02-438-CD
MARY HEITZENRATER -vs- KEITH L. ZELIGER, D.O. etal

Mary Heitzenrater vs. Keith L. Zeliger DO, DuBois Regional Medical Center

Civil Other

Date		Judge
3/22/2002	Filing: Civil Complaint Paid by: Kathleen Segmiller, Esquire Receipt number: 1840059 Dated: 03/22/2002 Amount: $80.00 (Check) Two CC Sheriff	No Judge
4/12/2002	Praecipe For Appearance on behalf of the Defendants, filed by s/David R. Johnson, Esq. Certificate of Service no cc	No Judge
5/7/2002	Sheriff Return, Papers served on Defendant(s). So Answers, Chester A. Hawkins, Sheriff by s/Marilyn Hamm	No Judge
5/22/2002	Answer and New Matter. Filed by s/David R. Johnson, Esq. Verification s/Greg J. Volpe Certificate of Service no cc	No Judge
6/19/2002	Answer and New Matter. Filed by s/David R. Johnson, Esq. Verification s/Keith Zeliger, D.O. Certificate of Service no cc	No Judge
8/19/2002	Motion to Compel. filed by s/David R. Johnson, Esq. Certificate of Service 2 cc to Atty	No Judge
8/22/2002	ORDER, AND NOW, this 22nd day of August, 2002, Plaintiff to file answers within 30 days. Two CC to Atty. Anderson.	John K. Reilly Jr.
9/12/2002	Reply To New Matter of Defendant Keith Zeliger, D.O. filed by s/Kathleen A. Segmiller, Esq. Verification s/Atty Segmiller Certificate of Service no cc	John K. Reilly Jr.
	Reply To New Matter of Defendant Du Bois Regional Medical Center. filed by s/Kathleen A. Segmiller, Esq. Cert of Svc no cc	John K. Reilly Jr.
10/14/2004	Request to Plaintiff for Production of Expert Reports and Certificate of Service, filed by s/David R. Johnson, Esquire. No CC	John K. Reilly Jr.
2/9/2005	Production of Expert Reports Pursuant to PA.R.C.P. 1024.28(b), filed by s/ Kathleen A. Segmiller, Esquire. No CC	John K. Reilly Jr.
10/27/2005	Motion To Compel, filed by s/ Jeanette E. Oliver, Esquire. No CC	John K. Reilly Jr.
10/31/2005	Order AND NOW, this 28th day of October 2005, it is hereby ORDERED, ADJUDGED AND DECREED that argument on defendants' motion to compel scheduled to accur on the 20th day of December 2005 at 10:00 a.m. BY THE COURT: /s/ Fredric J. Ammerman, P. Judge. 2CC Atty Oliver.	John K. Reilly Jr.
11/4/2005	Plaintiff's responses to Defendants' Second Request for Production filed by s/ Kathleen A. Segmiller Esq. No CC.	John K. Reilly Jr.
	Affidavit of Service filed. That a true and correct copy of the Judge Ammerman's October 28, 2005, scheduling Order, along with a true and correct copy of the Motion to Compel in the above-captioned case was served upon plaintiff's counsel, Kathleen Segmiller Esq. on November 2, 2005, filed by Jeanette E. Oliver Esq. No CC.	John K. Reilly Jr.
11/9/2005	Praecipe To Withdraw Motion to Compel, filed by s/ Jeanette E. Oliver, Esquire. No CC	John K. Reilly Jr.
7/10/2006	Motion to Compel, filed by Atty. Oliver 2 Cert. to Atty.	John K. Reilly Jr.
	Motion Requesting Court to Issue Scheduling Order, filed by Atty. Oliver 2 Cert to Atty.	John K. Reilly Jr.
7/13/2006	Order, NOW, this 11th day of July, 2006, it is Ordered that oral argument on defendants' motion to compel is scheduled for the 31st day of August, 2006, at 9:30 a.m. in Courtroom No. 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 3Cc Atty. Oliver	Fredric Joseph Ammerman

Civil Other

Date		Judge
7/13/2006	Order, NOW, this 11th day of July, 2006, it is Ordered that oral argument on defendants' motion requesting court to issue scheduling order is scheduled for the 31st day of August 2006, at 9:30 a.m. before Judge Ammerman, in Courtroom no. 1. By the Court, /s/ Fredric J. Ammerman, Pres. Judge. 2CC Atty. Oliver	Fredric Joseph Ammerman
7/17/2006	Plaintiff's Response to Defendants' Motion to Compel, filed by s/ Kathleen A. Segmiller Esq. No CC.	Fredric Joseph Ammerman
7/19/2006	Affidavit of Service filed. That a true and correct copy of the Judge Ammerman's July 11, 2006, Scheduling Orders, along with a true and correct copy of the Motion to Compel and Motion Requesting Court to Issue Scheduling Order in the above-captioned case was sered upon Kathleen A. Segmiller Esq., on July 17, 2006, filed by s/ Jeanette E. Oliver Esq. No CC.	Fredric Joseph Ammerman
8/21/2006	Motion For Continuance, filed by s/ Jeanette E. Oliver, Esquire. No CC	Fredric Joseph Ammerman
8/23/2006	Plaintff's Motion to Compel, filed by s/ Kathleen A. Segmiller, Esquire. No CC	Fredric Joseph Ammerman
	Order, NOW, this 22nd day of Aug., 2006, it is Ordered that the defendants' motion for continuance is Granted. Oral Arguments on Defendants' Motion to Compel and Motion to Request Scheduling Order will now be presented on Sept. 22, 2006 at 9:30 a.m. before the Honorable Judge Ammerman. 1CC to Atty.	Fredric Joseph Ammerman
8/25/2006	Scheduling Order, NOW, this 23rd day of August, 2006, Ordered that argument on Plaintiff's Motion to Compel has been scheduled to occur on the 22nd day of Sept., 2006, at 9:30 a.m. in Courtroom No. 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 2CC Atty. Segmiller	Fredric Joseph Ammerman
8/28/2006	Affidavit of Service filed. Service has been made by U. S. Mail to all counsel of record of the order dated August 22, 2006,setting argument on defendants' motion to compel and motion to request scheduling order for September 22, 2006 at 9:00 a.m. before the Honorable Judge Ammerman, filed by s/ David R. Johnson Esq. No CC.	Fredric Joseph Ammerman
8/30/2006	Affidavit of Service filed. Service has been made by U.S. Mail to all counsel of record of the Scheduling Order dated August 25, 2006, setting argument on Plaintiff's Motion to Compel for September 22, 2006 at 9:30 a.m. before the Honorable Judge Ammerman, filed by s/ Kathleen A. Segmiller Esq. No CC.	Fredric Joseph Ammerman
9/26/2006	Order, NOW, this 22nd day of Sept., 2006, Ordered : 1. Both Plaintiff and Def. have withdrawn their respective Motion to Compel 2. Counsel for the parties shall have no more than 5 days from this date in which to, by fax, submit a proposed scheduling order to the Court. The Court shall review each party's proposed order and shall thereafter issue its scheduling order. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 2CC Attys: Segmiller, D. Johnson	Fredric Joseph Ammerman
9/29/2006	Order, NOW, this 28th day of Sept., 2006, it is Ordered that the following schedule order is in place: 1. Discovery shall end Dec. 1, 2006 2. Plaintif's expert reports shall be due no later than Jan., 19, 2007. 3. Defendant's Expert reports shall be due no later than March 15, 2007 By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: Segmiller, D. Johnson	Fredric Joseph Ammerman
1/18/2007	Plaintiff's Expert Reports and Documents, filed by Atty. Segmiller no cert. copies.	Fredric Joseph Ammerman

Civil Other

Date		Judge
3/8/2007	Defendants' Expert Report, filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
3/12/2007	Motion to Compel, filed by s/ Jeanette E. Oliver Esq. 2CC Atty.	Fredric Joseph Ammerman
3/13/2007	Order, NOW, this 13th day of March, 2007, Ordered that oral argument on defendants' Motion to Compel is scheduled for the 16th day of April, 2007, at 11:30 a.m. Courtroom 1. by The Court, /s/ Fredric J. Ammerman, Pres. Judge. 2CC to Atty.	Fredric Joseph Ammerman
4/16/2007	Notice of Service of Plaintiff's Answers to Defendants' Supplemental Interrogatories, filed by s/ Kathleen A. Segmiller Esq. No CC.	Fredric Joseph Ammerman
10/9/2007	Praecipe for Trial Pursuant to Local Rule 212.2, Re: Jury Trial, filed by s/Kathleen A. Segmiller, Esq. No CC	Fredric Joseph Ammerman
10/12/2007	Order, this 11th day of Oct., 2007, it is Ordered that a Pre-Trial Conference shall be held on the 3rd day of Dec., 2007, in Chambers at 9:30 a.m. Jury Selection will be held on Jan. 3, 2008. By The court, /s/ Fredric J. Ammerman, Pres. Judge. CC to Attys: Segmiller, Johnson	Fredric Joseph Ammerman
11/2/2007	Consented to Motion to Continue Jury Selection to The Next Available List, filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
12/3/2007	Order, this 3rd day of Dec., 2007, following pre-trial conference, it is Ordered: Jury Selection will be held on April 4, 2008, at 9:00 a.m. in Courtroom 1. Jury Trial is scheduled for April 21, 22, 23 and 24, 2008 at 9:00 a.m. in Courtroom 1. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. 1CC Attys: Segmiller, D. Johnson	Fredric Joseph Ammerman
3/4/2008	Order, this 4th day of March, 2008, it is Ordered that the joint Motion for an Amended Scheduling Order is Granted. The deposition of Dr. Blumenkopf may be taken on March 31, 2008. The transcript shall be produced no later than April 2, 2008. Any objections to the testimony or related motions shall be filed by no later than April 7, 2008. Any response by Plaintiff shall be filed no later than April 11, 2008. By The Court, /s/ Fredric J. Ammerman, Pres. Judge. CC to Attys: Segmiller and Johnson	Fredric Joseph Ammerman
3/6/2008	Joint Motion For Supplemental Order of Court, filed by s/ David R. Johnson, Esquire. No CC	Fredric Joseph Ammerman
	Emergency Motion For Protective Order, filed by s/ David R. Johnson, Esquire No CC	Fredric Joseph Ammerman
3/10/2008	Motion for Summary Judgment, filed by s/ Brad R. Korinski Esq. 2CC Atty Korinski	Fredric Joseph Ammerman
3/12/2008	Order AND NOW, on this 12th day of March 2008, it is hereby ORDERED, ADJUGED AND DECREED that oral argument on defendants' motion for summary judgment is scheduled for the 22nd day of April 2008 at 1:30 p.m. before Judge Ammerman in Courtroom No. 1 of the Clearfield County Courthouse. BY THE COURT: /s/ Fredric J. Ammerman, P. Judge. 2CC Atty Korinski	Fredric Joseph Ammerman

3-13-08 Order, dated 3-13-08

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No.: 02-438-CD

Code:

COMPLAINT IN CIVIL ACTION

Filed on behalf of Plaintiff

Counsel of Record for this Party:

Kathleen A. Segmiller, Esq.
Pa. I.D. No. 62929

3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and notice are served, by entering in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the Complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

COURT ADMINISTRATOR OF CLEARFIELD COUNTY
Courthouse
One North 2nd Street
Clearfield County, PA 16830

Telephone: (814) 765-2641

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendant.	)	CIVIL DIVISION No.

COMPLAINT IN CIVIL ACTION

AND NOW, comes the Plaintiff, Mary Heitzenrater, by and through her attorney, Kathleen A. Segmiller, Esquire, and files the within Complaint in Civil Action and avers as follows:

1. Plaintiff, Mary C. Heitzenrater, is an adult individual of the Commonwealth of Pennsylvania residing at R.D. 5, Box 32, Punxsutawney, Jefferson County, Pennsylvania, 15217.

2. Defendant, Keith L. Zeliger, D.O., ("Defendant Zeliger") is an adult individual of the Commonwealth of Pennsylvania, maintaining his place of business at 211 Beaver Drive, DuBois, Clearfield County, Pennylvania. At all relevant times, Defendant Zeliger was licensed to practice medicine in the Commonwealth of Pennsylvania and a doctor/patient relationship existed between Plaintiff and himself.

3. Defendant, Dubois Regional Medical Center ("Defendant Medical Center") is a health care facility operated and maintained for the purpose of serving the health care needs of the general public, including the Plaintiff, and has its principal place of business at Maple Avenue, DuBois, Clearfield County, Pennsylvania, 15801.

4. On or about February 11, 2000, Plaintiff had electrodiagnostic studies performed on her left hand and arm for pain and diminished sensation which would occasionally awaken her at night. It was concluded that the Plaintiff was experiencing entrapment of the left median nerve in the region of the left carpal tunnel of a moderate to severe degree.

5. Plaintiff was referred to Keith Zeliger, D.O. for carpal tunnel syndrome of her left hand.

6. On or about April 27, 2000, Plaintiff was admitted to Defendant Medical Center for decompression of her left median nerve to be performed by Defendant Zeliger.

7. Plaintiff post-operatively experienced terrible burning pain in the knot in the palm of her left hand. She indicated that her left hand kept swelling and changing color. She experienced difficulty in flexing the fingers of her left hand, especially the left index finger.

8. On or about August 23, 2000, a second electrodiagnostic evaluation was completed. The study noted a distal latency of the motor portion of the left median nerve. It was at the upper limits of normal and no response could be stimulated in the sensory portion of the left median nerve.

9. In comparison with the previous electrodiagnostic testing of February 11, 2000, the test represented a worsening of the left mediann neuropathy.

10. On or about September 29, 2000, a second surgical treatment was performed on the patient's left hand by another physician. Pre-operative diagnosis was transection of the common

digital nerve to the index finger on the left.

11. The post-operative diagnosis was neuroma incontinuity of the median nerve to the left likely involving the fibers to the index finger. The operation was titled exploration of the median nerve, neurolysis, posterior interosseous nerve graph bypass interpositioning for the median nerve transected fibers.

12. At all times material and relevant, the recovery room and operating rooms at Defendant Medical Center were staffed by agents, servants and/or employees of Defendant Medical Center acting in the course and scope of their employment of their agency, authority or employment and in furtherance of Defendant Medical Center's business interest.

13. At all times material and relevant, Defendant Medical Center held out to Plaintiff, the operating room personnel and Defendant Zeliger as agents, servants and/or employees of Defendant Medical Center.

14. At all times material and relevant, Defendant Zeliger held himself out to the Plaintiff and to the general public as a highly skilled surgeon with extensive training and practical experience in the field of surgery, generally, and specifically in the field of carpal tunnel syndrome.

COUNT I - NEGLIGENCE

Plaintiff vs. Defendant Zeliger

15. The averments of Paragraphs 1-15 are incorporated herein by reference thereto as though fully set forth herein.

16. Defendant Zeliger, as a licensed physician, owe Plaintiff a duty to use reasonable care and to use such knowledge, skill and care as necessary for the proper treatment of Plaintiff consistent with accepted medical practice.

17. Defendant Zeliger breached that duty as follows:

a. In injuring Plaintiff's left median nerve at the time of the April 27, 2000 operative procedure;

b. In injuring several of the fascicles of the left median nerve in the area of her left carpal tunnel;

c. In injuring Plaintiff's median nerve at the time of the carpal tunnel release;

d. In failing to timely and properly diagnose Plaintiff's progressing neurological deficits;

e. In failing to timely and properly clinically manage and/or treat Plaintiff's post-operative course;

f. In failing to recognize the significance and implications of Plaintiff's post-operative neurological problems;

g. In failing to refer Plaintiff to a specialist so that her condition could have been diagnosed and treated promptly and accurately; and

h. In failing to recognize the significance and implications of lacerating the Plaintiff's median nerve.

18. As a result of these breaches of duty, the Plaintiff has suffered the following injuries and damages:

a. subsequent surgery for nerve grafts;

b. loss of sensation in her hand and fingers, specifically left index finger;

c. scarring;

d. laceration of several fascicles of the left median nerve in the area of the left carpal tunnel;

e. altered sensation involving the radial three and a half digits of the left hand;

f. pain in the area of the left hand;

g. atrophy of the left hand;

h. painful sensitivity of the left hand and fingers;

i. loss of strength to the Plaintiff's left hand and fingers;

j. numbness in the left hand and fingers;

k. depression; and

l. insomnia.

19. Because of these breaches of duty by Defendant Zeliger, Plaintiff has incurred medical, nursing and hospital expenses, past, present and future.

20. Because of these breaches of duty by Defendant Zeliger, Plaintiff has incurred lost wages, past, present and future.

21. Also because of these breaches of duty, Plaintiff has been deprived of the services, support, comfort, society, companionship, guidance and consortium of her husband and family.

WHEREFORE, Plaintiff demands judgment against Defendant Zeliger in an amount in excess of the arbitrational limits of the Court of Common Pleas of Clearfield County, Pennsylvania.

JURY TRIAL DEMANDED.

COUNT II

Plaintiff vs. Defendant Medical Center

22. The averments of Paragraphs 1 through 22 are incorporated herein by reference thereto as though fully set forth herein.

23. At all times material to the facts alleged in this Complaint, Defendant Zeliger was acting within the line and scope of his employment with and in furtherance of the economic interests of the Defendant Medical Center.

24. At all times material to the facts alleged in this Complaint, Defendant Medical Center had a right to control the conduct of Defendant Zeliger and its agents, servants and/or employees in the performance of their work.

25. At all times material to the facts alleged in this Complaint, Plaintiff was of a reasonable belief that the services furnished at Defendant Medical Center were rendered to her for the Defendant Medical Center.

26. Defendant Medical Center had duties to the Plaintiff, among them being the duty to select and retain only competent physicians, the duty to oversee all persons who practice within its walls as to patient care and the duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for patients.

27. Defendant Medical Center was negligent and careless in its care and treatment of services rendered to the Plaintiff in the following particulars:

a. In failing to select and retain competent physicians, specifically Defendant Zeliger;

b. In failing to oversee Defendant Zeliger;

c. In failing to provide adequate procedures and protocols to ensure that the information regarding the Plaintiff's neurological deficits were properly communicated and/or documented;

d. In continuing to have its agents, servants and/or employees provide post-operative care to Plaintiff without properly or timely diagnosing Plaintiff's neurological deficits and post-operative laceration of the median nerve;

e. In failing to properly monitor and to adequately chart the condition of the Plaintiff which would have assisted in making a diagnosis of a lacerated left median nerve post surgery; and

f. In failing to use reasonable care to ensure the competence of Defendant Zeliger and its other medical personnel to treat Plaintiff under the circumstances.

28. As a result of these breaches of duty, Plaintiff has suffered the following injuries and damages:

a. subsequent surgery for nerve grafts;

b. loss of sensation in her hand and fingers, specifically left index finger;

c. scarring;

d. laceration of several fascicles of the left median nerve in the area of the left carpal tunnel;

e. altered sensation involving the radial three and a half digits of the left hand;

f. pain in the are of the left hand;

g. atrophy of the left hand;

h. painful sensitivity of the left hand and fingers;

i. loss of strength to the Plaintiff's left hand and fingers;

j. numbness in the left hand and fingers;

k. depression; and

l. insomnia.

29. Because of these breaches of duty by Defendant Medical Center, Plaintiff has incurred medical, nursing and hospital expenses, past, present and future.

30. Because of these breaches of duty by Defendant Medical Center, Plaintiff has incurred lost wages, past, present and future.

31. Also because of these breaches of duty, Plaintiff has been deprived of the services, support, comfort, society, companionship, guidance and consortium of her husband and family.

WHEREFORE, Plaintiff demands judgment against Defendant Medical Center in an amount in excess of the arbitrational limits of the Court of Common Pleas of Clearfield County, Pennsylvania.

JURY TRIAL DEMANDED.

Respectfully submitted,

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff

Dated: March 20, 2002

VERIFICATION

I, MARY C. HEITZENRATER, verify that the averments made in the foregoing COMPLAINT IN CIVIL ACTION are true and correct based on my personal knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 to unsworn falsification to authorities.

MARY C. HEITZENRATER

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

PRAECIPE FOR APPEARANCE

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

FILED NO CC
m/11:21 BH
APR 12 2002

William A. Shaw
Prothonotary

In The Court of Common Pleas of Clearfield County, Pennsylvania

Sheriff Docket # 12288

HEITZENRATER, MARY

02-438-CD

VS.

ZELIGER, KEITH L. , D.O. and DUBOIS REGIONAL MEDICAL CENTER

COMPLAINT

SHERIFF RETURNS

NOW APRIL 1, 2002 AT 10:19 AM EST SERVED THE WITHIN COMPLAINT ON KEITH L. ZELIGER, D.O., DEFENDANT AT EMPLOYMENT, 211 BEAVER DRIVE, DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO KATHY HIXON, P.I.C. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: SNYDER

NOW APRIL 1, 2002 AT 10:40 AM EST SERVED THE WITHIN COMPLAINT ON DUBOIS REGIONAL MEDICAL CENTER, DEFENDANT AT EMPLOYMENT, MAPLE AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO JUDY STOTTISH, ADM. ASST. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: SNYDER

Return Costs

Cost	Description
36.69	SHFF. HAWKINS PAID BY: ATTY.
20.00	SURCHARGE PAID BY: ATTY.

FILED

MAY 07 2002
01/10:35
William A. Shaw
Prothonotary

Sworn to Before Me This

7th Day Of May 2002

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2006
Clearfield Co., Clearfield, PA

So Answers,

Chester A. Hawkins
Sheriff

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

PRAECIPE FOR APPEARANCE

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

PRAECIPE FOR APPEARANCE

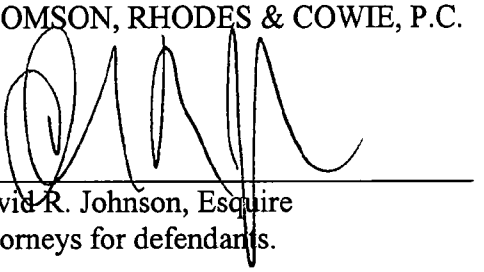
TO: PROTHONOTARY

Kindly enter our appearance on behalf of the defendants.

JURY TRIAL DEMANDED.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for defendants.

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within PRAECIPE FOR APPEARANCE has been served upon the following counsel of record and same placed in the U.S. Mails on this 10th day of April, 2002:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

FILED NO CC
m/11:21 BH
APR 12 2002

William A. Shaw
Prothonotary

In The Court of Common Pleas of Clearfield County, Pennsylvania

Sheriff Docket # 12288

HEITZENRATER, MARY

02-438-CD

VS.

