 included with it.  
 12 Q. What medical expenses do you seek to  
 13 recover?  
 14 A. Well, for all the prescriptions,  
 15 basically.  
 16 Q. Were they covered by insurance?  
 17 A. No.  
 18 Q. So you paid for those out of pocket?  
 19 A. Yes.  
 20 Q. And do you have any kind of  
 21 documentation of those prescriptions or receipts?  
 22 A. I think we--well, I have some of them,  
 23 but I think there was the medical records from  
 24 the drugstore showing--  
 25 Q. Do you have a dollar figure as to how

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<p>1 much you have paid out of pocket for prescriptions 2 relating to your sinus problems? 3 A. I don't have added up figures. 4 Q. What documents would you turn to to 5 determine that figure? 6 A. What about those drugstore records? 7 MR. OLSON: And June, just state to the 8 best of your knowledge what you think would be 9 available. 10 THE WITNESS: Well, that's all I know 11 is the drugstore records prior to it being sold. 12 And I think we did get those, didn't we? 13 BY MS. JENSEN: 14 Q. But you are not aware of any other 15 documents that might indicate the out-of-pocket 16 expenses related to prescriptions, right? 17 A. Right. No other documents. Just the 18 accompanying bills or ticket with the 19 prescriptions that I would get. 20 Q. What about your doctor visits, were you 21 charged for those? 22 A. No, being my brothers, they didn't 23 charge me. 24 Q. So you did not receive any billing for 25 any visits to the Dr. Bruce or Todd--no. Who's</p> <p style="text-align: right;">Page 81</p>	<p>1 recovered, you don't seek any kind of future 2 damages; is that correct? Like-- 3 A. Right. 4 Q. And I take it you won't need any future 5 medical care related to your sinuses? 6 MR. OLSON: I am going to object to the 7 extent it is calling for a medical opinion. To 8 the extent that you know, June-- 9 BY MS. JENSEN: 10 Q. Let me back up. Do you anticipate 11 needing any medical care for your sinus issues? 12 A. I don't think so. If the last few 13 years is--I mean, we have had a long enough time 14 that I don't think the sinus is an issue 15 anymore. It's just--it is over with. It's not 16 an infected area of my body. Just like this side 17 wasn't any problem, this is no problem now. 18 Q. Has any care provider said to you, 19 June, you know, down the road, we are going to 20 need to do this, that or the other to your 21 sinuses? 22 A. No. 23 Q. Do you make any claim for lost income 24 relating to your sinuses? 25 A. Not really. I mean, I can no way put a</p> <p style="text-align: right;">Page 83</p>
<p>1 who here? 2 A. And also Todd. 3 Q. So did you receive any bill or invoice 4 for care provided by Bruce, Joe or Todd Wilkin? 5 A. No. 6 Q. So you don't seek medical expenses 7 related to their care; is that correct? 8 A. No, I don't, because they didn't charge 9 me. 10 Q. Do you seek medical expenses for 11 anything other than medical expenses? 12 A. No. I mean, just basically for the 13 suffering and the pain that I went through all 14 those years. 15 Q. And I understand that's the primary 16 component of your claim here. 17 A. Right. 18 Q. I just need to pin down, if there are 19 any hard dollar figures at issue, what are those 20 are. And I understand one to be prescriptions. 21 Did you have any other out-of-pocket costs related 22 to your sinus problems other than prescriptions? 23 A. No, because they didn't do the surgery 24 or anything. 25 Q. And I take it, since you have</p> <p style="text-align: right;">Page 82</p>	<p>1 dollar amount on it, because I was working for 2 myself just running the ranch. My sons were 3 helping me and we just-- 4 Q. You just worked through it? 5 A. Milked the cows and sold the beef and 6 lambs and goats and-- 7 Q. Did you--strike that. 8 Well, do you feel like you missed work 9 because of your sinus complaints? 10 A. No, not really, because I had to go do 11 it. The animals needed to be fed and cared for 12 whether I hurt or not. If I was able to get on my 13 feet and get outside, I had to do it. Nobody else 14 for--for the last few years, no one was around. 15 Q. Did you have to hire assistants to 16 complete the jobs because you were ill? 17 A. No. 18 Q. Other than the pain and suffering, 19 which you have discussed, and the out-of-pocket 20 expenses you have incurred relating to 21 prescriptions, are there any other damages you 22 seek pursuant to this lawsuit? 23 A. No, I can't think of any. I mean, just 24 something for misery and suffering. 25 Q. And the reason I ask that is because in</p> <p style="text-align: right;">Page 84</p>

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<p>1 the complaint in paragraph 20, it says, "As a 2 result of the negligence and carelessness of Dr. 3 Youngblood, it has become necessary for Plaintiff 4 to have subsequent surgery and medical procedures 5 performed to remove the surgical gauze packing 6 from Plaintiff's body." Have we already talked 7 about, that's the removal back in 2001? 8 A. Yes. 9 Q. It also says, in paragraph 22, 10 "Plaintiff will continue to suffer great mental 11 and physical pain, anguish and suffering in the 12 future." Is that true? Do you-- 13 A. I don't think so, because I am not in 14 any pain or not on any medication. 15 Q. Your symptoms have resolved, correct? 16 A. Right. Getting that gauze packing out 17 of there took care of that. 18 Q. And with that, the pain and suffering 19 and anguish you went through have also resolved, 20 correct? 21 A. Yes. If it had been taken out, as Dr. 22 Youngblood himself said, it should have been taken 23 out within the first couple weeks when he took 24 the other out. He was the only one that knew it 25 was there, except the nurses, and I understand</p> <p style="text-align: right;">Page 85</p>	<p>1 A. No. 2 Q. Have we talked about all the people who 3 you believe might have information relating to 4 your claims at issue in this lawsuit, you know, 5 your brothers and your nephew and the like? 6 A. Well, they know what's going on with-- 7 Q. And I didn't ask that well. I am just 8 wondering if there are people who you know of who 9 have facts or information relating to your care 10 that we have not talked about. 11 A. No. 12 Q. Okay. Or information relating to your 13 injuries that we have not talked about? 14 A. No. 15 (Discussion off the record.) 16 MS. JENSEN: We are going to go back on 17 the record. 18 BY MS. JENSEN: 19 Q. Just a few wrap-up questions. It will 20 be a bit disjointed, but we will go with it. 21 Have you ever been a party to a lawsuit 22 other than this lawsuit? 23 A. No. 24 Q. That would include your divorce? 25 A. Oh, I had an attorney there that</p> <p style="text-align: right;">Page 87</p>
<p>1 they didn't, at that time, keep track of 2 everything they put in and write it down, and the 3 gauze didn't have a metallic strip in, which it 4 does now, to show up on X-ray. 5 Q. Did you have an X-ray that would have 6 revealed that? 7 A. Well, I did. I said that facial one 8 and then the CAT scan and the X-rays that Dr. 9 Hill took. He took more than just the teeth. I 10 mean, he was up more than-- 11 Q. We have talked about those, correct? 12 A. We have talked about those and nothing 13 showed up. There is no way of knowing. They knew 14 it wasn't right, because it didn't show black. 15 Q. It says here in the complaint, 16 paragraph 22, "Plaintiff has been compelled to 17 incur expenditures for necessary medical, 18 hospital, and nursing expenses for services 19 reasonably required to be rendered to Plaintiff." 20 What services would those be? 21 A. Well, I don't know. That's news to me, 22 because I didn't go to the hospital. 