ZELIGER, KEITH L. , D.O. and DUBOIS REGIONAL MEDICAL CENTER

COMPLAINT

SHERIFF RETURNS

NOW APRIL 1, 2002 AT 10:19 AM EST SERVED THE WITHIN COMPLAINT ON KEITH L. ZELIGER, D.O., DEFENDANT AT EMPLOYMENT, 211 BEAVER DRIVE, DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO KATHY HIXON, P.I.C. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: SNYDER

NOW APRIL 1, 2002 AT 10:40 AM EST SERVED THE WITHIN COMPLAINT ON DUBOIS REGIONAL MEDICAL CENTER, DEFENDANT AT EMPLOYMENT, MAPLE AVE., DUBOIS, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO JUDY STOTTISH, ADM. ASST. A TRUE AND ATTESTED COPY OF THE ORIGINAL COMPLAINT AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: SNYDER

Return Costs

Cost	Description
36.69	SHFF. HAWKINS PAID BY: ATTY.
20.00	SURCHARGE PAID BY: ATTY.

FILED

MAY 07 2002
0/10:35
William A. Shaw
Prothonotary

Sworn to Before Me This

7th Day Of May 2002

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2006
Clearfield Co., Clearfield, PA

So Answers,

Chester A. Hawkins
Sheriff

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

ANSWER AND NEW MATTER

Code:

Filed on behalf of DuBois Regional Medical Center, one of the defendants.

Counsel of Record for This Party:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

NOTICE TO PLEAD:

To: Plaintiff

You are hereby notified to file a written response to the enclosed ANSWER AND NEW MATTER within twenty (20) days of service hereof or a default judgment may be entered against you.

Attorneys for defendant.

ANSWER AND NEW MATTER

NOW COMES, DuBois Regional Medical Center, by its attorneys, Thomson, Rhodes & Cowie, P.C., and files the following answer and new matter in response to plaintiff's complaint.

ANSWER

1. Defendant is advised and therefore believes and avers that the Pennsylvania Rules of Civil Procedure do not require it to set forth its answers and defenses except as stated below.

2. If and to the extent that any factual averment in the complaint is not responded to in the paragraphs which follow, said allegation is denied for the reason that, after a reasonable investigation, this defendant lacks sufficient information or knowledge upon which to form a belief as to the truth of the averments therein.

3. Each of the paragraphs of this answer should be read so as to incorporate by reference each of the other paragraphs of this answer.

4. The following paragraphs of the complaint are denied for the reason that, after a reasonable investigation, this defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein: 1, 7, 8, 9, 10, 11, 25.

5. Paragraph 2 of the complaint is admitted except that it is not known what plaintiff is referencing with regard to the averment of "all relevant times," for which reason any reference to "all relevant times" is denied for the reason that, after a reasonable investigation, defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein.

6. The following paragraphs of the complaint are admitted: 3, 4, 5, 6.

7. Paragraph 12 of the complaint is denied for the reason that, after a reasonable investigation, this defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein, because the identify of the alleged agents, servants and/or employees of the hospital is not specified or disclosed. For these same reasons, the reference to "agents, servants and/or employees" in Paragraph 24 of the complaint is denied.

8. Paragraph 13 of the complaint constitutes a conclusion of law to which no further response is required. However, if any response is deemed necessary, this paragraph and sub-paragraph is denied. Further, any claim that Dr. Zeliger is an agent, servant or employee of DuBois Regional Medical Center is denied, because he was an independently practicing physician.

9. Paragraph 14 of the complaint is denied for the reason that, after a reasonable investigation, defendant is unaware as to what the plaintiff is referencing with regard to the allegation that Dr. Zeliger "held himself out" in the manner referenced. Consistent with the averments in the complaint, Dr. Zeliger was a highly skilled surgeon with extensive training and experience in the referenced fields.

10. Paragraphs 15 and 22 of the complaint solely incorporate by reference other paragraphs, for which no separate response is required. However, to the extent that any additional response is deemed necessary, defendant incorporates by reference its answers to those paragraphs which have been incorporated by the plaintiff.

11. Paragraphs 16 and 26 of the complaint constitute conclusions of law to which no further response is required.

12. Paragraphs 17 (including sub-paragraphs (a) through (h)), 18 (including sub-paragraphs (a) through (l)), 19, 20, 21, 23, 27 (including sub-paragraphs (a) through (f)), 28 (including sub-paragraphs (a) through (l)), 29, 30 and 31 of the complaint are denied.

13. Paragraph 24 of the complaint constitutes a conclusion of law to which no further response is required. However, if any response is deemed necessary, this paragraph and sub-paragraph is denied.

WHEREFORE, plaintiff's complaint should be dismissed and judgment should be entered in favor of this defendant.

NEW MATTER

14. Section 606 of the Healthcare Services Malpractice Act of Pennsylvania, 40 P.S. §1301.606 provides that in "the absence of a special contract in writing, a healthcare provider is neither a warrantor nor a guarantor of a cure." This provision is pleaded as an affirmative defense insofar as there was no special contract in writing in this case.

15. This defendant raises all affirmative defenses set forth or available as a result of the provisions in the Healthcare Services Malpractice Act of Pennsylvania, 40 P.S. §1301 et seq. and/or House Bill 1802 (2002).

16. This defendant pleads the applicability of the Pennsylvania Comparative Negligence Statute as an affirmative defense.

17. While denying all negligence and all liability, this defendant avers that if it is found to have been negligent in any respect, any liability resulting therefrom would be diminished or barred by operation of the Pennsylvania Comparative Negligence Statute.

18. Plaintiff's complaint fails to state any cause of action against this defendant.

19. Defendant pleads the doctrines of intervening and superseding causes as affirmative defenses.

20. Defendant pleads "payment" as an affirmative defense to the extent that any amount less than the amount billed for medical services to the plaintiff after the alleged incident was accepted as payment in full.

21. Defendant is not liable for any pre-existing medical conditions which caused the claimed injuries and/or damages.

22. To the extent that evidence develops during discovery to demonstrate the application of the two schools of thought doctrine, defendant pleads that doctrine as providing a complete defense for any alleged negligence and/or malpractice.

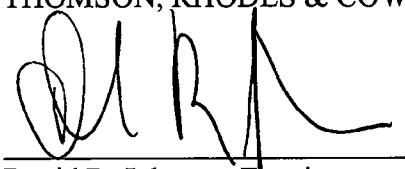
23. This defendant raises all affirmative defenses set forth or available as a result of the provisions of House Bill 1802 which became Pennsylvania law in 2002.

WHEREFORE, plaintiff's complaint should be dismissed and judgment should be entered in favor of this defendant.

JURY TRIAL DEMANDED.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

VERIFICATION

I, Greg J. Volpe in the capacity of Risk Management at DuBois Regional Medical Center have read the foregoing ANSWER AND NEW MATTER. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false averments I may be subject to criminal penalties.

Date: 5-13-02

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within ANSWER AND NEW MATTER has been served upon the following counsel of record and same placed in the U.S. Mails on this 20th day of May, 2002:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for DuBois Regional Medical Center, one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

ANSWER AND NEW MATTER

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

NOTICE TO PLEAD:

To: Plaintiff

You are hereby notified to file a written response to the enclosed ANSWER AND NEW MATTER within twenty (20) days of service hereof or a default judgment may be entered against you.

Attorneys for defendant.

FILED

JUN 19 2002
m/1:23/noCC
William A. Shaw
Prothonotary

ANSWER AND NEW MATTER

NOW COMES, Keith L. Zeliger, D.O., by his attorneys, Thomson, Rhodes & Cowie, P.C., and files the following answer and new matter in response to plaintiff's complaint.

ANSWER

1. Defendant is advised and therefore believes and avers that the Pennsylvania Rules of Civil Procedure do not require him to set forth his answers and defenses except as stated below.

2. If and to the extent that any factual averment in the complaint is not responded to in the paragraphs which follow, said allegation is denied for the reason that, after a reasonable investigation, this defendant lacks sufficient information or knowledge upon which to form a belief as to the truth of the averments therein.

3. Each of the paragraphs of this answer should be read so as to incorporate by reference each of the other paragraphs of this answer.

4. The following paragraphs of the complaint are denied for the reason that, after a reasonable investigation, this defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein: 1, 7, 8, 9, 10, 11, 25.

5. Paragraph 2 of the complaint is admitted except that it is not known what plaintiff is referencing with regard to the averment of "all relevant times," for which reason any reference to "all relevant times" is denied for the reason that, after a reasonable investigation, defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein.

6. The following paragraphs of the complaint are admitted: 3, 4, 5, 6.

7. Paragraph 12 of the complaint is denied for the reason that, after a reasonable investigation, this defendant has insufficient information or knowledge to form a belief as to the truth of the averments therein, because the identify of the alleged agents, servants and/or employees of the hospital is not specified or disclosed. For these same reasons, the reference to "agents, servants and/or employees" in Paragraph 24 of the complaint is denied.

8. Paragraph 13 of the complaint constitutes a conclusion of law to which no further response is required. However, if any response is deemed necessary, this paragraph and sub-paragraph is denied. Further, any claim that Dr. Zeliger is an agent, servant or employee of DuBois Regional Medical Center is denied, because he was an independently practicing physician.

9. Paragraph 14 of the complaint is denied for the reason that, after a reasonable investigation, defendant is unaware as to what the plaintiff is referencing with regard to the allegation that Dr. Zeliger "held himself out" in the manner referenced. Consistent with the averments in the complaint, Dr. Zeliger was a highly skilled surgeon with extensive training and experience in the referenced fields.

10. Paragraphs 15 and 22 of the complaint solely incorporate by reference other paragraphs, for which no separate response is required. However, to the extent that any additional response is deemed necessary, defendant incorporates by reference its answers to those paragraphs which have been incorporated by the plaintiff.

11. Paragraphs 16 and 26 of the complaint constitute conclusions of law to which no further response is required.

12. Paragraphs 17 (including sub-paragraphs (a) through (h)), 18 (including sub-paragraphs (a) through (l)), 19, 20, 21, 23, 27 (including sub-paragraphs (a) through (f)), 28 (including sub-paragraphs (a) through (l)), 29, 30 and 31 of the complaint are denied.

13. Paragraph 24 of the complaint constitutes a conclusion of law to which no further response is required. However, if any response is deemed necessary, this paragraph and sub-paragraph is denied.

WHEREFORE, plaintiff's complaint should be dismissed and judgment should be entered in favor of this defendant.

NEW MATTER

14. Section 606 of the Healthcare Services Malpractice Act of Pennsylvania, 40 P.S. §1301.606 provides that in "the absence of a special contract in writing, a healthcare provider is neither a warrantor nor a guarantor of a cure." This provision is pleaded as an affirmative defense insofar as there was no special contract in writing in this case.

15. This defendant raises all affirmative defenses set forth or available as a result of the provisions in the Healthcare Services Malpractice Act of Pennsylvania, 40 P.S. §1301 et seq. and/or House Bill 1802 (2002).

16. This defendant pleads the applicability of the Pennsylvania Comparative Negligence Statute as an affirmative defense.

17. While denying all negligence and all liability, this defendant avers that if it is found to have been negligent in any respect, any liability resulting therefrom would be diminished or barred by operation of the Pennsylvania Comparative Negligence Statute.

18. Plaintiff's complaint fails to state any cause of action against this defendant.

19. Defendant pleads the doctrines of intervening and superseding causes as affirmative defenses.

20. Defendant pleads "payment" as an affirmative defense to the extent that any amount less than the amount billed for medical services to the plaintiff after the alleged incident was accepted as payment in full.

21. Defendant is not liable for any pre-existing medical conditions which caused the claimed injuries and/or damages.

22. To the extent that evidence develops during discovery to demonstrate the application of the two schools of thought doctrine, defendant pleads that doctrine as providing a complete defense for any alleged negligence and/or malpractice.

23. This defendant raises all affirmative defenses set forth or available as a result of the provisions of House Bill 1802 which became Pennsylvania law in 2002.

WHEREFORE, plaintiff's complaint should be dismissed and judgment should be entered in favor of this defendant.

JURY TRIAL DEMANDED.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for Keith Zeliger, D.O., one of the defendants.

VERIFICATION

I, Keith Zeliger, D.O., have read the foregoing ANSWER AND NEW MATTER. The statements therein are correct to the best of my personal knowledge or information and belief.

This statement and verification is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities, which provides that if I make knowingly false averments I may be subject to criminal penalties.

KZ DO

Date: 6/12/02

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within ANSWER AND NEW MATTER has been served upon the following counsel of record and same placed in the U.S. Mails on this 17th day of June, 2002:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for Keith Zeliger, D.O., one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION TO COMPEL

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Thomas B. Anderson, Esquire
PA I.D. #79990

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

MOTION TO COMPEL

AND NOW, come the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following motion to compel and, in support thereof, state as follows:

1. On April 26, 2002, defendants served upon plaintiff's counsel interrogatories and a request for production of documents.

2. To date, no responses have been received.

3. Plaintiff's answers to interrogatories and responses to requests for production of documents are necessary in order for the defendants to properly defend against plaintiff's claims.

WHEREFORE, defendants respectfully request this honorable court issue an order directing plaintiff to file full and complete answers to interrogatories and responses to requests for production of documents within thirty (30) days or suffer such sanctions as this court may impose.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

Thomas B. Anderson

David R. Johnson, Esquire
Thomas B. Anderson, Esquire
Attorneys for Defendants

W:\DRJ\12640\Pleadings\motion to compel.doc

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within MOTION TO COMPEL has been served upon the following counsel of record and same placed in the U.S. Mails on this 15th day of August, 2002:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

Thomas B. Anderson

David R. Johnson, Esquire
Thomas B. Anderson, Esquire
Attorneys for defendants.

FILED 2 cc
m 11:53 BL
AUG 19 2002
Atty

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this 22nd day of August, 2002, it is hereby ORDERED, ADJUDGED and DECREED that plaintiff shall file full and complete answers to interrogatories and responses to requests for production of documents within thirty (30) days or suffer such sanctions as this court may impose.

BY THE COURT:

_____ J.

FILED

AUG 22 2002

01/1130/cc atty Anderson

William A. Shaw

Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this ____ day of _____, 2002, upon consideration of the within Motion to Compel, it is ORDERED that argument is scheduled for the ____ day of _____, 2002 at _____.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No.: 02-438-CD

Code:

REPLY TO NEW MATTER OF DEFENDANT KEITH ZELIGER, D.O.

Filed on behalf of Plaintiff

Counsel of Record for this Party:

Kathleen A. Segmiller, Esq.
Pa. I.D. No. 62929

3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.
	)	
	)	
Defendants.	)	

REPLY TO NEW MATTER OF DEFENDANT KEITH ZELIGER, D.O.

AND NOW COMES THE PLAINTIFF, Mary Heitzenrater, by and through her attorney, Kathleen A. Segmiller, Esquire, and files the within Reply to New Matter of Defendant Keith Zeliger, D.O and avers as follows:

14. Paragraph 14 of Defendant Zeliger's New Matter is a conclusion of law to which no response is required. To the extent this Court deems a response necessary, it is specifically denied that Section 606 of the Health Care Services Malpractice Act of Pennsylvania, 40 P.S. Section 1301.606, is applicable in the instant action. Strict proof to the contrary is demanded at time of trial.

15. Paragraph 15 of Defendant Zeliger's New Matter is a conclusion of law to which no response is required.

16. Paragraph 16 of Defendant Zeliger's New Matter is specifically denied. Strict proof that Plaintiff was negligent is demanded at time of trial.

17. Paragraph 17 of Defendant Zeliger's New Matter is a conclusion of law to which no response is required. To the extent that this Court deems a response necessary, it is specifically denied that the Pennsylvania comparative negligence statute is applicable in the instant action.

18. Paragraph 18 of Defendant Zeliger's New Matter is specifically denied. Further, paragraph 18 is a conclusion of law to which no response is required.

19. Paragraph 19 of Defendant Zeliger's New Matter is a conclusion of law to which no response is required. To the extent that this Court deems a response necessary, strict proof is demanded of any intervening or superceding cause which Defendant claims is an affirmative defense in this action.

20. Paragraph 20 of Defendant Zeliger's New Matter is specifically denied.

21. Paragraph 21 of Defendant Zeliger's New Matter is specifically denied.

22. Paragraph 22 of Defendant Zeliger's New Matter is a conclusion of law to which no response is required. Strict proof of the application of the two schools of thought doctrine is demanded at time of trial.

23. Paragraph 23 of Defendant Zeliger's New Matter is a conclusion of law to which no response is required. To the extent that this Court deems a response necessary, Plaintiff demands strict proof that any affirmative defendant set forth are available in the provisions of House Bill 1802 are applicable in the instant action.

WHEREFORE, Plaintiff demands judgment in her favor as set forth in the original Complaint in Civil Action.

Respectfully submitted,

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff

Dated: September 10, 2002

VERIFICATION

I, Kathleen A. Segmiller, Esquire, as attorney for Plaintiff, verify that the averments made in the foregoing REPLY TO NEW MATTER OF DEFENDANT KEITH ZELIGER, D.O. are true and correct based on my personal knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 to unsworn falsification to authorities.

Kathleen A. Segmiller

KATHLEEN A. SEGMILLER, ESQUIRE

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 10th day of September, 2002, a true and correct copy of the foregoing REPLY TO NEW MATTER OF DEFENDANT KEITH ZELIGER, D.O. was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

KATHLEEN A. SEGMILLER

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No.: 02-438-CD

Code:

REPLY TO NEW MATTER OF DEFENDANT DuBOIS REGIONAL MEDICAL CENTER

Filed on behalf of Plaintiff

Counsel of Record for this Party:

Kathleen A. Segmiller, Esq.
Pa. I.D. No. 62929

3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.
	)	
	)	
Defendants.	)	

REPLY TO NEW MATTER OF DEFENDANT
DuBOIS REGIONAL MEDICAL CENTER

AND NOW COMES THE PLAINTIFF, Mary Heitzenrater, by and through her attorney, Kathleen A. Segmiller, Esquire, and files the within Reply to New Matter of Defendant DuBois Regional Medical Center and avers as follows:

14. Paragraph 14 of Defendant DuBois Regional Medical Center's New Matter is a conclusion of law to which no response is required. To the extent this Court deems a response necessary, it is specifically denied that Section 606 of the Health Care Services Malpractice Act of Pennsylvania, 40 P.S. Section 1301.606, is applicable in the instant action. Strict proof to the contrary is demanded at time of trial.

15. Paragraph 15 of Defendant DuBois Regional Medical Center's New Matter is a conclusion of law to which no response is required.

16. Paragraph 16 of Defendant DuBois Regional Medical Center's New Matter is specifically denied. Strict proof that Plaintiff was negligent is demanded at time of trial.

17. Paragraph 17 of Defendant DuBois Regional Medical Center's New Matter is a

conclusion of law to which no response is required. To the extent that this Court deems a response necessary, it is specifically denied that the Pennsylvania comparative negligence statute is applicable in the instant action.

18. Paragraph 18 of Defendant DuBois Regional Medical Center's New Matter is specifically denied. Further, paragraph 18 is a conclusion of law to which no response is required.

19. Paragraph 19 of Defendant DuBois Regional Medical Center's New Matter is a conclusion of law to which no response is required. To the extent that this Court deems a response necessary, strict proof is demanded of any intervening or superceding cause which Defendant claims is an affirmative defense in this action.

20. Paragraph 20 of Defendant DuBois Regional Medical Center's New Matter is specifically denied.

21. Paragraph 21 of Defendant DuBois Regional Medical Center's New Matter is specifically denied.

22. Paragraph 22 of Defendant DuBois Regional Medical Center's New Matter is a conclusion of law to which no response is required. Strict proof of the application of the two schools of thought doctrine is demanded at time of trial.

23. Paragraph 23 of Defendant DuBois Regional Medical Center's New Matter is a conclusion of law to which no response is required. To the extent that this Court deems a response necessary, Plaintiff demands strict proof that any affirmative defendant set forth are available in the provisions of House Bill 1802 are applicable in the instant action.

WHEREFORE, Plaintiff demands judgment in her favor as set forth in the original Complaint in Civil Action.

Respectfully submitted,

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff

Dated: September 10, 2002

VERIFICATION

I, Kathleen A. Segmiller, Esquire, as attorney for Plaintiff, verify that the averments made in the foregoing REPLY TO NEW MATTER OF DEFENDANT DuBOIS REGIONAL MEDICAL CENTER are true and correct based on my personal knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 to unsworn falsification to authorities.

Kathleen A. Segmiller

KATHLEEN A. SEGMILLER, ESQUIRE

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 10th day of September, 2002, a true and correct copy of the foregoing REPLY TO NEW MATTER OF DEFENDANT DuBOIS REGIONAL MEDICAL CENTER, D.O. was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

KATHLEEN A. SEGMILLER

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

REQUEST TO PLAINTIFF FOR PRODUCTION OF EXPERT REPORTS

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Thomas B. Anderson, Esquire
PA I.D. #79990

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

REQUEST TO PLAINTIFF FOR PRODUCTION OF EXPERT REPORTS

NOW COME defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following requests to plaintiff for production of expert reports required by Rule 1042.28(a)(1) of the Pennsylvania Rules of Civil Procedure.

TO: MARY HEITZENRATER, plaintiff

FROM: KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, defendants

Pursuant to Pennsylvania Rule of Civil Procedure 1042.28(b) you are requested within 180 days of service of this request to furnish to me, attorney for the defendants above named, expert reports summarizing the expert testimony that you will offer to support the claims of professional negligence that you have made against the defendants above named. You are required to serve copies of all expert reports on all other parties.

Dated: 10/11/04

David R. Johnson, Esquire

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within REQUEST TO PLAINTIFF FOR PRODUCTION OF EXPERT REPORTS has been served upon the following counsel of record and same placed in the U.S. Mails on this 12th day of Oct., 2004:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No.: 02-438-CD

Code:

PRODUCTION OF EXPERT REPORTS PURSUANT TO PA.R.C.P. 1024.28(b)

Filed on behalf of Plaintiff

Counsel of Record for this Party:

Kathleen A. Segmiller, Esq.
Pa. I.D. No. 62929

CABRAJA WRIGHT & SEGMILLER, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

JURY TRIAL DEMANDED

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.
	)	
	)	
Defendants.	)	

PRODUCTION OF EXPERT REPORTS PURSUANT TO PA.R.C.P. 1024.28(b)

AND NOW COMES THE PLAINTIFF, Mary Heitzenrater, by and through her attorney, Kathleen A. Segmiller, Esquire, and Cabraja Wright & Segmiller, P.D. and files the within Protection of Expert Reports Pursuant to Pa.R.C.P. 1024.28(b) and avers as follows:

Attached are copies of the following:

1. January 15, 2001 report of Martin A. Schaffer, M.D.;

2. Reports of Richard G. Katz, M.D. dated January 28, 2002, October 6, 2003 and April 1, 2004.

Respectfully submitted,

CABRAJA WRIGHT & SEGMILLER, P.C.