23 Q. Okay. And you were not charged for 24 care by any of your primary care physicians, 25 correct?</p> <p style="text-align: right;">Page 86</p>	<p>1 handled it, but it was just agreeable. 2 Q. So no other lawsuits? 3 A. No. 4 Q. Bankruptcy? 5 A. No. 6 Q. When did you first become involved with 7 an attorney in this case? 8 A. Oh, after thinking about it, and it 9 was--wasn't necessary to have suffered all this 10 time that I didn't--if things would have been 11 properly taken care of, I wouldn't have had this 12 problem. 13 Q. Did you know Mr. Barlow prior to this 14 lawsuit? 15 A. Yes. He was a county resident and-- 16 Q. Did you have any contact with him prior 17 to this lawsuit? 18 A. Talking about legal things? 19 Q. Anything? 20 A. Well, he goes to church--the LDS Church 21 where I do. 22 Q. Are you in the same ward? 23 A. Yes. 24 Q. And how many years have you two been in 25 the same ward?</p> <p style="text-align: right;">Page 88</p>

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<p>1 A. Oh, as long as you have been here.</p> <p>2 Q. How long would that be?</p> <p>3 A. I don't know. How many years--</p> <p>4 Q. Just your recollection is fine.</p> <p>5 A. Five or six.</p> <p>6 Q. Okay. Did you speak with Mr. Barlow</p> <p>7 about this case before you decided to file a</p> <p>8 lawsuit?</p> <p>9 MR. OLSON: I am going to object. I</p> <p>10 think that is privileged. If she met with him as</p> <p>11 an attorney before she filed the lawsuit--</p> <p>12 MS. JENSEN: I understand what you are</p> <p>13 saying, but he said earlier, in the other</p> <p>14 deposition, that they didn't know each other, so I</p> <p>15 am confused.</p> <p>16 THE WITNESS: Well, just seeing him,</p> <p>17 but in church and talking. You know, I knew they</p> <p>18 were new members of our ward, but I didn't talk</p> <p>19 to him and discuss anything. I just knew who</p> <p>20 they were, he and his wife.</p> <p>21 BY MS. JENSEN:</p> <p>22 Q. What do you mean, you didn't discuss</p> <p>23 anything, you--</p> <p>24 A. No legal issues or anything. I wasn't</p> <p>25 involved with anything, just--and being there in</p> <p>Page 89</p>	<p>1 that your sinus problems prior to 2001 were caused</p> <p>2 by the gauze, as opposed to the fact that you</p> <p>3 might have had a facial trauma?</p> <p>4 A. Nobody has told me anything about</p> <p>5 anything. This is just the conclusion that it's</p> <p>6 come to because of what was there.</p> <p>7 Q. Do you believe any of your care</p> <p>8 providers should have detected the gauze sooner?</p> <p>9 A. No. I don't think so, because I</p> <p>10 don't--how would they have suspected such a thing?</p> <p>11 And when it got so severe is when Dr. Todd just</p> <p>12 said, Well, what about if we lance that to get</p> <p>13 that infection out, you know, just like a big</p> <p>14 boil or something, not knowing--having any idea</p> <p>15 that there was any gauze in there or anything</p> <p>16 else, no suspicions of such. And to identify it</p> <p>17 in the infected manner that that gauze was, just</p> <p>18 totally almost--something you couldn't describe,</p> <p>19 you know. What is this icky stuff, you know.</p> <p>20 Why, he--until I told him about the gauze being</p> <p>21 in and Dr. Youngblood taking that other gauze out</p> <p>22 of there, that's when he was--It's gauze. There</p> <p>23 is still gauze in there.</p> <p>24 Q. Did he visually see the gauze?</p> <p>25 A. Yes, because he had cut and was</p> <p>Page 91</p>