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff

Dated: February 7, 2005

Liberty Medical Associates, PC

145 Hospital Avenue, Suite 300, DuBois, Pennsylvania 15801
Tel: (814) 375-4660 * Fax: (814) 375-5206
Martin A. Schaeffer, MD ~ Anne Mathews, MD ~ Kelly B. Schaeffer, CRNP

January 15, 2001

Attorney Louis B. Loughren
Loughren, Loughren, and Loughren
A Professional Corporation
Attorneys at Law
3204 Grant Building
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RE: Mary C. Heitzenrater

Dear Attorney Loughren,

Please accept this letter in response to your questions in your recent correspondence to me with regard to Ms. Mary Heitzenrater whom I have seen in my office. Ms. Heitzenrater originally presented to me on 02/11/00 and she reported to me that she had had pain complaints which developed in her left hand for approximately two to three months prior to that time and reported no accidents or unusual activities around the time her complaints occurred. She described a dull pain in her left hand region which came and went with radiation to her left palm and left #1 through 3 digits and increased with computer work and decreased with rest and was associated with decreased sensation noted in that area as well as awakening her at night. She denied any left shoulder pain complaints or neck pain complaints or proximal upper extremity complaints in the left side or any right upper extremity complaints. My initial examination of her revealed her to be pleasant, cooperative, alert, awake, and oriented and her manual muscle testing was intact throughout both upper extremities and noted to be full. There was no increased tone noted. Sensory examination revealed light touch to be intact both arms with no variance appreciated and reflexes were normal and symmetric. There was a positive left Phalen's test and left reverse Phalen's noted in the left carpal tunnel region. There was a left negative nerve percussion test and nerve compression test. I did have the opportunity to perform electrodiagnostic testing on 02/11/00 and this was consistent with a left median entrapment in the region of the carpal tunnel, moderate to severe, based upon comparative values affecting motor and sensory components, affecting primarily myelin components, with no associated electromyographic evidence seen of denervation. I did discuss with her treatment options with regard to surgical versus nonsurgical intervention and patient at

that time elected to proceed with conservative treatment and I did write a prescription for a brace as well as some vitamin supplementation and did review with her some basic stretching exercises.

Ms. Heitzenrater was subsequently seen by me on 03/15/00 and states that she did feel much improved from using the brace. She stated that it significantly helped, however, she was wearing it at night only and did have difficulty with coordination using it at work. She had been taking the vitamins and was unsure whether or not they had been helping and she still had some complaints in her left upper extremity and states it was much improved although was beginning to develop some mild complaints on her right side. My impression at that time was that she had left carpal tunnel syndrome with complaints of pain. She wished to defer on surgical intervention at that point and did discuss with her the option of injection treatment although as noted did want to defer on this. I did provide a brace for her to use during work due to the difficulty she was having tolerating the other provided brace.

Ms. Heitzenrater was not seen by me until 08/23/00 and reported at that time that she had surgery in April, 2000 by Dr. Zeliger and had a splint for approximately one week. She stated she was very tender in her thenar eminence and felt a scalding hot sensation afterwards. It felt sensitive and she had tightness and swelling. She was prescribed a Medrol Dose Pack and did have physical therapy at Christ the King Manor and she was unsure whether or not it helped. She received desensitization treatments which minimally helped. She has had pain at rest including electric shock-like sensation from her #1 through 3 digits and the numbness seems to worsen in her #1 and 2 digits. She states she also had some tingling complaints which are problematic to her as well. I did have the opportunity to perform electrodiagnostic testing which was consistent with a left median nerve compression in the region of the carpal tunnel, severe, affecting motor and sensory components, affecting myelin and axonal components with associated electromyographic evidence seen of denervation and reinnervation. In comparison with previous electrodiagnostic testing of 02/11/00, this represented a worsening of the median nerve neuropathy. There continued to be no generalized electrodiagnostic evidence seen suggestive of a generalized polyneuropathy. My treatments consisted of patient to continue with her bracing regimen as well as continue on the prescriptions as written for and I did discuss with her possible other treatment options.

Ms. Heitzenrater did follow-up with me on 11/09/00 for ongoing complaints of pain in her left upper extremity. She reported having numbness in her hands which seemed to be somewhat worse and she had noticed some swelling in her hands with associated color changes. She did see Dr. Imbriglia and did have a nerve transplant done

in October, 2000. She describes what may have been a superficial radial nerve transplant to the median nerve. She reported that she noticed no difference from the surgery and continued to have pain complaints, numbness, and color changes noted as well as variations in temperature. She had been working using only her right arm and this has been difficult for her. On my physical examination, I noted there to be a decreased affect from previous evaluation and there was significantly impaired movement and strength noted in the left upper extremity. There was hyperpathia and allodynia appreciated in the left hand region and there was atrophy noted with a sheen appearance in the left upper extremity. There was some mild swelling noted in the left thenar eminence as well. My impression at that time was previous left carpal tunnel syndrome status post a nerve graft with evident sympathetic response. I did proceed with bone scan imaging testing and the results of this revealed no findings to indicate a reflex sympathetic dystrophy in the left wrist or hand. I did refer patient for injection treatment and I did write for medication intervention as well. Consideration of a therapy program was discussed, however, deferred on this due to considerations of patient's recent transplantation. She was encouraged to follow-up with the surgeon with regard to possible activity level restrictions as discussed at that time.

Ms. Heitzenrater followed up with me on 12/04/00 and indicated she continued to complain of sensitivity as well as irritability and ongoing pain complaints. There was some question with regard to the medication previously prescribed by me. She did follow-up with Dr. Imbriglia and was scheduled for a tentative right upper extremity carpal tunnel release, however, she wished to hold off on this due to her complaints. She was not cleared to participate in therapy for her left hand and Dr. Imbriglia recommended holding off on the injections which I recommended previously. Evaluation at that time revealed once again allodynia and hyperpathia appreciated in the left upper extremity with abnormal posture and with regard to decreased spontaneous activity seen in the left upper extremity and decreased range of motion noted actively and passively. There was an unchanged sheen seen with some slight swelling in the left thenar eminence also without change. My impression at that time was previous left carpal tunnel syndrome - status post nerve graft with evidence of sympathetic response. I discussed with patient that although I gave great respect to Dr. Imbriglia's opinion, I did feel it was appropriate for her to receive a sympathetic ganglion block. I did discuss with her specific considerations of complex regional pain syndrome, what is commonly referred to as reflex sympathetic dystrophy, and also reported possible diagnostic benefit of the injection as well. Did discuss with her the use of medications and did write for prescriptions for her with regard to this. The patient is encouraged to follow-up with Dr. Imbriglia for ongoing treatment rendered by him.

I did receive a 12/26/00 letter from Dr. Valigorsky indicating that he did see Ms. Heitzenrater in the office although is unsure whether or not she had a true RSD versus regeneration of new nerve tissue. His plan was to see her back after the right carpal tunnel release to see how she does at that time.

Ms. Heitzenrater's current complaints appear to be directly attributed to a median nerve pathology. The electrodiagnostic testing performed on 02/11/00 and 08/23/00 show a worsening of a median nerve neuropathy during this time period which includes the history as noted above. It would be my opinion that her current complaints are anatomically and clinically consistent with a median nerve pathology. Ms. Heitzenrater's condition at present is guarded. Although I am optimistic that the nerve regeneration will take and that I believe her complex regional pain syndrome or RSD complaints will abate, this often does not happen in these cases and it simply is too early to tell her long term prognosis at this point. As I noted, I do think it is appropriate for her to receive injections and I did start Ms. Heitzenrater on medications for her to take. My last visit with her was on 12/04/00 and she has not followed up with me since that time but has had appointments with Dr. Valigorsky and Dr. Imbriglia. Further care will need to be assessed based upon physical examination and patient's self reported complaints and once again based on my last visit with her it was too early to determine long term prognosis.

Thank you for this opportunity to discuss Ms. Heitzenrater's case with you.

Sincerely,

Martin A. Schaeffer, M.D.

MAS:lm

Richard G. Katz, M.D.
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HEITZENRATER, MARY C.

1/28/02

HX: The patient is a 45-year-old R hand dominant woman who previously worked as a registered nurse at Christ the King Manor Nursing Home which is a 220-bed nursing home. Ms. Heitzenrater worked in the skilled nursing unit where the patients had I.V.'s, tracheotomies, and other problems requiring skilled care. Ms. Heitzenrater indicated that her job activities involved starting I.V.'s, drawing blood samples, and supervising the staff of the unit.

The patient brought with her copies of reports of electrodiagnostic studies she had undergone on 2/11/00 and 8/23/00. These studies had been performed by Dr. Schaeffer. In addition, the patient had brought a copy of the operative report concerning a procedure performed on 9/29/00 by Dr. Imbriglia.

The patient was evaluated by Dr. Schaeffer on 2/11/00 and his office note indicates that the patient's chief complaint was that of L hand pain which had its onset approximately two to three months previously. The pain was experienced in the patient's L hand and involved L 1-3. The patient also noted diminished sensation in this area and this would occasionally awaken her at night. Although the worksheet portion of Dr. Schaeffer's evaluation was not available, he concluded that the distal latencies of the sensory and motor portions of the L median nerve were prolonged and the electromyographic testing "of selected left upper extremity musculature" revealed no evidence of acute or chronic denervation. Dr. Schaeffer concluded that the patient was experiencing entrapment of the L median nerve in the region of the L carpal tunnel of a moderate to severe degree.

In April of 2000 the patient had undergone release of the carpal tunnel of her L hand performed by Dr. Zeliger. The patient indicated that Dr. Zeliger had made a "tiny incision" in what would be the proximal portion of the palm of her L hand and that only two sutures had been placed to close the wound. The patient indicated that postoperatively she experienced "terrible burning pain" and a "knot" in the palm of her L hand. At one point a Medrol Dosepak [this is a several-day course of a potent steroid medication] had been prescribed. The patient indicated her

L hand "kept swelling and changing color" and that she had experienced difficulty in flexing the fingers of her L hand, especially the L index finger.

The patient had undergone a second electrodiagnostic evaluation by Dr. Schaeffer on 8/23/00. In his report concerning that study he noted that the distal latency of the motor portion of the L median nerve was at the upper limits of normal and no response could be stimulated in the sensory portion of the L median nerve in spite of multiple stimulation attempts. The amplitude of the impulses in the motor portion of the L median nerve were noted to be diminished compared the situation at the time of the 2/11/00 evaluation. On electromyographic testing of the L abductor policis brevis muscle [this is innervated by the L median nerve], there was evidence of fibrillation potentials as well as polyphasic potentials. Dr. Schaeffer concluded the 8/23/00 electrodiagnostic evaluation was "consistent with a left median nerve compression in the region of the carpal tunnel, severe, affecting motor and sensory components, affecting myelin and axonal components with associated electromygraphic evidence seen of denervation and reinervation. In comparison with previous electrodiagnostic testing of 02/11/00 this represents a worsening of the left median neuropathy." The patient indicated that Dr. Schaeffer recommended that she be evaluated by Dr. Imbriglia.

The patient indicated that when she was evaluated by Dr. Imbriglia he had felt that her L median nerve had been "cut." She indicated he advised her that the nerve "can't be fixed but I think I can help you." On 9/29/00 Dr. Imbriglia undertook surgical treatment of the patient's L hand. On review of the operative report concerning the procedure, the report was dictated by Dr. David Miller who apparently assisted Dr. Imbriglia, the preoperative diagnosis was "likely transection of the common digital nerve to the index finger on the left" and the postoperative diagnosis was "neuroma in continuity of the median nerve to the left likely involving the fibers to the index finger." The title of the operation was "Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers." In the "Justification for Procedure" section of the operative report, it was noted that the patient had complained of "left index finger numbness occurring immediately after a recent small incision open

carpal tunnel release. The patient reports that immediately after the surgery she had no feeling in her L index finger. At physical exam the patient was noted to be completely insensate in her index, likely a laceration of the common digital nerve to the index finger or proximal to that." In the description of the operative procedure, after the epineurium of the L median nerve was opened, "we identified an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger." A segment of the L posterior interosseous nerve was harvested and used as a nerve graft. The operative report indicates, "...the bypass graft was performed to connect the transected fascicles noted in the median nerve, bypassing the neuroma in continuity present. Another small area where there appeared to be a laceration of one of the fascicles also was bypass grafted using the remaining posterior interosseous graft."

I questioned Ms. Heitzenreiter in regard to difficulties currently experienced with her L hand. The patient reported experiencing a sensation in her L index finger as if that area is being jabbed. She noted that the skin in the operative area in the palm of her L hand and the skin overlying the thenar muscles of her L thumb is painfully sensitive. The patient indicated that the current area of painful sensitivity of the palm of her L hand is the same as was the situation following the first operative procedure. The patient noted that sensation was altered in her L thumb, that the whole of her L index finger was numb, that sensation was altered in the radial portion of her L middle finger and slightly altered in the ulnar portion of that finger, and that sensation was normal in her L ring finger.

The patient indicated that she tends not to use her L index finger and that the finger has "no strength." The patient reported that because of inability to feel with her L hand the individual sheets of paper in medical charts at work she has difficulty turning the pages of charts using that hand. The patient indicated that even though the radial three digits of her L hand are numb she nevertheless experiences pain in those digits and she indicated that the pain in L 2 is severe. The patient indicated that when simultaneously extending and abducting the fingers of her L hand she experiences pain in the palm of that hand. The patient reported that on occasion she experiences swelling of the area of the dorsal aspect of her L hand. The

patient indicated the pain experienced in her L hand interferes with sleep.

The patient reported that Neurontin had been prescribed by Dr. Schaeffer and that this had been of no help in relieving the pain experienced in her L hand. In addition, the medication caused some sedation. The patient reported that use of Oxycontin 10 mg twice a day along with use of Percocet decreased her alertness. The patient indicated that she had asked Dr. Imbriglia about a course of sympathetic nerve blocks for her L upper extremity. She indicated he did not recommend such treatment. The patient had been evaluated at the Pain Clinic of the Dubois Regional Medical Center, I believe the patient indicated she had been evaluated by Dr. Belacowski [the spelling of the physician's name may not be correct] and the physician doubted that she was experiencing a reflex sympathetic dystrophy condition involving her L upper extremity.

The patient on questioning reported that she had returned to work, primarily using her R hand, two days following the April 2000 operative procedure. Following the September 2000 operative procedure, the patient was off work for a period of one week and then returned to work to an administrative job position.

PMH: ADVERSE MEDICATION REACTIONS: None. MEDICATIONS: Demadex, a diuretic, used to control hypertension. Accupril was used to control blood pressure. The patient used Singular and another inhaler. Celexa, Aciphex, and Glucophage were used. The patient indicated Glucophage was used for weight control and to treat polycystic ovaries. TOBACCO USE: None. ALCOHOL USE: The patient rarely consumed alcoholic beverages. HOSPITALIZATIONS: To undergo a cesarean section, to undergo a lumbar dissectomy in approximately 2000, for treatment of chronic obstructive pulmonary disease/asthma, and for treatment of sleep apnea. REVIEW OF SYSTEMS was remarkable for a history of hypertension.

EX: On examination of the L upper extremity, there was a 5.5 cm-long longitudinally scar on the dorsal aspect of the distal portion of the L forearm in approximately the area of the midline of the forearm. The scar was not tender when stroked with the examiner's thumbnail. There was no apparent swelling of the soft tissues on the dorsal aspect of the L hand.

There was a scar having a chevron configuration on the palmar aspect of the L wrist having a length of approximately 2 cm. The distal end of this scar joined a scar in the palm of the L hand lying near the thenar crease. This latter scar had a length of approximately 5 cm. On stroking the pads of the radial three digits of the L hand while simultaneously stroking those of the R hand, there was felt to be abnormal dryness of the pads of the indicated three digits of the L hand. There was some moistness of the pads of L 4 and 5. On stroking individually the pads of the five digits of the L hand while simultaneously stroking the corresponding digit of the R hand, the patient indicated that sensation was altered in the L thumb, substantially altered in the L index and middle fingers, and was slightly altered in the radial portion of the pad of the L ring finger. Sensation was normal in the ulnar portion of the pad of the L ring finger and in the pad of the L small finger. There was a hint of atrophy of the soft tissues in the area of the distal phalanx of the L index finger. It was possible to passively flex the L index finger to a fairly good degree. When performing this maneuver, there was noted to be some tone present in the extensor tendons of L 2. The patient reported experiencing some pain when the examiner passively flexed L 2. The patient was able to demonstrated a fairly good active range of motion on flexion of the L index finger.

The patient tolerated having the examiner rub the cutaneous scar in the palm of the L hand and gently stroke that scar using the examiner's thumbnail. On tapping over the scar, a Tinel's sign was elicited in the area of the distal portion of the scar. The patient indicated that the sensation which was experienced did not radiate distally.

The patient's grip strength values using Handle Spacing II of the grip meter were 40 lbs. for the R hand and 12 lbs. for the L hand. The patient withheld the L index finger from the handles of the grip meter when demonstrating the grip strength of the L hand.

DX: 1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel occurring at the time of the 4/27/00 operative procedure. 955.1/998.8

2. Altered sensation involving the radial 3½ digits of the L hand related to #1. 782.0

3. Pain experienced in the area of the L hand related to #1. 729.5

RX: I had a discussion with Ms. Heitzenrater and her husband who accompanied her. I did not believe that any additional surgical treatment of the patient's L median nerve in the area of the carpal tunnel of her L hand would be of any benefit either in diminishing the pain experienced in her L hand or in improving the quality of sensation present in the affected digits of that hand. After examining the patient on one occasion I was not of the opinion that she was experiencing a reflex sympathetic dystrophy condition [the current term for this is complex regional pain condition, type II] involving her L hand.

I did suggest to the patient that she attempt to minimize holding her L index finger in extension and excluding that digit from use. I demonstrated for the patient how to gently perform passive flexion exercises for her L index finger. I also felt the patient could loosely buddy-tape her L index finger to her L middle finger in an effort to overcome her habit of holding her L index finger in extension. This has undoubtedly developed because of the degree of alteration in sensation and the painful quality of sensation affecting that finger. Although not recorded in my handwritten notes, I believe I may well have suggested to the patient that she gently massage her L index finger and other painfully sensitive areas of her L hand in an effort to diminish the painful sensitivity of those areas. Why such massage on occasion may be effective in diminishing painful sensitivity of nerve origin of an area is not clear. I did suggest that the patient might gently perform gripping exercises for her L hand and I suggested that she simply gently squeeze a clean folded sock.

In regard to pain medication, I suggested that the patient use Oxycontin 10 mg but that at least initially she use it only at bedtime. The patient had reported that when previously using Oxycontin it had affected her alertness. Obviously, if the medication causes some sedation at night this is not a liability and actually is of some benefit. Assuming that the patient's nervous system becomes tolerant for the sedating effects of Oxycontin, later she may be

able to use the medication during the daytime portion of a day and not experience sedation.

I discussed with the patient the matter of whether there was evidence that Dr. Zeliger had injured her L median nerve at the time of the 4/27/00 operative procedure. I advised the patient that it was my opinion after reading the operative note dictated in association with the 9/29/00 operative procedure that there was clear evidence that several of the fascicles of the L median nerve in the area of her L carpal tunnel had been previously lacerated and that was the reason that Dr. Imbriglia had placed nerve grafts in an effort to restore continuity to the injured nerve fascicles. Inasmuch as the median nerve in the area of the carpal tunnel is relatively deeply situated and the patient had not suffered any laceration injury of that area prior to the 4/00 operative procedure, the only explanation for the injury of the indicated nerve fascicles is that they were damaged at the time of the 4/00 operative procedure. Such an injury of a median nerve occurring at the time of a carpal tunnel release is below the appropriate standard of care.

Because the patient does reside a substantial travel distance from Pittsburgh, she was not given a specific return appointment at this time. She was invited to call me if she had any additional questions or concerns. At her request, a copy of these notes will be sent to Attorney John Perry. RGK/cd

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HEITZENRATER, MARY

10/6/03

HX: The patient previously had been examined on one occasion, on 1/28/02. On questioning the patient in regard to her health, she indicated that she has been healthy but that in August 2002 she underwent a hysterectomy and oophorectomy. On questioning, the patient indicated she continues to work as an R.N. assessment coordinator at a nursing home. She indicated that she assesses the level of care that a prospective nursing home patient would require, visits patients in hospital or at home to assess their situation and once they are admitted to her nursing home she monitors for changes in their condition, their laboratory results, etc. Ms. Heitzenrater indicated that prior to the April 2000 surgical treatment of her L hand she had worked in this position and had also worked on the nursing units of the nursing home. However, because of the difficulties experienced with her L hand subsequent to 4/2000 the patient has not worked on a nursing unit with one exception and that basically was an urgent situation when an R.N. was required simply to be present on the nursing unit.

The patient reported difficulties in performing a number of activities. She noted that she is unable to open child resistant medication bottles. The patient reported experiencing pain in her L hand when grasping even soft objects using that hand. The patient indicated that trimming the nails of her R hand was "impossible" because of the pain experienced in her L hand. The patient noted that she was unable to lift her infant grandson because of pain experienced in her L hand. The patient indicated that she drops "everything" from the grasp of her L hand. The patient indicated that it was a "struggle to flip" the pages of nursing home charts or to grasp the charts. Ms. Heitzenrater indicated that she was unable to open the door of her car using her L hand. She indicated that she cannot tolerant the presence of a glove on her L hand and cannot wear her wedding band on her L ring finger or a watch on her L wrist because of painful sensitivity of the skin in those areas. The patient reported that when blow drying her hair with the dryer grasped in her R hand the hot air striking her L hand was painful. The patient reported experiencing an annoying sensation in her L hand when wringing a dishcloth. She indicated that she cannot

securely grasp a fork in her L hand while cutting food with a knife grasped in her R hand. Ms. Heitzenrater indicated that her L thumb and L index finger "ache all the time." She reported that what would be the radial portion of her L hand "feels like it is cramped up." The patient noted that she constantly uses her R hand to stroke her L hand in the proximal to distal direction in an effort to improve the comfort of the hand. Ms. Heitzenrater noted that she does have a tremor of her L hand.

On questioning the patient in regard to whether she previously had undergone a course of sympathetic nerve blocks of her L upper extremity, she indicated that when she had attended a pain clinic that Dr. Belacosky [the spelling of the physician's name may not be correct] was reluctant to perform such a block because of the patient's asthma condition. While the patient was in the office today, I did contact Dr. Doris Cope of the UPMC Pain Clinic in regard to performing cervical sympathetic nerve blocks on an individual having asthma. Dr. Cope indicated that that was a concern. She indicated that if the patient's blood oxygen saturation level was, for instance 88% [normally this value is 98%], or the patient experiences breathing difficulty when lying flat there would be concern about performing a cervical sympathetic nerve block. Part of the concern relates to the fact that the sympathetic block may temporarily paralyze the vocal chord on the side where the sympathetic block is performed and this does increase the work of breathing. After my conversation with Dr. Cope, Ms. Heitzenrater noted that she does have ready access to a blood oxygen monitor at work and that not infrequently she has checked her blood oxygen saturation level and its value was 89%. Ms. Heitzenrater also reported experiencing some difficulty in breathing when lying flat. Because of these various factors, it appears that a course of cervical sympathetic nerve blocks of Ms. Heitzenrater's L upper extremity is not a reasonable option. I did suggest to the patient that she make several checks of her blood oxygen saturation level during the next several weeks.

EX: Using an infrared thermometer, the temperatures of the palmar and dorsal aspects of the patient's R and L hands were measured. The temperature of the palmar aspect of the R hand was 93 degrees F and that of the L hand 95 degrees F. The temperature of the palm of the L hand was rechecked and was again 95 degrees F. The temperatures of the dorsal

aspects of the patient's R and L hands were both 94 degrees F. There was observed to be a mild tremor of the L hand.

On stroking the pads of L 1 and L 2, the patient indicated sensation was both diminished in those areas and had painful qualities. Sensation was diminished in the pad of L 3. The patient indicated sensation was normal in the pads of L 4 and 5. On stroking the radial portion of the palm of the L hand, the patient indicated sensation was altered in the area lying radial to approximately the imaginary line between the metacarpals of L 3 and 4. There was some atrophy of the soft tissues of the pad of the L index finger, especially the distal portion of that area.

There was no clear evidence of swelling of the soft tissues on the dorsal aspects of the four fingers of the L hand. There was observed to be some swelling of the dorsal aspect of the L thumb. There was noted to be some enlargement of the dorsal aspect of the IP joint of the L thumb and that area was tender, especially its radial portion. On palpation of the palmar aspects of the area of the MP joint of L 1, there was noted to be a nodule in that area which was larger than that present on the palmar aspect of the MP joint of the R thumb. With effort, secondary to pain, the patient was able to demonstrate essentially full ranges of motion on extension of the five digits of the L hand. On having the patient actively flex the fingers of the L hand, the ranges of motion of L 2 and 3 were somewhat diminished and the patient reported experiencing pain when demonstrating this motion. The patient indicated it was painful/disagreeable when the examiner rubbed the surgical scar present in the palm of the L hand.

The patient's grip strength values using Handle Spacing II of the grip meter were 16 lbs. for the R hand and 7 lbs. for the L hand.

DX: 1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel. 955.1

2. Altered sensation involving the radial three digits of the L hand related to #1. 782.0

3. Pain and painful sensitivity of areas of the radial portion of the L hand. 729.5/782.0

RX: I had a discussion with the patient and her husband who accompanied her. I felt there was no good solution for the difficulties which Ms. Heitzenriter experiences with her L hand. On questioning her in regard to use of Neurontin, she indicated in the past she had used Neurontin 300 mg which had been prescribed to be used three times a day. The patient indicated the medication in this dose caused somnolence. I felt there was a possibility that if Neurontin were used initially in a low dose [100 mg] and the dose gradually increased that it might not cause somnolence. Therefore, Neurontin 100 mg was prescribed to be used once a day for a period of one week and thereafter the dose was to be increased by 1 tablet a day each week.

I felt there was a possibility that use of a local anesthetic cream, specifically Emla cream, applied to the painfully sensitive areas of the patient's L hand might be helpful in temporarily diminishing the painful sensitivity of those areas. The patient was provided with a prescription for 3 tubes of Emla.

While there currently is no reliable way to relieve the pain which Ms. Heitzenrager experiences in her L hand, I did raise the option of possibly having a nerve stimulator surgically placed to mask the pain which the patient experiences in her L hand. This of course is an invasive procedure and the results are not uniformly good. I indicated to Ms. Heitzenrager that I did have one patient who had undergone the procedure and while the procedure had substantially diminished the pain which he had experienced in his affected upper extremity, the procedure did result in the patient experiencing neck pain and some pain in the opposite upper extremity. I indicated to the patient that if she wished I would provide her with the name of a neurosurgeon at UPMC who has experience with placement of nerve stimulators.

I had a discussion with the patient in regard to pain medication. At the time of the 1/28/02 visit I had prescribed use of Oxycontin 10 mg. The patient used the medication and had expended her supply of the medication but for whatever reasons had not called and requested another prescription. Today I provided the patient with a prescription for Oxycontin 10 mg. To address breakthrough pain, I also provided the patient with a prescription for Percocet 5 mg. I had a brief discussion with the patient in regard to the difference between addiction and physical

dependence. I noted that physical dependence is an expected consequence of chronic use of a narcotic pain medication while addiction refers to compulsive use of a substance not directly related to the individual experiencing pain. I indicated to Ms. Heitzenrater that after examining her on two occasions it is my best opinion that the chance that she would become addicted to narcotic pain medication, using the word in its proper sense, was essentially zero.

Because the patient does reside a substantial distance from Pittsburgh and the patient well understood that she was welcome to call me at any time to discuss the difficulties experienced with her L hand, I asked to again examine her in March or April of 2004. A copy of these notes will be sent to Attorney Kathleen Segmiller who currently represents the patient. RGK/cd

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HEITZENRATER, MARY

4/1/04

HX: The patient had last been examined on 10/6. On questioning the patient in regard to her health since that time, she indicated that she had bone spurs on both of her heals and a "tear" of her L achilles tendon. Regarding the bone spurs, the patient had not worked for a period of three months. The patient indicated that she was to undergo a specialized ultrasound procedure to disintegrate the heel spurs. In addition, the patient indicated that she was to undergo bariatric surgery.

On questioning the patient in regard to use of Neurontin 100 mg which had been prescribed at the time of the prior visit, the patient indicated that the medication in this dose had not caused nausea but likewise had not provided any pain relief. On questioning the patient in regard to Emla cream, which had been prescribed at the time of the prior visit, the patient indicated that the anesthetic effect was of short duration and was not of substantial benefit in regard to pain experience in her L hand.

The patient indicated that there had been no change in the condition of her L hand. She indicated that the palm of that hand remained painfully sensitive. The patient indicated, "I drop everything I pick up" and this seemingly was related to the painful sensitivity of the palm of the patient's L hand. The patient noted that trimming the nails of the L index and middle fingers was associated with substantial pain and because of the difficulties with her L hand she experiences great difficulty in attempting to trim the nails of her R hand. The patient noted that she was unable to wring a cloth because of the painful condition of her L hand. The patient indicated that some days because of swelling of her L hand she is unable to wear a watch on the area of her L wrist. The patient reported experiencing "burning" and "scalding" pain when the palm of the L hand contacts an object. The patient reported experiencing pain in her L hand simply with motion of the digits of the hand. Ms. Heitzenrater noted that recently it had been necessary for her to work on a nursing unit and she was unable to unscrew the cap from a portion of an IV infusion system.

EX: On inspection of the L hand, there was felt to be subtle fullness of the tissues on its dorsal aspect. On

stroking the pads of the digits of the L hand, the patient indicated that of L 1 was numb, that of L 2 was numb and painful, that of L 3 was numb, and those of L 4 and 5 had normal sensation. Tenderness was elicited on palpation on the radial side of L 3. Its ulnar side was not tender. [The patient pointed out the finding that one side of L 3 was tender while its other side was not.] Tenderness was elicited on stroking the skin in the radial portion of the palm of the L hand and the skin overlying the thenar muscles. There was some tenderness on stroking the skin on the palmar aspect of the L wrist. A surgical scar was present in that area. The patient demonstrated good active ranges of motion on extension of the four fingers of the L hand. On having the patient actively flex the fingers of the L hand, there was a mild impairment of flexion of L 3 and a mild to moderate impairment of flexion of L 2. When the examiner attempted to fully flex L 2 and 3, the patient indicated this was associated with pain. An infrared themometer was used to measure the temperatures of the palms of the L and R hands which were respectively 97 degrees F and 98 degrees F.

DX: 1. Post surgical injury of the L median nerve in the area of the L carpal tunnel. 955.1

2. Altered sensation involving the radial three digits of the L hand related to #1. 782.0

3. Pain and painful sensitivity of the area of the radial portion of the palm of the L hand and the palmar aspect of the L wrist. 729.5/782.0

RX: I had a discussion with the patient and her husband who accompanied her. I indicated that with current technology there was no cure for the difficulties which she experiences with her L hand. I did suggest that the patient again use Neurontin but gradually increase the dose from 1 tablet a day up to the equivalent of 20 tablets a day. The patient was provided with a prescription for Neurontin 100 mg to be used once a day and every three days the patient was to increase the dose by 1 tablet a day. The patient was provided today with prescriptions for Oxycontin 10 mg and Percocet 5 mg. The patient had last received prescriptions for these two medications at the time of the 10/6/03 visit. The patient noted that during periods of increased pain use of 1 Percocet 5 mg tablet does not provide her with an adequate degree of pain

relief. I suggested that the patient at those times use 2 of the Percocet 5 mg tablets. I noted that even if the patient used 8 Percocet 5 mg tablets a day that the dose of Tylenol which she receives would be less than the recommended maximum of 4 g a day.

The patient was to again be examined in several months when tentatively she will be in Pittsburgh for follow-up following bariatric surgery. A copy of these notes will be sent to Attorney Segmiller. RGK/cd

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 7th day of February, 2005, a true and correct copy of the foregoing **PRODUCTION OF EXPERT REPORTS PURSUANT TO PA.R.C.P. 1024.28(b)** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

KATHLEEN A. SEGMILLER

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION TO COMPEL

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

Counsel of Record:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

No. 02-438-CD
Clearfield County

MOTION TO COMPEL

NOW COME the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following motion to compel and, in support thereof, state as follows:

1. On April 22, 2005, defendants served upon plaintiff's counsel a second request for production of documents.

2. To date, no responses have been received.

3. Plaintiff's responses to the request for production of documents are necessary in order for the defendants to properly defend against plaintiff's claims.

WHEREFORE, defendants respectfully request this Honorable Court issue an order directing plaintiff to serve full and complete responses to defendant's second request for production of documents within thirty (30) days or suffer such sanctions as this court may impose.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for Defendants

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 24th day of Oct, 2005:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

FILED 2cc Atty Oliver
9/1:47pm
OCT 31 2005
William A. Shaw
Prothonotary

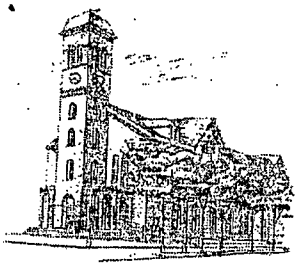
ORDER OF COURT

AND NOW, this 28 day of October, 2005, it is hereby ORDERED, ADJUDGED and DECREED that argument on defendants' motion to compel scheduled to occur on the 20th day of December, 2005 at 10:00 a.m./p.m.

BY THE COURT:

Fred Cammen J.

Microsoft Word 8.0
W:\DRJ\12640\Pleadings\Scheduling Order.doc



Clearfield County Office of the Prothonotary and Clerk of Courts

William A. Shaw
Prothonotary/Clerk of Courts

David S. Ammerman
Solicitor

Jacki Kendrick
Deputy Prothonotary

Bonnie Hudson
Administrative Assistant

To: All Concerned Parties

From: William A. Shaw, Prothonotary

Date: September 19, 2005

Over the past several weeks, it has come to my attention that there is some confusion on court orders over the issue of service. To attempt to clear up this question, from this date forward until further notice, this or a similar memo will be attached to each order, indicating responsibility for service on each order or rule. If you have any questions, please contact me at (814) 765-2641, ext. 1331. Thank you.

Sincerely,

William A. Shaw
Prothonotary

X You are responsible for serving all appropriate parties.

_____ The Prothonotary's office has provided service to the following parties:

_____ Plaintiff(s)/Attorney(s)

_____ Defendant(s)/Attorney(s)

_____ Other

_____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	CIVIL DIVISION No.: 02-438 Code: **PLAINTIFF'S RESPONSES TO DEFENDANTS' SECOND REQUEST FOR PRODUCTION** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.
	)	
	)	
Defendants.	)	

PLAINTIFF'S RESPONSES TO
DEFENDANTS' SECOND REQUEST FOR PRODUCTION

NOW COME defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and directs the following Second Request for Production to plaintiff in accordance with the Pennsylvania Rules of Civil Procedure.

The authorizations referred to in the following Request for Production are attached on to plaintiff's copy of this Request for Production and are not appended to the copy which will be filed with the Court.

In accordance with the Pennsylvania Rules of Civil Procedure, you are required to respond to this Request for Production by one of the three alternative methods stated below:

(a) By mailing each of the requested items to Thomson, Rhodes & Cowie, P.C., Suite 1010, Two Chatham Center, Pittsburgh, PA 15219 before May 27, 2005;

(b) By delivering each of the requested items to Thomson, Rhodes & Cowie, P.C., for inspection, photographing and/or copying, before May 27, 2005;

(c) By making arrangements for production of each of the items specified with attorneys for the defendant, before May 27, 2005.

Various authorizations are requested below. Blank authorizations are supplied. If, however, additional authorizations are required please copy the original or request additional authorizations from the propounding attorney. All authorizations should be notarized.

In accordance with the Pennsylvania Rules of Civil Procedure and the preceding, you are requested to produce the following items:

1. Please produce an authorization to secure all of plaintiff's social security disability records. A blank authorization is attached. Please complete the authorization fully so that it can be processed by the defendant.

RESPONSE: Authorization produced on May 16, 2005 to David J. Johnson, Esquire (see attached as Exhibit A).

2. Please produce an authorization directed to Christ the King Manor so as to acquire all of plaintiff's employment records. A blank authorization is attached. Please complete the authorization completely so that it can be processed.

RESPONSE: Authorization produced on May 16, 2005 to David J. Johnson, Esquire (see attached as Exhibit A).

3. Enclosed are authorizations for those physicians with whom plaintiff is currently treating, including but not limited to Drs. Bellomo and Katz. Please have an authorization fully completed for each doctor from whom plaintiff is currently receiving medical treatment so that the authorizations can be processed. For your convenience, 5 blank authorizations are attached. Please also include authorizations for Presbyterian University Hospital, where plaintiff had her bariatric surgery performed, and to the physician who plaintiff sees with regard to the bariatric surgery. The physicians' authorizations should all be completed so as to include their complete name and address.

RESPONSE: Authorization produced on May 16, 2005 to David J. Johnson, Esquire (see attached as Exhibit A).

4. Please produce an authorization to acquire plaintiff's prescription and drug records from any pharmacy, drug store, or mail order service from which plaintiff has acquired any medications during the last 5 years. For your convenience, 5 blank authorizations are enclosed. Please have each completed entirely with the full name and address of the supplier of the medications.

RESPONSE: Authorization produced on May 16, 2005 to David J. Johnson, Esquire (see attached as Exhibit A).

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By Kathleen A. Segmiller /LM

Kathleen A. Segmiller, Esquire
Pa. I.D. 62929
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff, Mary Heitzenrater

DATE: November 2, 2005

EXHIBIT A

Cabraja Wright & Segmiller, P.C.

Attorneys at Law

May 16, 2005

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

RE: ***Mary C. Heitzenrater vs. Keith Zeliger, D.O & Dubois Regional Medical Center***
No. 02-438-CD

Dear Mr. Johnson:

Enclosed please find numerous executed Authorizations by Mary Heitzenrater in the above-referenced case. The Authorizations are being provided to you with the caveat that you will provide to me ***all*** medical records and other documents received using these Authorizations.

Sincerely yours,

KATHLEEN A. SEGMILLER

KAS/csf

Enclosures

3400 Gulf Tower • 707 Grant Street • Pittsburgh, PA 15219 • (412) 227-5884 • Fax (412) 227-5887

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

Claim No. _____

I, Mary C Washington, do hereby authorize the release of any and all Social Security Disability information and/or records pertaining to _____ to Thomson, Rhodes & Cowie, P.C., 1010 Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This authorization extends to all records for _____.

I am the Executor/Administrator of the Estate of _____. My social security number is _____. _____'s social security number is _____.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05
Date

Mary C Washington

EMPLOYMENT AUTHORIZATION

TO:

All persons, firms and other entities by or for whom or which _____ has been employed or worked, is presently employed or working, or may be employed or work in the future are hereby authorized and directed to release and provide to Thomson, Rhodes & Cowie, P.C., 1010 Two Chatham Center, Pittsburgh, PA 15219, and/or their representative, any and all information, documents, photographs, records and reports pertaining to his employment by and/or work for you and your related enterprises, plaintiff's disability records, and plaintiff's employee health file including but not limited to this claim, compensation and health records.

The Social Security Number of _____ is _____.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

WITNESS my name and seal this _____ day of _____, _____.

Mary C Hartzmate

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number _____

Date of Birth:_____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

___ entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Thomson, Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to

information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition:_____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact *(the entity's HIM director, privacy officer, or other office or any individuals authorized to provide information)*.

Mary C Hegtmatte — 5-9-05

Signature of Patient or Legal Representative — Date

_____ — _____

If signed by Legal Representative, Relationship to Patient — Signature of Witness

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Mary C Hollenrath — 5-9-05

Signature of Patient or Legal Representative — Date

_____ — _____

If signed by Legal Representative, Relationship to Patient — Signature of Witness

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Mary Hartsnate — 5-9-05

Signature of Patient or Legal Representative — Date

_____ — _____

If signed by Legal Representative, Relationship to Patient — Signature of Witness

\\SERVER1\WP\DRJ\Misc\Authorizations\Authorization to Disclose Health Information-hipaa.doc

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___ consultation reports
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Pittsburgh, PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

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Mary K. Venturatu
Signature of Patient or Legal Representative

5-9-05
Date

If signed by Legal Representative,
Relationship to Patient

Signature of Witness

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AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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Date of Birth:_____

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Mary C. Hartmann — 5-9-05

Signature of Patient or Legal Representative — Date

_____ — _____

If signed by Legal Representative, Relationship to Patient — Signature of Witness

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize _____ to release any and all pharmacy records pertaining to _____ to Thomson, Rhodes & Cowie, P.C., 1010 Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This authorization extends to all records for any dates.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05
Date

Mary C. Heyerman

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize

_____ to release any and all pharmacy records pertaining

to _____ to Thomson, Rhodes & Cowie, P.C., 1010

Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This

authorization extends to all records for any dates.

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The purposes or need for the disclosure of these records is for legal purposes.

5-9-05 _____ Mary C. Wiegmann

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize

_____ to release any and all pharmacy records pertaining

to _____ to Thomson, Rhodes & Cowie, P.C., 1010

Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This authorization extends to all records for any dates.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05
Date

Mary C Hagenbuch

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize

_____ to release any and all pharmacy records pertaining

to _____ to Thomson, Rhodes & Cowie, P.C., 1010

Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This

authorization extends to all records for any dates.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05
Date

Mary C Hutchinson

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize

_____ to release any and all pharmacy records pertaining

to _____ to Thomson, Rhodes & Cowie, P.C., 1010

Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This

authorization extends to all records for any dates.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05 _____ Mary C Hergenrather

Date

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 2nd day of November, 2005, a true and correct copy of the foregoing **PLAINTIFF'S RESPONSES TO DEFENDANTS' SECOND REQUEST FOR PRODUCTION** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

Kathleen A. Segmiller, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

AFFIDAVIT OF SERVICE

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

Counsel of Record:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

AFFIDAVIT OF SERVICE

Before me, the undersigned authority, personally appeared Jeanette E. Oliver, Esquire, who, being duly sworn, deposes and says that a true and attested copy of the Judge Ammerman's October 28, 2005, Scheduling Order, along with a true and correct copy the Motion to Compel in the above-captioned case was served upon plaintiff's counsel, Kathleen Segmiller, Esquire, at Cabraja & Wright, P.C., 3400 Gulf Tower, 707 Grant Street, Pittsburgh, Pennsylvania, 15219,, by United States, first class, postage pre-paid mail on November 2, 2005.

THOMSON, RHODES & COWIE, P.C.

Jeanette E. Oliver, Esquire

Sworn to and subscribed before me

this 2 day of November, 2005.

Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kathleen A. Freiss, Notary Public
City Of Pittsburgh, Allegheny County
My Commission Expires Nov. 24, 2007
Member, Pennsylvania Association Of Notaries

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 2nd day of November, 2005:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

Jeanette E. Oliver, Esquire
Attorneys for defendants.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

PRAECIPE TO WITHDRAW MOTION TO COMPEL

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

PRAECIPE TO WITHDRAW MOTION TO COMPEL

TO: COURT ADMINISTRATOR

Please withdraw defendants' Motion to Compel and cancel the argument scheduled for December 20, 2005.

THOMSON, RHODES & COWIE, P.C.

By _____
David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for Defendants

W:\DRJ\12640\Pleadings\Praecipe to withdraw motion to compel.doc

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 14th day of Nov, 2005:

Kathleen Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION TO COMPEL

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

Counsel of Record:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

No. 02-438-CD
Clearfield County

MOTION TO COMPEL

NOW COME the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following motion to compel and, in support thereof, state as follows:

1. On April 26, 2002, defendants served upon plaintiff's counsel a first set of interrogatories in which defendants sought information regarding special damages.

2. Plaintiff responded to defendant's initial interrogatories on August 29, 2002, stating that information regarding special damages was, "unknown at this time."

3. By letter to plaintiff's counsel dated April 11, 2006, defendant again requested current and complete information regarding special damages, including the damages being claimed as well as the amount of bills paid.

4. To date, plaintiff has not provided any information regarding special damages.

5. Plaintiff's response to this inquiry is necessary in order for the defendants to properly defend against plaintiff's claims.

WHEREFORE, defendants respectfully request this Honorable Court issue an order directing plaintiff to provide current and complete information regarding special damages, including the damages being claimed as well as the amount of bills paid, within twenty (20) days or suffer such sanctions as this court may impose.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for Defendants

Microsoft Word 8.0
W:\DRJ\12640\Pleadings\motion to compel [2].doc

No. 02-438-CD
Clearfield County

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 7th day of July, 2006:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this ____ day of _____, 2006, it is hereby ORDERED, ADJUDGED and DECREED that defendants' motion to compel is hereby GRANTED. Plaintiff shall provide current and complete information regarding special damages, including the damages being claimed as well as the amount of bills paid, within twenty (20) days or suffer such sanctions as this court may impose.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW on this 11th day of July, 2006, it is hereby ORDERED, ADJUGED and DECREED that oral argument on defendants' motion to compel is scheduled for the 31st day of August, 2006, at 9:30 a.m./p.m. before Judge Fredric J. Ammerman Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT:

J.

FILED
01:00 BL
JUL 13 2006

William A. Shaw
Prothonotary/Clerk of Courts
2 CC Atty Oliver

DATE: 7/13/06

X You are responsible for serving all appropriate parties.

___ The Prothonotay's office has provided service to the following parties:

___ Plaintiff(s) ___ Plaintiff(s) Attorney ___ Other

___ Defendant(s) ___ Defendant(s) Attorney

___ Special Instructions:

FILED
JUL 13 2006
William A. Shaw
Prothonotary/Clerk of Courts

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION REQUESTING COURT TO ISSUE SCHEDULING ORDER

Code:

Filed on behalf of defendants.