<p>1 Caliente, when I decided this wasn't necessary.</p> <p>2 Is it something that I could get some</p> <p>3 reimbursement for medication and suffering and</p> <p>4 just the pain of the whole situation, and that it</p> <p>5 wasn't a necessary thing that I should have gone</p> <p>6 through, to go on so many years, just--wow.</p> <p>7 Q. Do you know if any kind of expert has</p> <p>8 reviewed your medical records?</p> <p>9 A. No expert. No more than just--</p> <p>10 Q. Meaning a care provider, a physician of</p> <p>11 some kind?</p> <p>12 A. Well, Youngblood was the only one--Dr.</p> <p>13 Youngblood was the only one that took care of me</p> <p>14 in this medical crisis that I had been so</p> <p>15 injured.</p> <p>16 Q. And I am asking something just a little</p> <p>17 differently, and I might have been inarticulate in</p> <p>18 my questioning, and that is, your medical records</p> <p>19 to date, including everything, do you know whether</p> <p>20 any kind of physician or care provider has been</p> <p>21 hired or consulted to review those records and</p> <p>22 render an opinion on the care that was provided</p> <p>23 to you?</p> <p>24 A. No, not to my knowledge.</p> <p>25 Q. Has any care provider ever told you</p> <p>Page 90</p>	<p>1 spreading it open and pressing to squeeze out the</p> <p>2 infection. There was swelling there, there was--</p> <p>3 so he cut right under the cheek, an incision, but</p> <p>4 he visually saw gauze. And he couldn't identify</p> <p>5 it. He says, That's what it is. There is gauze</p> <p>6 still in there. Because he couldn't--it was too</p> <p>7 infected and too discolored and just terrible,</p> <p>8 icky.</p> <p>9 MS. JENSEN: Okay. I think that's all</p> <p>10 I have.</p> <p>11 EXAMINATION</p> <p>12 BY-MR.OLSON:</p> <p>13 Q. June, I do have some follow-up</p> <p>14 questions for you.</p> <p>15 A. Yes.</p> <p>16 Q. Do you ever recall, back when you were</p> <p>17 seeing Dr. Youngblood, rescheduling any</p> <p>18 appointments with him?</p> <p>19 A. Well, to my recollection, I kept every</p> <p>20 appointment that he told me that he wanted to see</p> <p>21 me, every time he wanted to see me in his office.</p> <p>22 Q. So you don't recall ever skipping an</p> <p>23 appointment that he told you to be to?</p> <p>24 A. No, I don't.</p> <p>25 Q. If I understood your testimony, you</p> <p>Page 92</p>



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23 (Pages 89 to 92)

<p>1 indicated that you had some dental work or repairs 2 on your teeth after the accident and after the 3 surgery by Dr. Youngblood; is that correct? 4 A. He took the wires out from my mouth, 5 and so I went and I was there--if I recall right, 6 I was there once with my mother and once with Dr. 7 Joe Wilkin. 8 Q. Okay. 9 A. And I think that Joe was there, I rode 10 up with him to meet that appointment when he took 11 the wires out of my mouth, and that was six weeks 12 after the accident. But I was there with my 13 mother for a follow-up check, but nothing was done 14 and nothing was mentioned about when he took that 15 first--that gauze out of there. There was nothing 16 ever mentioned about any more or anything. I 17 didn't know anything about it. 18 Q. Okay. Now, in 2001, if I understood 19 your prior testimony, is it correct that you went 20 to St. George and saw a number of practitioners 21 and facilities over there? 22 A. Yes. 23 Q. Did you incur expenses associated with 24 seeing those physicians and being at those 25 facilities?</p> <p>Page 93</p>	<p>1 A. Yes. 2 Q. And you had prescriptions filled there? 3 A. Yes. 4 Q. Do you remember the name of that 5 pharmacy? 6 A. No. 7 Q. Okay. When you received medical bills 8 or were paying for prescriptions, how did you 9 normally pay for it? 10 A. By check. 11 Q. And so would your bank and financial 12 records show expenses you incurred for medical 13 expenses? 14 A. Yes. 15 MR. OLSON: I think that's all the 16 questions I have got. 17 FURTHER-EXAMINATION 18 BY-MS.JENSEN: 19 Q. I have a few follow-ups to his, if you 20 don't mind. 21 A. Okay. 22 Q. Earlier, a moment ago, you discussed to 23 medical expenses relating to treatment provided by 24 Drs. Doxey, Hill and Carter. What percent of 25 Medicare paid those medical expenses?</p> <p>Page 95</p>