Counsel of Record:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

No. 02-438-CD
Clearfield County

MOTION TO COMPEL

NOW COME the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following motion requesting the court to issue a scheduling order pursuant to Pennsylvania Rule of Civil Procedure 1042.41. In support thereof, defendants aver as follows:

1. This is a medical professional liability action.

2. Pursuant to Pa.R.C.P. 1042.41, any party to the action may file a motion requesting the court to issue a scheduling order. Upon presentation of the motion, the court shall within thirty days issue a scheduling order or schedule a case management conference.

3. The scheduling order shall include schedules for the completion of discovery and the production of expert reports.

WHEREFORE, defendants respectfully request this Honorable Court issue a scheduling order for the completion of discovery, production of expert reports, pre-trial statements, and scheduling of a trial date.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for Defendants

No. 02-438-CD
Clearfield County

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 7th day of July, 2006:

Kathleen Segmiller, Esquire
Cabraja & Wright, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this ____ day of _____, 2006, it is hereby ORDERED, ADJUDGED and DECREED that defendants' motion requesting the court to issue a scheduling order is hereby GRANTED. Within thirty (30) days, this court shall issue a scheduling order or schedule a case management conference.

BY THE COURT:

_____J.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW on this 11 day of July, 2006, it is hereby ORDERED, ADJUGED and DECREED that oral argument on defendants' motion requesting court to issue scheduling order is scheduled for the 31st day of August, 2006, at 9:30 a.m./p.m. before Judge Ammerman in Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT:

J.

FILED 2cc
0/0:57/BK Atty Oliver
JUL 13 2006 GK

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 7/13/06

__X__ You are responsible for serving all appropriate parties.

_____ The Prothonotay's office has provided service to the following parties:

_____ Plaintiff(s) _____ Plaintiff(s) Attorney _____ Other

_____ Defendant(s) _____ Defendant(s) Attorney

_____ Special Instructions:

FILED
JUL 13 2006
William A. Shaw
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	CIVIL DIVISION No.: 02-438 Code: **PLAINTIFF'S RESPONSE TO DEFENDANTS' MOTION TO COMPEL** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.
	)	
	)	
Defendants.	)	

PLAINTIFF'S RESPONSE TO DEFENDANTS' MOTION TO COMPEL

NOW COMES Plaintiff, Mary Heitzenrater, by her attorney, Kathleen A. Segmiller, Esquire, and the law firm of Segmiller & Mendicino, P.C., and files the following Response to Defendants' Motion to Compel and, in support thereof, states as follows:

1. It is admitted that on April 26, 2002, Defendants served Plaintiff's counsel First Set of Interrogatories in which Defendant sought information regarding special damages. Subsequently, Plaintiff, Mary Heitzenrater, executed Authorizations for Defendants to obtain anY all documents from Plaintiff's various medical providers. It is assumed although Defendants have failed to produce any documentation they obtained using the Authorizations that Defendants were able to obtain the requested documentation including medical bills. A true and correct copy of all executed Authorizations executed by the Plaintiff are attached hereto and made a part hereof as Exhibits A, B and C.

2. It is admitted that on August 29, 2002, Plaintiff was without information regarding her special damages although she claimed medical bills and wage loss. Further, Plaintiff has produced copies of her tax returns and is willing to sign any Authorizations requested by the Defendants regarding same.

3. It is admitted that Defendants again requested the current and complete information regarding special damages. Plaintiff's counsel has requested any and all information that Defendants received using the executed Authorizations by the Plaintiff. To date, no medical information, medical records or medical bills have been forwarded by defense counsel to Plaintiff's counsel.

4. It is denied that Plaintiff has not provided any information regarding special damages. Plaintiff has executed numerous medical Authorizations allowing defense counsel to obtain any and all information regarding her medical records and/or medical bills. Plaintiff has also executed Social Security Disability, pharmacy and employment authorizations.

5. While it is acknowledged that Defendants requires this information, it is denied that Plaintiff has not provided any means for defense counsel to obtain any and all medical records, pharmacy records, medical bills, employment records, Social Security Disability records regarding the subject action. Further, defense counsel has failed to provide any medical records, medical bills, etc. which they have obtained using the executed Authorizations by the Plaintiff.

WHEREFORE, Plaintiff respectfully requests this Honorable Court issue an Order directing Defendants to provide current and complete information regarding medical records, medical bills and the like which they have obtained using the executed Authorizations and deny Defendants Motion to Compel until said information has been produced.

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By _____

Kathleen A. Segmiller, Esquire
Pa. I.D. 62929
3400 Gulf Tower, 707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff, Mary Heitzenrater

DATE: July 12, 2006

EXHIBIT A

Kathleen A. Segmiller, Esquire
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

August 20, 2002

Thomas B. Anderson, Esquire
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

RE: ***Mary C. Heitzenrater vs. Keith Zellinger, D.O & Dubois Regional Medical Center***

Dear Mr. Anderson:

Enclosed please find ten Authorizations executed by Mary Heitzenrater in the above-referenced case.

As always, please forward me copies of any and all records or documents you receive on behalf of Mary Heitzenrater using these Authorizations.

Also, I am in receipt of your Motion to Compel filed on August 15, 2002. While I have not yet provided you complete Answers to Interrogatories, we have provided you with copies of Mrs. Heitzenrater's records which we had in our possession. Therefore, technically, paragraph 2 of your Motion to Compel is not accurate.

If you have any questions or concerns, please feel free to give me a call.

Sincerely,

KATHLEEN A. SEGMILLER

KAS/csf

Enclosure

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

RD 5 Box 32 Brownsville Pa
Address

Date of Birth: 3-9-56

Social Security # 160-98-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

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DATE: 6-28-02

Mary Heitzenrater

Mary Heitzenrater

RR5 Box 32 Punxsutawney, Pa

Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

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DATE: 1-28-02

Mary Heitzenrater
Mary Heitzenrater

B.U.S. Box 32 Punxsutawney Pa
Address

Date of Birth: 3-9-56

Social Security # 160-44-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

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DATE: 6-28-02

Mary Heitzenrater

Mary Heitzenrater

RD 5 Box 32 Hemlock Farms Hawley Pa

Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

[illegible] Box 32 Punxsutawney Pa
Address

Date of Birth: 3-9-54

Social Security # 163-58-4434

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater

Mary Heitzenrater

RD 5 Box 32 Punxsutawney

Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

RD 5 Box 32 Punxsutawney Pa
Address

Date of Birth: 3-9-54

Social Security # 160-28-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-05

Mary Heitzenrater
Mary Heitzenrater

RD5 Box 32 Bunnlevel Pa
Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

RELEASE OF MENTAL HEALTH RECORDS

AUTHORIZATION FOR RELEASE OF INFORMATION

Permission is granted to release information to:

THOMSON RHODES & COWIE P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

Regarding Patient:

PURPOSE OF RELEASE_____ TREATMENT DATES:_____
TYPE OF INFORMATION TO BE RELEASED:

_____ Discharge Letter
_____ Progress Notes (Physicians)
_____ Neuropsychological Testing
_____ Initial Assessments and/or consults_____
_____ Discipline Specific D/C Summary_____
_____ Diagnostic Testing_____
_____Other:_____
_____ Chart copy (Abstract)
_____ MD Discharge Summary
_____ Verbal Information

I understand that a copy of my chart will contain information relating to my identity, diagnosis, prognosis, and treatment which may include information related to testing, psychiatric disorders, drug/alcohol abuse, AIDS, and/or related HIV testing.

I have read this authorization and understand its content and purpose. I understand that provision of services is not contingent upon my decision to release information. I understand that I may cancel this authorization at any time by notifying, in writing, the party responsible for maintaining records. I am giving this consent voluntarily

This authorization is valid from _____ (90 days) and will automatically expire on _____, or upon completion of a specific condition or event. (Specify)_____.

Mary A Kostmatter
Signature of Patient or Authorized Rep

6-28-02
Date

Ronald E Heitzenrater
Witness

6-28-02
Date

If Client is physically handicapped and unable to sign and a verbal consent is granted.

AUTHORIZATION

You are hereby authorized to permit the bearer of this Release representing the law firm of THOMSON, RHODES & COWIE, P.C., to obtain and/or view a copy of all your records pertaining to my employment records, application for employment and the entire personnel file on JEFFREY JARVIS. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution.

DATE: 6-28-07

Mary Hoitzenrater

Mary Hoitzenrater

RD 5 Box 137 Punxsutawney Pa

Address

AGE: 46

SS# 160-48-4144

EXHIBIT B

Cabraja Wright & Segmiller, P.C.

Attorneys at Law

May 16, 2005

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

RE: ***Mary C. Heitzenrater vs. Keith Zeliger, D.O & Dubois Regional Medical Center***
No. 02-438-CD

Dear Mr. Johnson:

Enclosed please find numerous executed Authorizations by Mary Heitzenrater in the above-referenced case. The Authorizations are being provided to you with the caveat that you will provide to me ***all*** medical records and other documents received using these Authorizations.

Sincerely yours,

KATHLEEN A. SEGMILLER

KAS/csf

Enclosures

3400 Gulf Tower • 707 Grant Street • Pittsburgh, PA 15219 • (412) 227-5884 • Fax (412) 227-5887

AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

Claim No. _____

I, Mary C Watkinsatin, do hereby authorize the release of any and all Social Security Disability information and/or records pertaining to _____ to Thomson, Rhodes & Cowie, P.C., 1010 Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This authorization extends to all records for _____.

I am the Executor/Administrator of the Estate of _____. My social security number is _____. _____'s social security number is _____.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05
Date

Mary C Watkinsatin

EMPLOYMENT AUTHORIZATION

TO:

All persons, firms and other entities by or for whom or which _____ has been employed or worked, is presently employed or working, or may be employed or work in the future are hereby authorized and directed to release and provide to Thomson, Rhodes & Cowie, P.C., 1010 Two Chatham Center, Pittsburgh, PA 15219, and/or their representative, any and all information, documents, photographs, records and reports pertaining to his employment by and/or work for you and your related enterprises, plaintiff's disability records, and plaintiff's employee health file including but not limited to this claim, compensation and health records.

The Social Security Number of _____ is _____.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

WITNESS my name and seal this _____ day of _____, _____.

Mary C Hartzmate

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number _____

Date of Birth:_____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

___ entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Thomson, Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to

information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact *(the entity's HIM director, privacy officer, or other office or any individuals authorized to provide information).*

Mary C Hartmann
Signature of Patient or Legal Representative

5-9-05
Date

_____
If signed by Legal Representative,
Relationship to Patient

_____
Signature of Witness

\\SERVER1\WP\DRJ\Misc\Authorizations\Authorization to Disclose Health Information-hipaa.doc

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number _____

Date of Birth:_____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

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Mary C Hatzenbuhler — 5-9-05

Signature of Patient or Legal Representative — Date

_____ — _____

If signed by Legal Representative, Relationship to Patient — Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number _____

Date of Birth:_____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

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Mary C Hartsmate
Signature of Patient or Legal Representative

5-9-05
Date

If signed by Legal Representative,
Relationship to Patient

Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number _____

Date of Birth:_____

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Signature of Patient or Legal Representative

5-9-05
Date

If signed by Legal Representative,
Relationship to Patient

Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name:_____ Health Record Number _____

Date of Birth:_____

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_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

___ entire record
___ problem list
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Mary V. Hartmann — 5-9-05

Signature of Patient or Legal Representative — Date

_____ — _____

If signed by Legal Representative, Relationship to Patient — Signature of Witness

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize

_____ to release any and all pharmacy records pertaining

to _____ to Thomson, Rhodes & Cowie, P.C., 1010

Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This

authorization extends to all records for any dates.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05 _____ Mary C Hutchinson

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize

_____ to release any and all pharmacy records pertaining

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Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This

authorization extends to all records for any dates.

A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05 _____ Mary Ann Hutchinson

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

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Two Chatham Center, Pittsburgh, PA 15219, or their designated representative.. This

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5-9-05 _____

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

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A photostatic copy of this authorization shall be considered as effective and valid as the original.

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6-9-05
Date

Mary C Hutchinson

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A photostatic copy of this authorization shall be considered as effective and valid as the original.

The purposes or need for the disclosure of these records is for legal purposes.

5-9-05
Date

Mary C Hargenrater

EXHIBIT C

Segmiller & Mendicino, P.C.

3400 Gulf Tower
707 Grant Street
Pittsburgh, Pennsylvania 15219

Phone: 412-227-5884
Fax: 412-227-5887

December 13, 2005

Jeanette E. Oliver
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

Re: *Mary C. Heitzenrater vs. Keith Zeliger, D.O & Dubois Regional Medical Center*
No. 02-438-CD

Dear Ms. Oliver:

Enclosed please find copies of Authorizations signed by Mary Heitzenrater in the above-referenced case.

As with the last Authorizations, these Authorizations are being forwarded to you with the understanding that you will provide copies of all records received using the Authorizations.

Also, Mrs. Heitzenrater has designated her pharmacies as Eckerd Drugs located at 201 West Mahoning Street, Punxsutawney, Pennsylvania 15767. Her other provider of prescriptions is Cura Script located 6272 Lee Vista Boulevard, Orlando, Florida 32822.

Sincerely yours,

Kathleen A. Segmiller

KAS/me
Enclosures

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

__XX__ entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Jeanette E. Oliver, Esquire
Thomson Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

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Mary Huttenlocher
Signature of Patient or Legal Representative

_____
Date

_____
If signed by Legal Representative,
Relationship to Patient

_____
Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

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Date of Birth: _____

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Signature of Patient or Legal Representative _____ Date

_____ _____

If signed by Legal Representative, Relationship to Patient

Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

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Mary H Signature
Signature of Patient or Legal Representative

_____
Date

_____
If signed by Legal Representative,
Relationship to Patient

_____
Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

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Signature of Patient or Legal Representative _____ Date

_____ _____

If signed by Legal Representative, Relationship to Patient

Signature of Witness

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Mary Heitzenrater (Name) 3-9-56 (Date of Birth) 160-48-4144 (Social Security)

I authorize the Social Security Administration to release information or records about me to:

Thomson Rhodes & Cowie, P.C., 1010 Two Chatham Center., Pittsburgh PA 15219

I want this information released because:

Legal matters pending / Litigation issues.

(There may be a charge for releasing information.)

Please release the following information:

_____ Social Security Number
_____ Identifying information (includes date and place of birth, parents' names)
_____ Monthly Social Security benefit amount
_____ Monthly Supplemental Security Income payment amount
_____ Information about benefits/payments I received from to _____
_____ Information about my Medicare claim/coverage from to _____
(specify)
_____ Medical records
_____ Record(s) from my file (specify)
_____ Other (specify)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: Mary Heitzenrater

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 12th day of July, 2006, a true and correct copy of the foregoing **PLAINTIFF'S RESPONSE TO DEFENDANTS' MOTION TO COMPEL** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

Jeanette E. Oliver, Esquire
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Kathleen A. Segmiller, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

AFFIDAVIT OF SERVICE OF SCHEDULING ORDER

Code:

Filed on behalf of defendants.

Counsel of Record:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

AFFIDAVIT OF SERVICE

Before me, the undersigned authority, personally appeared Jeanette E. Oliver, Esquire, who, being duly sworn, deposes and says that a true and correct copy of the Judge Ammerman's July 11, 2006, Scheduling Orders, along with a true and correct copy the Motion to Compel and Motion Requesting Court to Issue Scheduling Order in the above-captioned case was served upon plaintiff's counsel, Kathleen A. Segmiller, Esquire, 3400 Gulf Tower, 707 Grant Street, Pittsburgh, Pennsylvania, 15219, on July 17, 2006.

THOMSON, RHODES & COWIE, P.C.

Jeanette E. Oliver, Esquire

Sworn to and subscribed before me

this 17 day of July, 2006.

Notary Public

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Kathleen A. Freiss, Notary Public
City Of Pittsburgh, Allegheny County
My Commission Expires Nov. 24, 2007
Member, Pennsylvania Association Of Notaries

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 17th day of July, 2006:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION FOR CONTINUANCE

Code:

Filed on behalf of defendants.

Counsel of Record:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

No. 02-438-CD
Clearfield County

MOTION TO COMPEL

NOW COME the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following motion for continuance and, in support thereof, state as follows:

1. Defendants have filed a Motion to Compel and Motion to Request Scheduling Order in the matter above captioned.

2. Oral argument is scheduled for August 31, 2006 at 9:30 a.m. before this Honorable Court.

3. Counsel for the defendants is unable to appear on this date due to a previously scheduled firm meeting in Mechanicsburg, PA.

WHEREFORE, defendants respectfully request this Honorable Court continue these motions to a later date as deemed by the Court.. A scheduling order is attached.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for Defendants

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 18th day of August, 2006:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this 22 day of August, 2006, it is hereby ORDERED, ADJUDGED and DECREED that defendants' motion for continuance is hereby GRANTED. Oral arguments on defendants' Motion to Compel and Motion to Request Scheduling Order will now be presented on September 22, 2006 at 9:30 a.m./p.m before the Honorable Judge Ammerman.

BY THE COURT:

J.

FILED

AUG 23 2006
0/8:50/cm
William A. Shaw
Prothonotary/Clerk of Courts
1 CERT TO ATTY

DATE: 8-23-06

X You are responsible for serving all appropriate parties.

____The Prothonotary's office has provided service to the following parties:

____Plaintiff(s) ____ Plaintiff(s) Attorney ____Other

____Defendant(s) ____Defendant(s) Attorney

____Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.: 02-438 Code: **PLAINTIFF'S MOTION TO COMPEL** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.: 02-438
	)	
	)	
Defendants.	)	

PLAINTIFF'S MOTION TO COMPEL

NOW COMES Plaintiff, Mary Heitzenrater, by her attorney, Kathleen A. Segmiller, Esquire, and the law firm of Segmiller & Mendicino, P.C., and files the following Motion to Compel:

1. On or about October 8, 2002, Plaintiff forwarded to defense counsel a Request for Production of Documents Directed to Defendant. A true and correct copy of the service correspondence is attached hereto and made a part hereof as Exhibit A. Request No. 2 stated that Plaintiff was requesting "complete copies of all medical, physician or hospital records or reports or any other written documents pertaining to the injuries and damages complained of by the Plaintiff in this lawsuit, and the current medical status, future care and medical history of the Plaintiff, including physical and mental treatment."

2. The Request for Production of Documents were deemed to be continuing in nature so as to require Defendants, or anyone on their behalf, to supplement the production with any

document requested herein which is unavailable at the time of the production called for, but which becomes available up to the conclusion of the proceedings herein.

3. On or about August 20, 2002, ten (10) Authorizations executed by Mary Heitzenrater were forwarded to defense counsel. A true and correct copy of the August 20, 2002 correspondence is attached hereto and made a part hereof as Exhibit B.

4. No medical records obtained by defense counsel were provided to Plaintiff's counsel from any provider set forth in the executed Authorizations.

5. On or about December 13, 2005, additional executed Authorizations by Mary Heitzenrater were forwarded to defense counsel. A true and correct copy of the December 13, 2005 correspondence is attached hereto and made a part hereof as Exhibit C.

6. To date, no medical records or pharmaceutical records have been forwarded by defense counsel obtained using the executed Authorizations provided to them.

7. To date, Plaintiff has provided to defense counsel the records of Dubois Medical Center, Martin Schaffer, M.D., Keith Zeliger, M.D., Shadyside Hospital, John Bellomo, M.D., Joseph Imbriglio, M.D., Richard Katz, M.D., and Richard Kasdan, M.D. at no cost to the Defendants.

8. There has been no response to any of the requests made by Plaintiff to defense counsel to obtain the additional records.

9. The outstanding medical records are necessary for review by Plaintiff's expert witness prior to the completion of his medical expert report.

10. Plaintiff will be severely prejudiced in the preparation of their case absent the requested medical records.

11. This case is not yet listed for trial.

WHEREFORE, Plaintiff, Mary Heitzenrater, requests this Honorable Court enter an Order compelling Defendants to provide full and complete responses and documents as requested in Plaintiff's Request for Production of Documents and correspondence within thirty (30) days of the date of this Order or suffer such sanctions as the Court may deem appropriate.

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By _____

Kathleen A. Segmiller, Esquire
Pa. I.D. 62929
3400 Gulf Tower, 707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff, Mary Heitzenrater

DATE: August 21, 2006

A

Kathleen A. Segmiller, Esquire
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

October 8, 2002

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

RE: ***Mary C. Heitzenrater vs. Keith Zellinger, D.O & Dubois Regional Medical Center***

Dear Mr. Anderson:

Enclosed please find Plaintiff's First Request for Production of Documents Directed to Defendants. Kindly respond to this Request within thirty (30) days.

If you have any questions or concerns, please feel free to give me a call.

Sincerely,

KATHLEEN A. SEGMILLER

KAS/csf

Enclosures

B

Kathleen A. Segmiller, Esquire
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

August 20, 2002

Thomas B. Anderson, Esquire
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

RE: ***Mary C. Heitzenrater vs. Keith Zellinger, D.O & Dubois Regional Medical Center***

Dear Mr. Anderson:

Enclosed please find ten Authorizations executed by Mary Heitzenrater in the above-referenced case.

As always, please forward me copies of any and all records or documents you receive on behalf of Mary Heitzenrater using these Authorizations.

Also, I am in receipt of your Motion to Compel filed on August 15, 2002. While I have not yet provided you complete Answers to Interrogatories, we have provided you with copies of Mrs. Heitzenrater's records which we had in our possession. Therefore, technically, paragraph 2 of your Motion to Compel is not accurate.

If you have any questions or concerns, please feel free to give me a call.

Sincerely,

KATHLEEN A. SEGMILLER

KAS/csf

Enclosure

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater

Mary Heitzenrater

RD 5 Box 32 Punxsutawney Pa

Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

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DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

RR5 Box32 Punxsutawney, Pa
Address

Date of Birth: 3-9-56

Social Security # 162-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 4-28-02

Mary Heitzenrater

Mary Heitzenrater

RR 5 Box 132 Greensburg Pa

Address

Date of Birth: 3-9-56

Social Security # 160-44-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater

Mary Heitzenrater

RD 5 Box 32 Connellsville Pa

Address

Date of Birth: 3-4-56

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

RD5 Box 32 Punxsutawney Pa
Address

Date of Birth: 3-9-52

Social Security # 162-52-4424

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

RD 5 Box 32 Punxsutawney
Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater
Mary Heitzenrater

RD 5 Box 32 Punxsutawney Pa
Address

Date of Birth: 3-9-54

Social Security # 160-48-4144

TO ALL PHYSICIANS, OSTEOPATHS, CHIROPRACTORS, CORONERS, AMBULANCE ATTENDANTS, PSYCHIATRISTS, PSYCHOLOGISTS, COUNSELORS, NURSES, MEDICAL AND X-RAY TECHNICIANS, MEDICAL RECORDS LIBRARIANS, HOSPITALS, CLINICS, DISPENSARIES, SANITORIUMS, DRUGGISTS, AND ALL OTHER AGENCIES AND MEDICAL PROVIDERS WHO HAVE INTERVIEWED, CARED FOR, TREATED, X-RAYED OR EXAMINED THE INDIVIDUAL NAMED BELOW:

You are hereby authorized to permit the bearer of this Release representing the law firm of Thomson, Rhodes & Cowie, P.C., to obtain and/or view a copy of any and all information, documents, photographs, test results, x-rays, notes, opinions, reports and records pertaining to my diagnosis, treatment, history, prognosis and prescriptions from your personal knowledge and/or records. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution unless so notified by the signer.