<p>1 A. Yes. 2 Q. And are those expenses you feel should 3 be reimbursed by virtue of this lawsuit? 4 A. Yes. 5 Q. And do those include Dr. Doxey and Dr. 6 Hill? 7 A. Yes. 8 Q. And-- 9 A. And Dr. Carter. 10 Q. And Dr. Carter. 11 A. Uh-huh. 12 Q. Did you incur expenses associated with 13 X-rays or CT scans? 14 A. Yes, I think it was all added together. 15 I don't know. Medicare took care of part of the 16 payments. 17 Q. Okay. And did you fill any 18 prescriptions over in St. George? 19 A. Yes, at the pharmacy. Now, the orange 20 building that's just right under the freeway, 21 that's where Dr. Doxey's office is and it is on 22 7th South or 700 South. You just go under the 23 freeway where I-15 goes and you turn-- 24 Q. So is there a pharmacy in the same 25 building as Dr. Doxey?</p> <p>Page 94</p>	<p>1 A. I don't remember just what percentage 2 they paid. Medicare did pay some of it. 3 Q. Did you have other insurance that 4 covered any portion? 5 A. No. 6 Q. So it was a combination of Medicare and 7 your own pocket? 8 A. Yes. 9 Q. What--can you approximate for me what 10 percentage Medicare paid? Half? 11 A. About half. 12 Q. And the remainder, did you pay for by 13 yourself? 14 A. Yes. I paid it with check. 15 Q. Can you estimate for me what that 16 amount was? 17 A. Oh, maybe 500. 18 Q. And that's for all of these doctors, 19 Doxey, Hill and Carter? 20 A. Yeah, that would be added together. 21 Q. Would that include the X-ray or the 22 imaging studies that were done at Dixie Regional? 23 A. Yes, I think so, anyway, and it was 24 total of, I think, \$175. 25 Q. For the imaging?</p> <p>Page 96</p>

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<p>1 A. No, Dr. Hill's visit looking at me and 2 taking X-rays. 3 Q. Uh-huh. 4 A. And none of that was paid by Medicare. 5 Q. Okay. Is there a Medicare lien on 6 this--involved in this case that you are aware of 7 it? 8 A. Lien on it? 9 Q. For Medicare. From time to time, if 10 Medicare pays for expenses and then a lawsuit is 11 brought, Medicare puts a lien on so that they get 12 their reimbursement first. Has that happened in 13 this case? 14 A. I haven't heard of that at all. 15 Q. Did Medicare cover any portion of your 16 prescriptions? 17 A. No. 18 Q. Can you approximate for me how much 19 those would total? We are speaking of the 20 prescriptions relating to Doxey, Hill and Carter, 21 their treatment. 22 A. I remember one of them was for these 23 powerful pills that actually Dr. Bruce provided me 24 with when they took this out in addition to the 25 ones I got. I think they were about \$150.</p> <p>Page 97</p>	<p>1 Q. Less than 500? 2 A. Yes. 3 Q. And that reflects your out-of-pocket 4 cost, correct? 5 A. Uh-huh. 6 MS. JENSEN: That's all I have. 7 MR. OLSON: I don't have anything 8 further. 9 (Deposition concluded at 12:05 p.m.) 10 . 11 . 12 . 13 . 14 . 15 . 16 . 17 . 18 . 19 . 20 . 21 . 22 . 23 . 24 . 25 .</p> <p>Page 99</p>
<p>1 Q. Just for that-- 2 A. One prescription at the drugstore there 3 where Dr. Doxey's office was. 4 Q. Okay. 5 A. And the Church even helped me there. 6 They paid \$100. 7 Q. Of the 170? 8 A. Yes. Because I just didn't have it and 9 I couldn't see--I mean, of making another trip, 10 getting part of the pills and not having the full 11 amount in order to keep continuing, why, they let 12 me have it all and I figured I could get some 13 assistance. 14 Q. Can you estimate for me how much you 15 paid for out of pocket, out of your own pocket, 16 towards prescriptions-- 17 A. For all the years? 18 Q. No, for prescriptions that were not 19 filled at Swallow's. 20 A. Well, that would be what I got over in 21 St. George. 22 Q. Right, in St. George. 23 A. A couple hundred. 24 Q. More than 300? 25 A. Maybe more than 300, yes.</p> <p>Page 98</p>	



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