DATE: 6-28-02

Mary Heitzenrater

Mary Heitzenrater

RD 5 Box 32 Bunkerhill Rd

Address

Date of Birth: 3-9-56

Social Security # 160-48-4144

RELEASE OF MENTAL HEALTH RECORDS

AUTHORIZATION FOR RELEASE OF INFORMATION

Permission is granted to release information to:

THOMSON RHODES & COWIE P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

Regarding Patient:

PURPOSE OF RELEASE_____ TREATMENT DATES:_____
TYPE OF INFORMATION TO BE RELEASED:

_____ Discharge Letter
_____ Progress Notes (Physicians)
_____ Neuropsychological Testing
_____ Initial Assessments and/or consults_____
_____ Discipline Specific D/C Summary_____
_____ Diagnostic Testing_____
_____Other:_____
_____ Chart copy (Abstract)
_____ MD Discharge Summary
_____ Verbal Information

I understand that a copy of my chart will contain information relating to my identity, diagnosis, prognosis, and treatment which may include information related to testing, psychiatric disorders, drug/alcohol abuse, AIDS, and/or related HIV testing.

I have read this authorization and understand its content and purpose. I understand that provision of services is not contingent upon my decision to release information. I understand that I may cancel this authorization at any time by notifying, in writing, the party responsible for maintaining records. I am giving this consent voluntarily

This authorization is valid from _____ (90 days) and will automatically expire on _____, or upon completion of a specific condition or event. (Specify)_____.

Mary A Hutzinger
Signature of Patient or Authorized Rep

6-28-02
Date

Ronald E. Heitzenrater
Witness

6-28-02
Date

If Client is physically handicapped and unable to sign and a verbal consent is granted.

AUTHORIZATION

You are hereby authorized to permit the bearer of this Release representing the law firm of THOMSON, RHODES & COWIE, P.C., to obtain and/or view a copy of all your records pertaining to my employment records, application for employment and the entire personnel file on JEFFREY JARVIS. A photostatic copy of this authorization shall be considered as effective and valid as the original. This Release shall remain in effect for a period of five (5) years from date of execution.

DATE: 6-28-07

Mary Heitzenrater

Mary Heitzenrater

RD 5 Box 32 Punxsutawney Pa

Address

AGE: 46

SS# 160-48-4144

C

Segmiller & Mendicino, P.C.

3400 Gulf Tower
707 Grant Street
Pittsburgh, Pennsylvania 15219

Phone: 412-227-5884
Fax: 412-227-5887

December 13, 2005

Jeanette E. Oliver
THOMSON, RHODES & COWIE, P.C.
Two Chatham Center, 10th Floor
Pittsburgh, PA 15219-3499

Re: *Mary C. Heitzenrater vs. Keith Zeliger, D.O & Dubois Regional Medical Center*
No. 02-438-CD

Dear Ms. Oliver:

Enclosed please find copies of Authorizations signed by Mary Heitzenrater in the above-referenced case.

As with the last Authorizations, these Authorizations are being forwarded to you with the understanding that you will provide copies of all records received using the Authorizations.

Also, Mrs. Heitzenrater has designated her pharmacies as Eckerd Drugs located at 201 West Mahoning Street, Punxsutawney, Pennsylvania 15767. Her other provider of prescriptions is Cura Script located 6272 Lee Vista Boulevard, Orlando, Florida 32822.

Sincerely yours,

Kathleen A. Segmiller

KAS/me
Enclosures

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

__XX__ entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Jeanette E. Oliver, Esquire
Thomson Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact *(the entity's HIM director, privacy officer, or other office or any individuals authorized to provide information).*

Signature of Patient or Legal Representative _____ Date _____

If signed by Legal Representative, Relationship to Patient _____ Signature of Witness _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

XX entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Jeanette E. Oliver, Esquire
Thomson Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact *(the entity's HIM director, privacy officer, or other office or any individuals authorized to provide information).*

Signature of Patient or Legal Representative _____ Date

_____ _____

If signed by Legal Representative, Relationship to Patient

Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

__XX__ entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Jeanette E. Oliver, Esquire
Thomson Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact *(the entity's HIM director, privacy officer, or other office or any individuals authorized to provide information).*

Mary Hutchinson

Signature of Patient or Legal Representative

Date

If signed by Legal Representative, Relationship to Patient

Signature of Witness

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: _____ Health Record Number: _____

Date of Birth: _____

1. I authorize the use or disclosure of the above-named individual's health information as described below.

2. The following individual or organization is authorized to make the disclosure:

_____

3. The type and amount of information to be used or disclosed is as follows: (include dates were appropriate)

__XX__ entire record
___ problem list
___ medication list
___ list of allergies
___ immunization record
___ most recent history and physical
___ most recent discharge summary
___ laboratory results
from (date) _____ to (date) _____
___ x-ray and imaging reports
from (date) _____ to (date) _____
___ consultation reports
from (doctors' names) _____
Other _____

4. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5. This information may be disclosed to and used by the following individual or organization:

Jeanette E. Oliver, Esquire
Thomson Rhodes & Cowie, P.C.
1010 Two Chatham Center
Pittsburgh PA 15219

And such consultants as it may retain for the purpose of legal proceedings.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____. If I fail to specify an expiration date, event or condition, this authorization will expire in six months.

7. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact *(the entity's HIM director, privacy officer, or other office or any individuals authorized to provide information).*

Signature of Patient or Legal Representative _____ Date _____

If signed by Legal Representative, Relationship to Patient _____ Signature of Witness _____

Social Security Administration

Consent for Release of Information

TO: Social Security Administration

Mary Heitzenrater (Name) 3-9-56 (Date of Birth) 160-48-4144 (Social Security)

I authorize the Social Security Administration to release information or records about me to:

Thomson Rhodes & Cowie, P.C., 1010 Two Chatham Center., Pittsburgh PA 15219

I want this information released because:

Legal matters pending / Litigation issues.

(There may be a charge for releasing information.)

Please release the following information:

_____ Social Security Number
_____ Identifying information (includes date and place of birth, parents' names)
_____ Monthly Social Security benefit amount
_____ Monthly Supplemental Security Income payment amount
_____ Information about benefits/payments I received from to _____
_____ Information about my Medicare claim/coverage from to _____
(specify)
_____ Medical records
_____ Record(s) from my file (specify)
_____ Other (specify)

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: Mary Heitzenrater

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 21st day of August, 2006, a true and correct copy of the foregoing **PLAINTIFF'S MOTION TO COMPEL** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

Jeanette E. Oliver, Esquire
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Kathleen A. Segmiller, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.: 02-438

ORDER OF COURT

AND NOW this _____ day of _____, 2006, upon consideration of the foregoing Motion to Compel, it is hereby ORDERED, ADJUDGED and DECREED that Defendants provide full and complete responses and documents including medical records to Plaintiff's Request for Production of Documents served on behalf of Mary Heitzenrater within thirty (30) days of the date of this Order or suffer such sanctions as the Court may deem appropriate.

BY THE COURT

_____, J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.: 02-438 Code: **SCHEDULING ORDER** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.: 02-438
	)	
	)	
Defendants.	)	

SCHEDULING ORDER

AND NOW this 23 day of August, 2006, it is hereby ORDERED, ADJUDGED and DECREED that argument on Plaintiff's Motion to Compel has been scheduled to occur on the 22nd day of September, 2006, at 9:30 A.M. before the Honorable Judge Fredric J. Ammerman in Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT

_____, J.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 21st day of August, 2006, a true and correct copy of the foregoing **SCHEDULING ORDER** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

Jeanette E. Oliver, Esquire
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Kathleen A. Segmiller, Esquire

FILED

AUG 25 2006

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 8/25/06

X You are responsible for serving all appropriate parties.

___ The Prothonotary's office has provided service to the following parties:

___ Plaintiff(s) ___ Plaintiff(s) Attorney ___ Other

___ Defendant(s) ___ Defendant(s) Attorney

___ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

AFFIDAVIT OF SERVICE

Code:

Filed on behalf of defendants.

Counsel of Record:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No.: 02-438

Code:

AFFIDAVIT OF SERVICE

Filed on behalf of Plaintiff

Counsel of Record for this Party:

Kathleen A. Segmiller, Esq.
Pa. I.D. No. 62929

SEGMILLER & MENDICINO, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

JURY TRIAL DEMANDED

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this 22 day of August, 2006, it is hereby ORDERED, ADJUDGED and DECREED that defendants' motion for continuance is hereby GRANTED. Oral arguments on defendants' Motion to Compel and Motion to Request Scheduling Order will now be presented on September 22, 2006 at 9:30 a.m./p.m before the Honorable Judge Ammerman.

BY THE COURT:

J.

I hereby certify this to be a true and attested copy of the original statement filed in this case.

AUG 23 2006

Attest.

Prothonotary/
Clerk of Courts

RECEIVED
AUG 24 2006
By

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	CIVIL DIVISION No.: 02-438 Code: **AFFIDAVIT OF SERVICE** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.: 02-438
	)	
Defendants.	)	

SCHEDULING ORDER

AND NOW this 23 day of August, 2006, it is hereby ORDERED, ADJUDGED and DECREED that argument on Plaintiff's Motion to Compel has been scheduled to occur on the 22nd day of September, 2006, at 9:30 A.M. before the Honorable Judge Fredric J. Ammerman in Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT

_____, J.

I hereby certify this to be a true and attested copy of the original statement filed in this case.

AUG 25 2006

Attest.

Prothonotary/
Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

MARY HEITZENRATER :

VS. : NO. 02-438-CD

KEITH L. ZELIGER, D.O. and :

DUBOIS REGIONAL MEDICAL CENTER :

O R D E R

AND NOW, this 22nd day of September, 2006, this being the date set for argument on the Defendant's and Plaintiff's Motions to Compel, as well as the Defendant's Motion requesting that the Court Issue a Scheduling Order; in consideration of the circumstances as described on the record, it is the ORDER of this Court as follows:

1. Both Plaintiff and Defendant have withdrawn their respective Motion to Compel;

2. Counsel for the parties shall have no more than five (5) days from this date in which to, by fax, submit a proposed scheduling order to the Court. The Court shall review each party's proposed order and shall thereafter issue its scheduling order.

BY THE COURT,

President Judge

FILED 2cc Attys:
10:01 BL Segmiller
SEP 26 2006 D. Johnson
William A. Shaw
Prothonotary/Clerk of Courts

DATE: 9/26/06

____ You are responsible for serving all appropriate parties.

__X__ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) __X__ Plaintiff(s) Attorney ____ Other

____ Defendant(s) __X__ Defendant(s) Attorney

____ Special Instructions:

FILED

SEP 26 2006

William A. Shaw
Prothonotary/Clerk of Courts

cA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARY HEITZENRATER,	*	
Plaintiff	*	
vs.	*	NO. 02-438-CD
KEITH ZELIGER, D.O. and	*	
DuBOIS REGIONAL MEDICAL CENTER,	*	
Defendants	*	

ORDER

NOW, this 28th day of September, 2006, it is hereby ORDERED, ADJUDGED and DECREED that the following schedule order is in place:

1. Discovery shall end December 1, 2006;
2. Plaintiff's expert reports shall be due no later than January 19, 2007; and
3. Defendant's expert reports shall be due no later than March 15, 2007.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED 1cc
019:53 BL
SEP 29 2006
Atty's:
Segmiller
D. Johnson

William A. Shaw
Prothonotary/Clerk of Courts

FILED

SEP 29 2006

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 9/29/06

____ You are responsible for serving all appropriate parties.

__X__ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) __X__ Plaintiff(s) Attorney ____ Other

____ Defendant(s) __X__ Defendant(s) Attorney

____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	CIVIL DIVISION No.: 02-438 Code: **PLAINTIFF'S EXPERT REPORTS AND DOCUMENTS** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	
	)	
Plaintiff,	)	
	)	
vs.	)	CIVIL DIVISION
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	No.: 02-438
	)	
	)	
Defendants.	)	

PLAINTIFF'S EXPERT REPORTS
AND DOCUMENTS

AND NOW COMES the Plaintiff, Mary Heitzenrater, by and through her attorneys, Kathleen A. Segmiller, Esquire, and the law firm of Segmiller & Mendicino, P.C., and files the following Expert Reports and Documents:

1. Medical records of Joseph Imbriglia, M.D.
2. Medical records of Richard Katz, M.D.
3. Report of Richard G. Katz, M.D. dated January 28, 2002.
3. Report of Richard Kasdan, M.D. dated March 30, 2006.
4. Report of Bennett Blumenkopf, M.D. dated January 11, 2007.

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By _____

Kathleen A. Segmiller, Esquire
Pa. I.D. 62929
3400 Gulf Tower, 707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff, Mary Heitzenrater

DATE: January 16, 2007

Medical records of
Joseph Imbriglia, M.D.

Litigation Solutions, Inc.
Jessica Johnson
Brentwood Towne Centre
101 Towne Square Way, Suite 251
Pittsburgh, PA 15227
Tel: 412.253.1099
Fax: 412.253.1057
Email: jjohnson@litsol.com
www.litigationsolutions.com
Office Hours:
Monday - Friday 8:00am to 5:00pm

Dr. Joseph Imbriglia
Hand & UpperEx Center
6001 Stonewood Dr
Wexford PA 15090
Attn: Medical Records Correspondence

6/22/2005

RE: Patient: Heitzenrater, Mary
SSN: 160-48-4144
Date of birth: 03-9-1956

Please remit: a complete copy of any and all medical records from 1/1/2001 to present, including records, charts, test results, reports, correspondence, office notes, and computerized records.

Dear Sir or Madam:

Attached you will find a properly executed authorization for release of the records specified above relating to the above referenced individual.

Please complete and sign the attached RECORD CERTIFICATION STATEMENT and return it with the records.

IF YOU DO NOT HAVE THESE RECORDS, PLEASE STATE SO ON THE RECORD CERTIFICATION AND RETURN IMMEDIATELY VIA MAIL OR FAX.

Pennsylvania House Bill 1048, Act 26 regulates charges imposed by Health Care Providers: $17.48 retrieval fee; Pages 1-20 at $1.17 / page; pages 21-60 at $0.88 / page; pages over 61 at $0.29 / page.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Jessica Johnson

WESTERN PENNSYLVANIA HAND CENTER

Accounts 30776 - 30776 All Dates

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount
30776	HEITZENRATER,MARY				Previous Balance :				0.00
	09/14/00	0	HEITZENRATER,MARY	2 99203	NEW PATIENT DETAILED		354.0	1.00	85.00
	09/15/00		Cash Payment		Patient	09/15/00			-5.00
	09/22/00		Check Payment	16698686	Ins #1325	09/22/00			-58.92
	09/22/00		Adjustment (28)	16698686	SELECT BLUE	09/22/00			-21.08
	09/29/00	0	HEITZENRATER,MARY	2 64890	NERVE GRAFT DIGIT UP		354.0	1.00	3400.00
	09/29/00	0	HEITZENRATER,MARY	2 64890	NERVE GRAFT DIGIT UP		354.0	1.00	3400.00
	09/29/00	0	HEITZENRATER,MARY	2 25115	EXCISION BURSA SYNV		354.0	1.00	2100.00
	09/29/00	0	HEITZENRATER,MARY	2 64721	CARPAL TUNNEL RELEAS		354.0	1.00	1800.00
	10/12/00	0	HEITZENRATER,MARY	2 99024	POST OPERATIVE VISIT		354.0	1.00	0.00
	10/31/00		Check Payment	16855316	Ins #1325	10/31/00			-2215.63
	10/31/00		Adjustment (28)	16855316	SELECT BLUE	10/31/00			-2255.94
	10/31/00		Adjustment (28)	16855316	SELECT BLUE	10/31/00			-2827.97
	10/31/00		Adjustment (28)	16855316	SELECT BLUE	10/31/00			-1793.43
	10/31/00		Adjustment (28)	16855316	SELECT BLUE	10/31/00			-1607.03
	11/30/00	0	HEITZENRATER,MARY	2 99024	POST OPERATIVE VISIT		354.0	1.00	0.00
	01/05/01	0	HEITZENRATER,MARY	2 64721	CARPAL TUNNEL RELEAS		354.0	1.00	1800.00
	01/05/01	0	HEITZENRATER,MARY	2 25115	EXCISION BURSA SYNV		354.0	1.00	2100.00
	01/18/01	0	HEITZENRATER,MARY	2 99024	POST OPERATIVE VISIT		354.0	1.00	0.00
	02/21/01		Check Payment	17290573	Ins #1325	02/21/01			-806.11
	02/21/01		Adjustment (28)	17290573	SELECT BLUE	02/21/01			-1607.03
	02/21/01		Adjustment (28)	17290573	SELECT BLUE	02/21/01			-1486.86
	03/01/01	0	HEITZENRATER,MARY	2 99024	POST OPERATIVE VISIT		354.0	1.00	0.00
	04/05/01	0	HEITZENRATER,MARY	2 73070	Elbow 2 views		354.0	1.00	80.00
	04/05/01	0	HEITZENRATER,MARY	2 73100	Wrist 2 views		354.0	1.00	75.00
	04/05/01	0	HEITZENRATER,MARY	2 99024	POST OPERATIVE VISIT		354.0	1.00	0.00
	04/17/01		Check Payment	17564188	Ins #1325	04/17/01			-56.24
	04/17/01		Adjustment (28)	17564188	SELECT BLUE	04/17/01			-52.00
	04/17/01		Adjustment (28)	17564188	SELECT BLUE	04/17/01			-46.76
	05/24/01	0	HEITZENRATER,MARY	2 99213	RETURN PATIENT DETAI		354.0	1.00	60.00
	05/29/01		Cash Payment		Patient	05/29/01			-5.00
	06/04/01		Check Payment	17810841	Ins #1325	06/04/01			-42.50
	06/04/01		Adjustment (28)	17810841	SELECT BLUE	06/04/01			-12.50
	07/26/01	0	HEITZENRATER,MARY	2 99213	RETURN PATIENT DETAI		354.0	1.00	60.00
	08/07/01		Cash Payment	CASH	Patient	08/07/01			-5.00
	08/13/01		Check Payment	18138890	Ins #1325	08/13/01			-42.50
	08/13/01		Adjustment (28)	18138890	SELECT BLUE	08/13/01			-12.50
	10/18/01	0	HEITZENRATER,MARY	2 99213	RETURN PATIENT DETAI		354.0	1.00	60.00
	10/19/01		Cash Payment		Patient	10/19/01			-5.00
	10/26/01		Check Payment	18563320	Ins #1325	10/26/01			-42.50
	10/26/01		Adjustment (28)	18563320	SELECT BLUE	10/26/01			-12.50
	12/18/01	0	HEITZENRATER,MARY	2 99213	RETURN PATIENT DETAI		354.0	1.00	60.00
	12/18/01		Cash Payment		Copay	12/18/01			-5.00
	01/02/02		Check Payment	18900799	Ins #1325	01/02/02			-42.50
	01/02/02		Adjustment (28)	18900799	SELECT BLUE	01/02/02			-12.50

TOTALS FOR ACCOUNT 30776	PAYMENTS :	3331.90	ADJUSTS : 11748.10	CHARGES : 15080.00	18.00	0.00
	REFUNDS:	0.00				
		3331.90	11748.10	15080.00		0.00

SHADYSIDE HOSPITAL PATIENT LOC: OPP 01
PITTSBURGH, PA.

OPERATIVE REPORT

HEITZENRATER, MARY
REG. #:
UNIT #: 696370
DATE OF OR:
SURGEON: JOSEPH E. IMBRIGLIA, M.D.
ASST.: DAVID MILLER, MD

PREOPERATIVE DIAGNOSIS: Right carpal tunnel syndrome.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: Right open carpal tunnel release and tenosynovectomy.

ANESTHESIA: Local with sedation.

ESTIMATED BLOOD LOSS: Was minimal.

TOURNIQUET TIME: Five minutes.

COMPLICATIONS: None.

INDICATIONS FOR OPERATION: The patient is a 44 year old female who presented to us with carpal tunnel syndrome and failed conservative treatment and has opted for operative intervention at this time. She had been given the risks and benefits of surgery and consented for surgery.

PROCEDURE: The patient was brought to the OR. The right upper extremity was prepped and draped in sterile fashion. Through a 3.5 cm incision in line with the radial ring finger, we dissected carefully down, identified the transverse carpal ligament. It was completely freed proximally and distally off of the nerve. Once this was complete, the wound was irrigated and tenosynovectomy of the deep flexor tendons was performed. Tourniquet was let down. Hemostasis was achieved and the wound was then closed with 4-0 nylon, sterile dressings were applied. The patient went to the recovery room in stable condition. Tolerated the procedure well.

D: 01/05/2001/01:30
T: 01/05/2001/14:10
/MEDQ
172450
cc: Joseph E. Imbriglia, M.D., FAX # 3216771

DAVID MILLER, MD

SHADYSIDE HOSPITAL PATIENT LOC: ASC 01
PITTSBURGH, PA.

OPERATIVE REPORT

HEITZENRATER, MARY
REG. #: 0038688925
UNIT #: 696370
DATE OF OR: 09/29/2000
SURGEON: JOSEPH E. IMBRIGLIA, M.D.
ASST.: DAVID ROBERT MILLER, M.D.

PREOPERATIVE DIAGNOSIS: Likely transection of the common digital nerve to the index finger on the left.

POSTOPERATIVE DIAGNOSIS: Neuroma in continuity of the median nerve to the left likely involving the fibers to the index finger.

OPERATION: Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers.

ANESTHESIA: Axillary block with local and sedation.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

JUSTIFICATION FOR PROCEDURE: The patient is a 44-year-old female who presented complaining of left index finger numbness occurring immediately after recent small incision open carpal tunnel release. The patient reports that immediately after the surgery she had no feeling in her index finger. At physical exam the patient was noted to be completely insensate in her index, likely a laceration of the common digital nerve to the index finger or proximal to that. She was consented for surgical intervention after the risks and benefits were explained.

PROCEDURE: She was brought to the OR, left upper extremity was prepped and draped in the usual sterile fashion after axillary block anesthesia was obtained. Local infiltration of Lidocaine was obtained. Local infiltration of a 5.5 cm incision we dissected carefully down, identified a significant amount of scar encasing the median nerve. Neurolysis was performed of the median nerve and all of the branches distally. Once this was complete, the epineurium of the median nerve was opened, and fascicles were dissected out carefully throughout the entire nerve under loupe magnification. We identified an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger. Since there were areas that were unsure of whether complete continuity was maintained, we tried for bypass grafting the area with posterior interosseous nerve graft, so once the ends were dissected out clearly and the neurolysis was complete, we turned the wrist over and through approximately a 5 cm incision dissected carefully down, identified the fourth extensor compartment. This was elevated and the posterior interosseous nerve was identified and approximately 2.5 cm was resected. The wound was then irrigated in that area and closed at a central retinaculum of the fourth compartment using 2-0 absorbable, and then the skin was closed with 4-0 nylon in a running fashion. Next, under loupe magnification and using 9-0 nylon, the bypass graft was performed to connect the transected fascicles noted in the median nerve, bypassing the neuroma in continuity present. Another small area where there appeared to be a laceration of one of the fascicles was also bypass grafted using the remaining posterior interosseous nerve graft. The wound was then thoroughly irrigated. The wound ends were sutured, and the fat graft was placed over top of the repair. The skin was closed with 4-0 nylon in a running

fashion, and the patient was to recovery room in stable condition, tolerated the procedure well.

D: 09/29/2000/13:23
T: 09/30/2000/20:05
/MedQ
130427
cc: NO ORIGINATOR, M.D.
Joseph E. Imbriglia, M.D.

DAVID ROBERT MILLER, M.D.

6 6

00041123

JOSEPH E. IMBRIGLIA, M.D.

12/18/01

#30776.0

Heitzenrater, Mary

REASON FOR VISIT: Return

HISTORY: S/P reconstruction of median nerve laceration. The patient is s/p nerve graft. She still has numbness in the index, thumb and middle fingers. She is continuing a strengthening program.

PLAN: I told her at this point the only thing that can be done is watchful waiting and see if we get some result from the nerve graft. I told her she'd never get full motion back. She does state that the hand keeps her awake at night and prevents her from doing many activities of daily living.

6-13-02 NS

RETURN APPT: _____

6 6

00040990

JOSEPH E. IMBRIGLIA, M.D.

12/18/01

#30776.0

Heitzenrater, Mary

REASON FOR VISIT: Return

HISTORY: Had a median nerve laceration.

EXAM: Has good range of motion of the fingers but obviously persistent severe numbness in the area of the damaged nerve. No Tinel's sign at the present time.

PLAN: Watch for now to see if she gets any return.

6 6

00037654

JOSEPH E. IMBRIGLIA, M.D.

10/18/01

#30776.0

Heitzenrater, Mary

REASON FOR VISIT: Return

HISTORY: S/P nerve graft to left median nerve and s/p right carpal tunnel release.

EXAM: The right carpal tunnel release is doing fine. with the left carpal tunnel release, she still has two-point discrimination greater than 15mm.

PLAN: Continue physical therapy and ROM exercises.

00030510
JOSEPH E. IMBRIGLIA, M.D.
07/26/01
#30776.0
Heitzenrater, Mary
REASON FOR VISIT: Return
HISTORY: Patient is s/p PIN nerve graft to the left median nerve. She continues to have significant disability. She is improving somewhat, but she still has decreased sensation in the median nerve distribution.
EXAM: Her thumb and long fingers have sensation to light touch and two-point discrimination of 8mm. Her index finger, however, has poor sensation to pin prick and light touch and two-point discrimination is greater than 10mm.
IMPRESSION: S/P nerve graft to median nerve laceration.
PLAN: She should continue with physical therapy modalities. I explained to her again that her prognosis is extremely unpredictable but she will never have return of normal function of that hand.

OCT 18 2001

Static 2pt

	radial	ulnar
Ring	5mm	5mm
Long	15mm	10mm
index	>15	>15
Thumb	13mm	13mm

RETURN APPT: _____

6 6

00024784
JOSEPH E. IMBRIGLIA, M.D.
05/24/01
#30776.0
Heitzenrater, Mary
REASON FOR VISIT: Return
IMPRESSION: Aching pain in the arm. DeQuervain's is better. Lateral epicondylitis still painful. She almost has radial nerve symptoms.
PLAN: Begin Medrol Dosepak combined with physical therapy. I also told her that she is retaining a lot of fluid and she's going to talk to her internist about trying to change her diuretic to lose more water as I think that would help her arm. Try these various things. Return to see me in about 4-6 weeks.

JUL 2 6 2001

Now Lasix

T
I
L
R
S

Vioxx 25 mg
#100
1 po QD

*
3 mos
RETURN APPT:

00019691
JOSEPH E. IMBRIGLIA, M.D.
04/05/01
#30776.0
Heitzenrater, Mary
REASON FOR VISIT: Return
HISTORY: Pt is here for evaluation of her R wrist and elbow.
EXAM: She has point tenderness over the lateral epicondyle and over the first dorsal compartment. She has a negative CMC grind. She does not have any crepitance over the intersection of the first and second compartments.
X-RAYS/TESTS: X-rays taken today do not reveal any bony abnormalities.
IMPRESSION: R deQuervain's tenosynovitis. 2) Lateral epicondylitis on the R.
PLAN: Both areas were injected today. We will see her back in 3-4 weeks for follow up.

MAY 03 2001 DNKA

5/24/01

① Medrol dosepak

② ultram

-wrist ~~cast~~ cock up splint

thumb ~~IP~~ MP

contains iontophoresis

Heat

Ice

1-2 x week for 4 week

RETURN APPT: 4 wk

6 6

00012874
JOSEPH E. IMBRIGLIA, M.D.
01/18/01
#30776.0
Heitzenrater, Mary
REASON FOR VISIT:Postop
HISTORY:S/P open R carpal tunnel release.She reports significant relief of her symptomatology at this point without complaints of drainage or fever.
EXAM:Reveals a healing scar.Sutures were removed from the right hand.Full ROM.She is neurovascularly intact.
IMPRESSION:S/P right open carpal tunnel release, at this time doing very well.
PLAN:We'll f/u with pt in about 4-6 wks.

APR 05 2001

AB Cut
Colbert
wrist

4 wk

RETURN APPT: _____

6 6

Called atty & told them we would provide OV notes if they need it JEI

Call Pt

MESSAGE FOR: _____

DATE: 1/22 **TIME:** 8:20

CALLER: John Perry – his atty

REGARDING: Mary Weitzenreiter

CALLER'S PHONE #: 800-445-5297

MESSAGE: Needs to talk to you as they will drop malpractice suit. Patient says she has discussed this with you.

RX NAME AND PHONE NUMBER: _____

ALLERGIES: _____

DATE OF LAST SURGERY: _____

Gave 1 to make decision

Called pt 2/4/02.

INITIALS: _____

Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 1/24/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

PERSONAL DATA

Sex: Female
Birth date: 3/9/56
Age: 44
Handedness: Right

Physician: Dr. Imbriglia
Examiner: Lisa Gearhart, MS,OTR/L
Referred by: Dr. Imbriglia

WORK STATUS

Employer: CKM
Occupation: RN
Occupation when injured: Same
How long at job prior to injury? 6.5 years
Off work after injury? Yes

How long off work? 1 week
Working now? Yes

HISTORY

Date of injury: 11/00
Injured side: Left
How injured: States had surgey to left wrist
Location of injury: left wrist

Date of initial exam: 1/24/1
Date of last EVAL:

Surgery Dates & Descriptions:

Diagnosis:

LCTR, Tenosynovectomy, Nerve Graft X 2 median Nerve2

Treatments:

Signature: Lisa J Gearhart, MS,OTR/L Date: 1/24/01

Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 1/24/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

PATIENT INFO — NOTES

Assessment: States had surgery on left wrist 4/2000 for CTR and surgery again in 11/00 by Dr. Imbrilgia. Hand swells. Sensitive to hot and cold.

PMH: Left CTR 4/00, right CTR 2 weeks ago, back surgery

Social history: Lives with spouse, 1 child

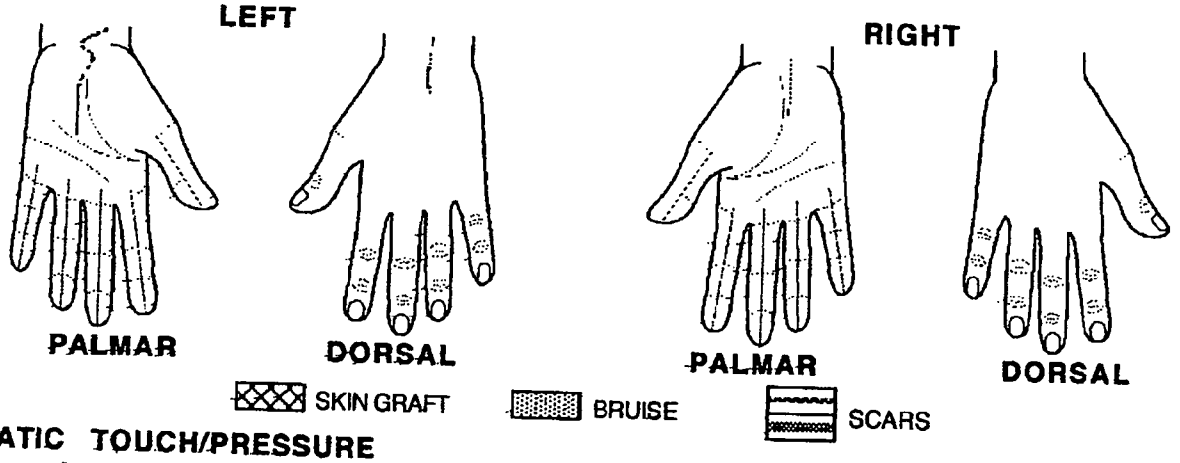
Leisure: out for dinner, movies

ADL/ILS: grasping, unable to maintain grasp, cut meat, hair, dropping items, turning key

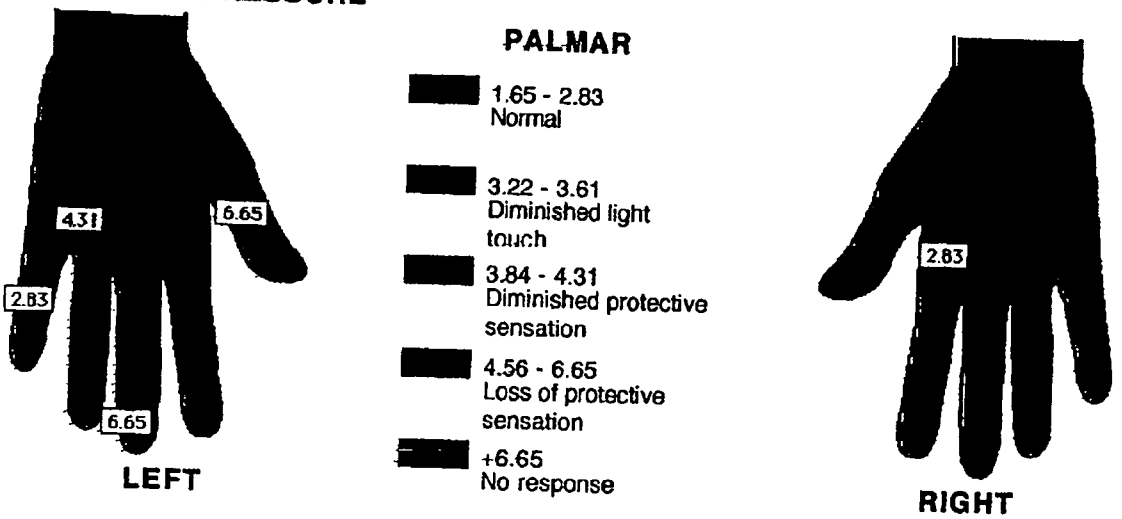
Precautions: None

Current medications: B6

COVERAGE/COSMESIS & TINEL'S SIGN — HAND



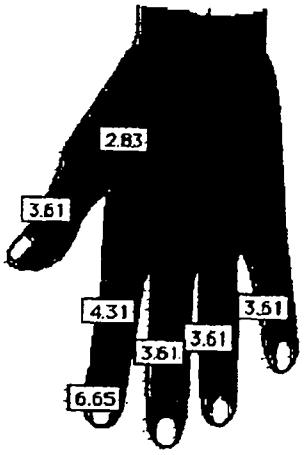
STATIC TOUCH/PRESSURE



Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 1/24/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

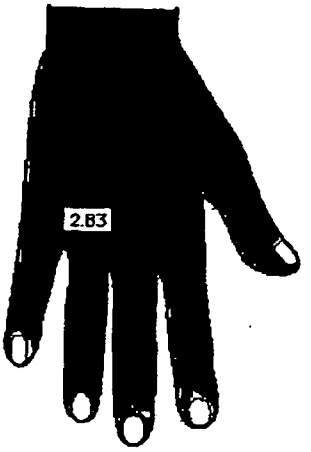
STATIC TOUCH/PRESSURE



LEFT

DORSAL

- 1.65 - 2.83 Normal
- 3.22 - 3.61 Diminished light touch
- 3.84 - 4.31 Diminished protective sensation
- 4.56 - 6.65 Loss of protective sensation
- +6.65 No response



RIGHT

RANGE OF MOTION — FINGERS

(Active)		M.P		P.I.P		D.I.P	
		LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT
INDEX	Ext.	0° /	+3° /	+3° /	+2° /	+5° /	0° /
	Flex.	44° /	59° /	64° /	69° /	44° /	60° /
LONG	Ext.	+1° /	+3° /	+3° /	+1° /	+2° /	0° /
	Flex.	53° /	66° /	70° /	70° /	55° /	64° /
RING	Ext.	+4° /	+3° /	+4° /	+1° /	+2° /	0° /
	Flex.	59° /	67° /	71° /	70° /	50° /	64° /
SMALL	Ext.	+4° /	+3° /	+3° /	0° /	+2° /	0° /
	Flex.	64° /	68° /	72° /	71° /	50° /	64° /

Hyperextension is positive.

RANGE OF MOTION — THUMB

(Active/Passive)	M.P		I.P			LEFT	RIGHT
	LEFT	RIGHT	LEFT	RIGHT			
EXTENSION	+1° /	+2° /	+3° /	+3° /	ABDUCTION	9° /	9° /
FLEXION	26° /	40° /	43° /	48° /	ADDUCTION		
					OPPOSITION		

Hyperextension is positive.

* indicates ankylosis

RANGE OF MOTION — THUMB NOTES

Serial opposition intact

Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 1/24/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

RANGE OF MOTION — WRIST

(Active/Passive)	LEFT	RIGHT
EXTENSION	35° /	20° /
FLEXION	25° /	40° /
RADIAL DEVIATION	12° /	10° /
ULNAR DEVIATION	12° /	12° /
LATERAL DEVIATION		

RANGE OF MOTION — ELBOW

(Active/Passive)	LEFT	RIGHT
EXTENSION		
FLEXION		
PRONATION		
SUPINATION	75° /	75° /
LATERAL DEVIATION		

**Hyperextension is negative.*

RANGE OF MOTION — ELBOW NOTES

AROM bilateral elbows WNL's

RANGE OF MOTION — SHOULDER NOTES

AROM bilateral shoulders WNL's

PAIN

	LEFT	RIGHT
SEVERITY*	5	2

**The pain values are on a range from 0 to 10, where 0 indicates no pain and 10 indicates severe pain.*

VOLUME

Units: ml	LEFT	RIGHT
VOLUME	575.0	550.0

Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 1/24/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

Assessment: Deficits identified:
1. Decreased AROM Left wrist
2. Increased pain left wrist
3. Hypersensitivity to hot/cold, tactile left hand

Goals:
1. Patient will be educated and demonstrate independence with HEP (AROM exercises, pain/edema management techniques, scar massage, sensory re-education program) within 2-4 weeks
2. Patient will demonstrate a decrease in edema left wrist/hand by 10-15 ml via volumeter measurement within 2-4 weeks
3. Patient will demonstrate an increase in AROM left wrist by 3-5 degrees and be able to make a composite fist within 3-6 weeks
4. Patient will be able to tolerate a variety of tactile sensations without adverse reaction (increase in pain) via sensory re-education program and ability to comb hair, grasp objects with left hand within 3-6 weeks
5. Patient will demonstrate a decrease in pain to 2-3/10 on pain scale as evidenced by her ability to grasp and complete ADL/ILS activities within 3-6 weeks

Patient's goal: To be able to use left hand in daily activities without pain

Plan of treatment: 2 times a week times 6 weeks followed by re-evaluation
Anticipated duration of treatment6-8 weeks
OT intervention to include: HEP, Pain/edema management techniques, sensory re-education program, AROM exercises progress as appropriate, scar amangement techniques, Iontophoresis
Rehab Potential: Good for the above stated goals

7-26-01

Name: Heitzenrater, Mary, C.
ID Number: 335096
Examination Date: 7/11/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

RANGE OF MOTION — THUMB

	MP		IP			LEFT	RIGHT
(Active/Passive)	LEFT	RIGHT	LEFT	RIGHT	ABDUCTION		16° / 16°
EXTENSION		+13° / +29°		+11° / +30°	ADDUCTION		
FLEXION		29° / 49°		39° / 72°	OPPOSITION		

Hyperextension is positive.

* indicates ankylosis

RANGE OF MOTION — THUMB NOTES

Serial opposition intact except to 5th digit 2cm

RANGE OF MOTION — WRIST

(Active/Passive)	LEFT	RIGHT
EXTENSION		55° / 75°
FLEXION		65° / 80°
RADIAL DEVIATION		12° / 20°
ULNAR DEVIATION		20° / 25°
LATERAL DEVIATION		

RANGE OF MOTION — ELBOW

(Active/Passive)	LEFT	RIGHT
EXTENSION		
FLEXION		
PRONATION		
SUPINATION		75° / 85°
LATERAL DEVIATION		

*Hyperextension is negative.

PAIN

	LEFT	RIGHT
SEVERITY*		4

*The pain values are on a range from 0 to 10, where 0 indicates no pain and 10 indicates severe pain.

PAIN — NOTES

Right elbow 5-6 on painscale

Name: Heitzenrater, Mary, C.
ID Number: 335096
Examination Date: 7/11/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

STRENGTH — PINCH

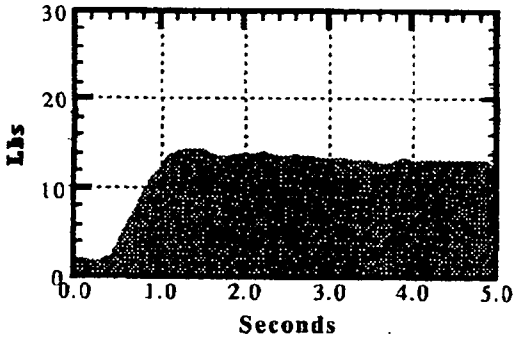
Units: lb	AVERAGE		COEFFICIENT OF VARIATION%	
Position	LEFT	RIGHT	LEFT	RIGHT
KEY	11.9	13.1	1.7	8.4
3-JAW	9.5	9.4	13.9	8.1
TIP	5.8	8.5	7.7	6.7

**Averages are based on 3 trials per position.*

STRENGTH — SUSTAINED GRIP

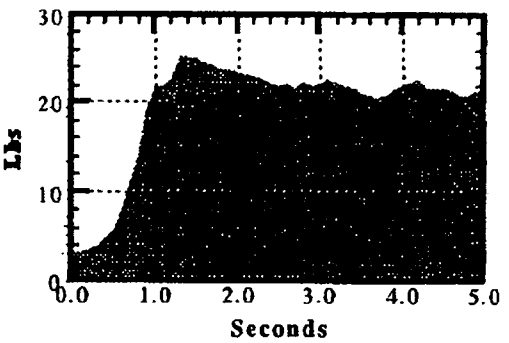
Grip Size Setting: II

LEFT



Left hand peaked at 14.2 lb, 1.4 secs into squeeze, averaging 13.1 lb for last 60% of squeeze. 90% of peak was at 1.1 secs with standard deviation of 0.5 lb from 90% peak to end of squeeze and a mean of plateau of 13.2 lb.

RIGHT

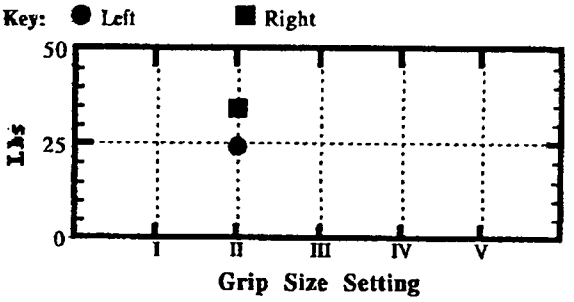


Right hand peaked at 25.1 lb, 1.3 secs into squeeze, averaging 21.6 lb for last 60% of squeeze. 90% of peak was at 1.2 secs with standard deviation of 1.3 lb from 90% peak to end of squeeze and a mean of plateau of 22.2 lb.

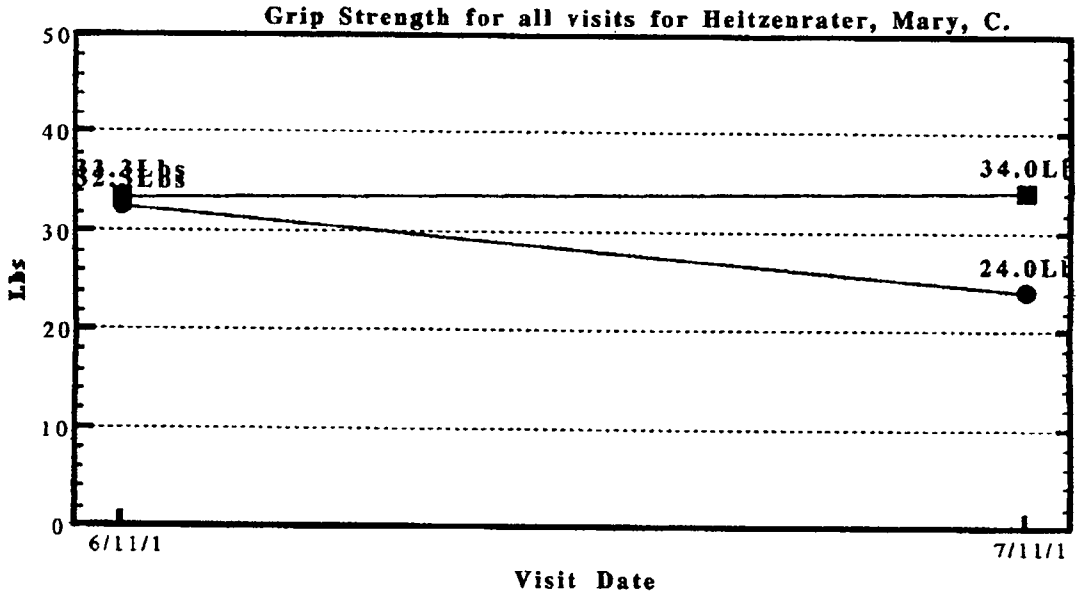
STRENGTH — GRIP

Units: lb	AVERAGE		COEFFICIENT OF VARIATION%	
Position	LEFT	RIGHT	LEFT	RIGHT
I				
II	24.0	34.0	4.2	10.6
III				
IV				
V				

**Averages are based on 3 trials per position.*

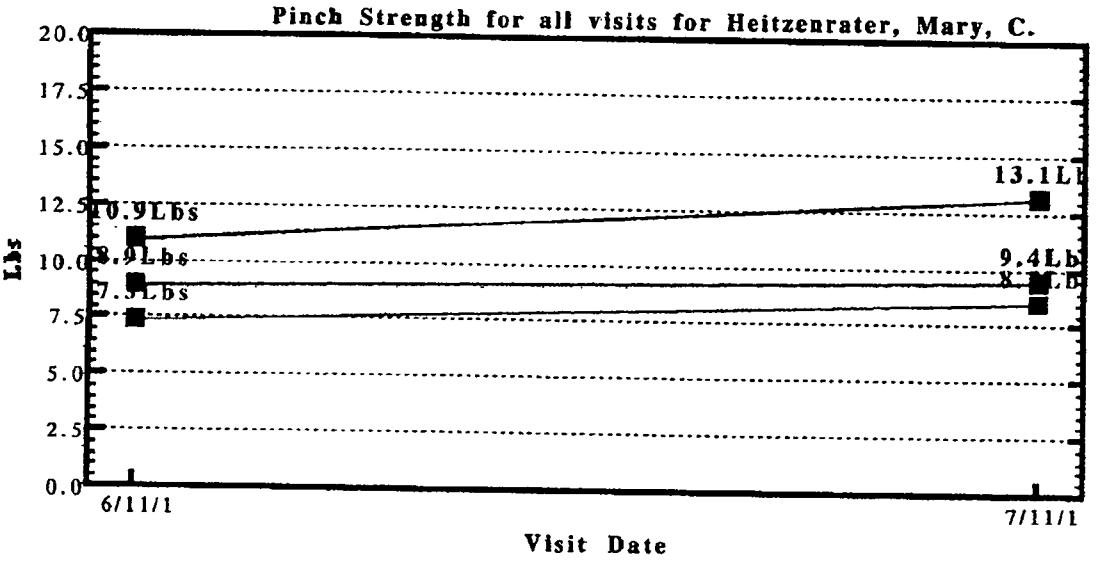


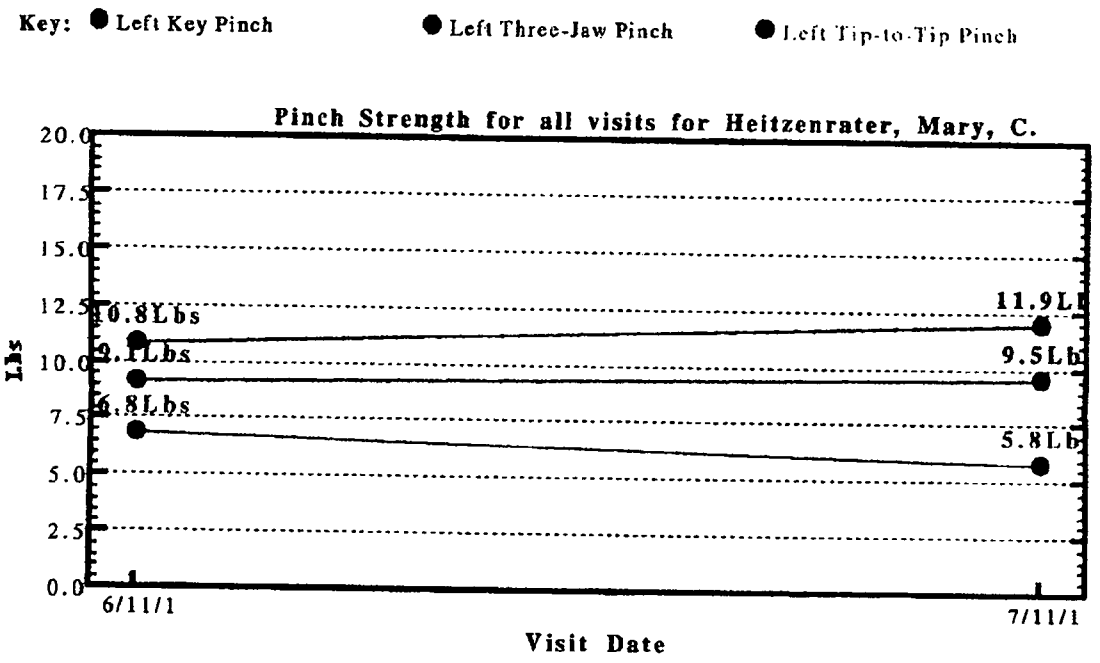
Key: ● Left Grip Size II ■ Right Grip Size II



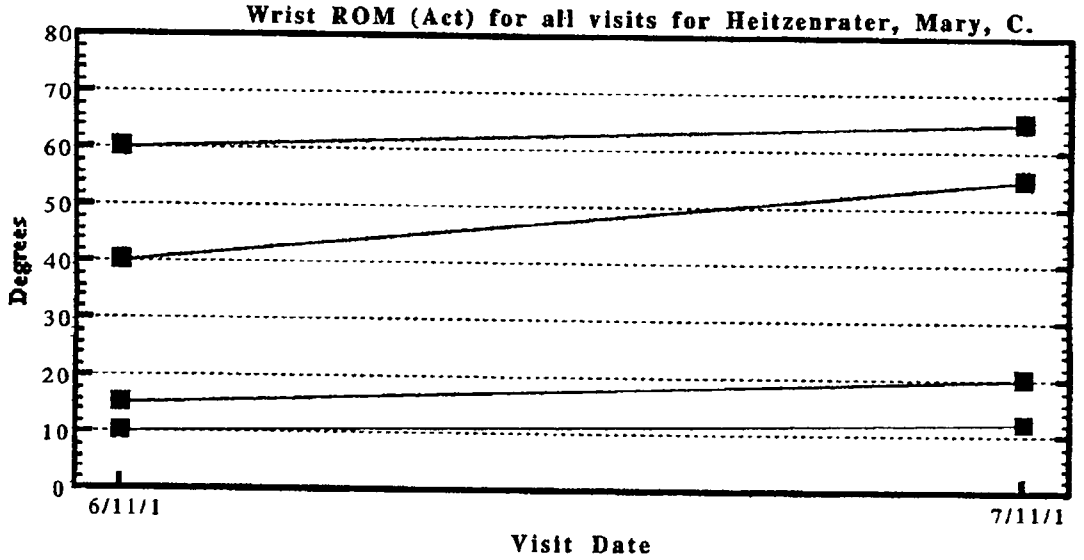
6

Key: Right Key Pinch Right Three-Jaw Pinch Right Tip-to-Tip Pinch




Key: Left Key Pinch
Left Three-Jaw Pinch
Left Tip-to-Tip Pinch
Pinch Strength for all visits for Heitzenrater, Mary, C.
20.0
17.5
15.0
12.5
10.0
7.5
5.0
2.5
0.0
Lbs
10.8Lbs
9.1Lbs
6.8Lbs
11.9Lb
9.5Lb
5.8Lb
6/11/1
7/11/1
Visit Date

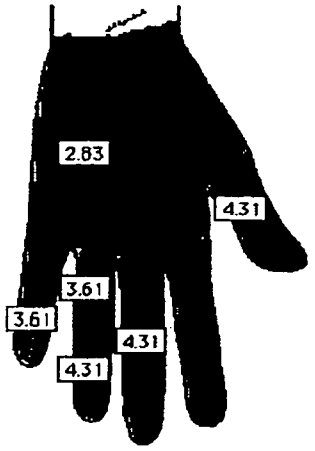
Key: Right Extension Right Flexion Right Radial Dev. Right Ulnar Dev.



Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 2/28/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

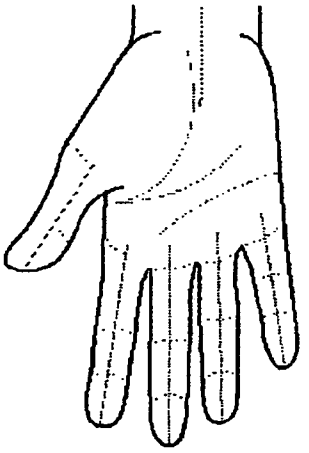
STATIC TOUCH/PRESSURE



LEFT

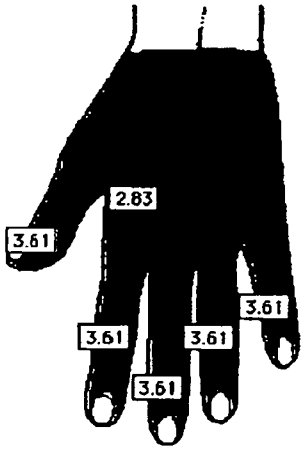
PALMAR

- 1.65 - 2.83 Normal
- 3.22 - 3.61 Diminished light touch
- 3.84 - 4.31 Diminished protective sensation
- 4.56 - 6.65 Loss of protective sensation
- +6.65 No response



RIGHT

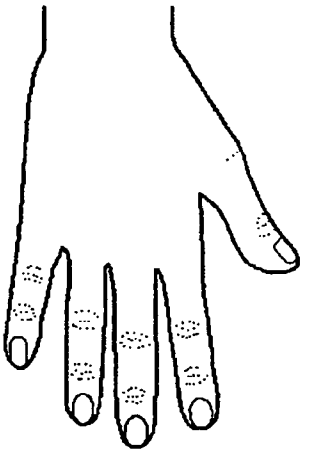
STATIC TOUCH/PRESSURE



LEFT

DORSAL

- 1.65 - 2.83 Normal
- 3.22 - 3.61 Diminished light touch
- 3.84 - 4.31 Diminished protective sensation
- 4.56 - 6.65 Loss of protective sensation
- +6.65 No response



RIGHT

RANGE OF MOTION — FINGERS

(Active)		MP		PIP		DIP	
		LEFT	RIGHT	LEFT	RIGHT	LEFT	RIGHT
INDEX	Ext.	+1° /		+4° /		+2° /	
	Flex.	60° /		65° /		46° /	
LONG	Ext.	+1° /		+4° /		+2° /	
	Flex.	67° /		71° /		51° /	
RING	Ext.	+6° /		+4° /		+2° /	
	Flex.	72° /		77° /		51° /	
SMALL	Ext.	+6° /		+4° /		+2° /	
	Flex.	80° /		81° /		55° /	

Hyperextension is positive.

6 6

DuBois Regional Medical Center
P.O. Box 447
DuBois, Pennsylvania 15801-0447

Making the difference for life.

OUTPATIENT OCCUPATIONAL THERAPY DEPARTMENT

PHYSICIAN: Dr Tambrigis

PATIENT: Hartzgenrater Mary DATE: 2/28/01

DIAGNOSIS: Lt CTR Tenosynovectomy, nerve graft x2 median REFERRAL DATE: _____

TREATMENT PROTOCOL: Sensory reducation, Scar management, edema mgmt, pain mgmt Iontophoresis (7)

FREQUENCY AND TOTAL VISITS TO DATE: (8) 2xWK

COMMENTS: (7) Tontophoresis treatments Tolerating Sensory Bins 1-4# x 10 minsoak & Edema + by 10 mL Lois 5/10

PLAN: Continue per your recommendations

Treating Therapist _____ Evaluating Therapist Lysi Beerbart, MS, OTR/L

Please return Progress Note with patient with recommendations.

Please check the appropriate orders:

_____ Continue with Recommended Treatment

_____ Discharge and/or Discontinue Treatment

Additional Orders: _____

PHYSICIAN: _____ DATE: _____

West Unit (814) 371-2200 East Unit (814) 375-4321 Direct Dial: (814) 375- 3020
Visit our web site at www.drmc.org
FAX 375-3049
(814)

Name: Heitzenrater, Mary
ID Number: 335096
Examination Date: 2/28/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

RANGE OF MOTION — THUMB

	MP		IP			LEFT	RIGHT
(Active/Passive)	LEFT	RIGHT	LEFT	RIGHT			
EXTENSION	0° /		+3° /		ABDUCTION	12° /	
FLEXION	32° /		48° /		ADDUCTION		
					OPPOSITION		

Hyperextension is positive.

* indicates ankylosis

RANGE OF MOTION — THUMB NOTES

Serial opposition intact

RANGE OF MOTION — WRIST

(Active/Passive)	LEFT	RIGHT
EXTENSION	55° /	
FLEXION	42° /	
RADIAL DEVIATION	10° /	
ULNAR DEVIATION	15° /	
LATERAL DEVIATION		

RANGE OF MOTION — ELBOW

(Active/Passive)	LEFT	RIGHT
EXTENSION		
FLEXION		
PRONATION		
SUPINATION	80° /	
LATERAL DEVIATION		

**Hyperextension is negative.*

PAIN

	LEFT	RIGHT
SEVERITY*	5	

**The pain values are on a range from 0 to 10, where 0 indicates no pain and 10 indicates severe pain.*

VOLUME

Units: ml	LEFT	RIGHT
VOLUME	565.0	

HEITZENRATER, MARY ID:000696370 05-JAN-2001 11:45:17 SHADYSIDE HOSPITAL-OPT ROUTINE RECORD

09-MAR-1956 (44 yr)
Female Unknown

Room:A0105
Loc:24

Vent. rate	107	BPM	SINUS TACHYCARDIA
PR interval	144	ms	CLOCKWISE ROTATION OF THE HEART
QRS duration	78	ms	OTHERWISE NORMAL ECG
QT/QTc	338/451	ms	WHEN COMPARED WITH ECG OF 29-SEP-2000 15:20
P-R-T axes	51 26	-8	NO SIGNIFICANT CHANGE WAS FOUND

Technician:TONY STAWINSKI
Test ind:V7281

B.V. Rao

Referred by: UNKNOWN

mbrglia

I aVR V1

II aVL V2

III aVF V3

V1

25mm/s 10mm/mV 150Hz 005B 12SL 250 CID: 1 SID: 0039077

KENDALL MEDITRACE

PRINTED IN U.S.A.

UPMC SHADYSIDE 5230 CENTRE AVENUE PITTSBURGH PA 15232

Name:HEITZENRATER,MARY
Location:ASC
Sex:F

Room:
Age:44Y

Acct.No.:0039077946
Admit:01/05/2001
Dr.:Imbriglia,J MD

Med.Rec.No.:000696370
Disc.:

********** C H E M I S T R Y **********

	DATE: 01/05/01 TIME: +1040 LOC: ASC	Reference	Units
Glucose	94	65-105	mg/dL
BUN	**H 18**	7-17	mg/dL
Creatinine	0.7	0.7-1.2	mg/dL
Sodium	143	137-145	mEq/L
Potassium	3.9	3.6-5.0	mEq/L
Chloride	102	98-107	mEq/L
Carbon Dioxide	27.0	22.0-30.0	mEq/L
Calcium	9.7	8.4-10.2	mg/dL

********** H E M A T O L O G Y **********

	DATE: 01/05/01 TIME: +1040 LOC: ASC	Reference	Units
Hgb	11.6	11.6-14.6	g/dL
Hct	35.0	34.1-43.3	%

Data flags: H = High L = Low P = Panic

Copy to: Imbriglia,J MD

END OF REPORT

6 6

JET

6-13-02

Highmark Blue Cross Blue Shield
Referral Notification
Referral Number: B015358341

Patient Information:

18244023301 04246500

MARY K HEITZENRATER
R D 5 BOX 32

PUNXSUTAWNEY, PA 157670000
Date of Birth: 03/09/1956
Home: 814-938-3280
Work: - -

Anticipated Date of Service:

06/13/2002

Diagnosis/Complaint:

354.0 CARPAL TUNNEL SYNDROME

Referring Practice/Practitioner:

000667894
PARLAVECCHIO AND BELLOMO PC
JOHN J BELLOMO

910 BEAVER DRIVE

DU BOIS, PA 158012539
Phone: 814-371-3730
Fax:
Entered by: NMX

Refer to:

000574712 WESTERN PENN. HAND CENTER INC. Phone: 724-933-3850 Fax: 724-933-3860

Services:

Evaluation Visit Office Visit

Receipt of an authorization does NOT mean that the service is covered under the patient's benefit plan or that the patient is eligible to receive such services.

Please communicate results back to PCP or referring provider. If member requires hospital admission or any procedures that require authorization, you must contact Highmark Blue Cross Blue Shield.

06/07/2002 07:34

6 6

Western Pennsylvania Hand & Trauma Center
6001 Stonewood Drive
Wexford, Pennsylvania 15090
Phone (724) 933-3850
Fax (724) 933-3860

Date: _____

Dear Dr. REF. DEPT.

Our mutual patient: Mary Heitzenrater

has an appointment with Dr. IMBRIGLIA on 6-13-02

Diagnosis: 354.0 code: _____

Our Provider # is: 574712

Patient's I.D. # YY218244O233

Group #: 04246500

D.O.B.: 3/9/56

Keystone
Select Blue
Security Blue
USHC
other _____

We are requesting that a referral be faxed to our office prior to the appointment. If this request cannot be met, Please contact our office

Thank you in advance for your time in this matter.

Joseph E. Imbriglia, M.D.
Glenn A. Buterbaugh, M.D.
William C. Hagberg, M.D.
Spencer L. Butterfield, M.D.
Marshall L. Balk, M.D.
Michael W. Bowman, M.D.

~~10/11~~ 12-18 6 6

To: IMBRIGLIA, JOSEPH, MD From: B013734533 R KHPU# 10/20/01

HIGHMARK
Referral Notification

Referral Number [B013734533]

Patient Information:
18244023301 04246500

MARY K HEITZENRATER
R D 5 BOX 32

PUNXSUTAWNEY, PA 157670000

Date of Birth: 03/09/1956
Home: 814-938-3280
Work: - -

Anticipated Date of Service:
10/18/2001

Diagnosis/Complaint:
354.0 CARPAL TUNNEL SYNDROME

Refer To:
000574712 WESTERN PENN. HAND CENTER INC. Phone: 724-933-3850 Fax: 724-933-3860
000076268 JOSEPH E IMBRIGLIA Phone: - - Fax: - -

Referring Practice/Practitioner:
000667894
PARLAVECCHIO AND BELLOMO PC
JOHN J BELLOMO

910 BEAVER DRIVE
DU BOIS, PA 15801
Phone: 814-371-3730
Fax: - -

Entered by: NMX

Services:

Evaluation Visit	Office Visit

Comments to Consultant:

Comments to HIGHMARK:

Receipt of an authorization does NOT mean that the requested service is covered under the patient's benefit plan or that the patient is eligible to receive such services.

Please communicate results back to PCP or referring provider. If member requires a hospital admission or any procedures that require authorization, you MUST contact Highmark.

Suite 201
Pittsburgh, Pennsylvania 15212

Date: 10-18-01

I Mary Waterworth, Have made an appointment with Western Pennsylvania Hand & Trauma Center. I understand that I will be financially responsible for all charges incurred today because a referral/authorization has not been received by this office from my Primary Care Physician. Should a referral be received for this visit, I will not be responsible for today's charges.

Mary Waterworth
Signature of patient or parent

6 6

Confirmation Report – Memory Send

Time : 10-15-01 11:49
Tel line : +17249333860
Name : WPHC

Job number : 857
Date : 10-15 11:45
To : 18143719335
Document pages : 01
Start time : 10-15 11:48
End time : 10-15 11:49
Pages sent : 01
Status : OK

Job number : 857 *** SEND SUCCESSFUL ***

WESTERN PENNSYLVANIA HAND & TRAUMA CENTER
6001 Stonewood Drive
Wexford, PA 15090
Phone (724) 933-3850
Fax (724) 933-3860

Date: _____

Dear: Ref Dept

Our mutual patient: Mary Heitzenrater has an

Appointment with Dr. Imbriglia on OCT 18 2001

Diagnosis: 354.0 Code: _____

Our provider # is 574712

Patient's I.D.# 442182440233 KEYSTONE SELECT BLUE

Group#: 04246500 SECURITY BLUE USHC

D.O.B.: 3/9/56 UPMC

WE ARE REQUESTING THAT A REFERRAL BE FAXED TO OUR OFFICE PRIOR TO THE APPOINTMENT. IF THIS REQUEST CANNOT BE MET, PLEASE CONTACT OUR OFFICE.

THANK YOU IN ADVANCE FOR YOU TIME IN THIS MATTER.

JOSEPH E. IMBRIGLIA, M.D.
GLENN A. BUTERBAUGH, M.D.
WILLIAM C. HAGBERG, M.D.
SPENCER L. BUTTERFIELD, M.D.
ORIENTE DITANO, M.D.
MARSHALL L. BALK, M.D.
MICHAEL W. BOWMAN, M.D.

10-18-01

HIGHMARK. Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

REFERRAL/AUTHORIZATION REQUEST FORM

For KeystoneBlue, SelectBlue, SecurityBlue & CommunityBlue

Name: Mary Heitzenrater
ID#: YYZ 182 440 233
DOB: 03/09/56

Name: Dr John Bellomo
UPIN #: PA 667804
Address: 910 Beaver Dr.
DuBois Pa 15801
Phone: 84-371-3730

▲ Patient Information ▲ ▲ Provider Information ▲

ALL SERVICES LISTED IN THE TOP SECTION OF THE FORM DO NOT REQUIRE AUTHORIZATION FROM HMS CARE MANAGEMENT.

Referral Information (All items below are required)
Diagnosis/Complaint: follow up appt.
Diagnosis Code (ICD-9):
Practice Name: Group Vendor #:
Specialist Name: Imbriglia (Last) Joseph (First)
Facility Name:

Anticipated Date of Service: 0405-01

Referrals for services listed in top section of the form are valid for 60 days from the anticipated date of service, unless otherwise indicated.

☒ Office Evaluation

SERVICE(S) NOT REQUIRING AUTHORIZATION (Refer to Network Practitioner Office Manual)
Please list procedures/therapies and body region for diagnostic studies.

(Excludes those studies requiring NIA authorization)

EVALUATION VISITS

HOME HEALTH
- ☐ Nursing
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Occupational Therapy

☐ HOSPICE

OUTPATIENT SETTING
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Speech Therapy

Send report to PCP, and if additional treatment/therapy is required send treatment plan to PCP for preauthorization.

EMERGENCY SERVICES (Check all that apply)
- ☐ ER Visit (Facility)
- ☐ Emergency Transport (Vendor)
- ☐ Out of Area (Facility & location)

DME/ORTHOTICS/PROSTHETICS/RESPIRATORY EQUIPMENT AND SUPPLIES
(See list on back: write in description)

☐ Rental (# months) ☐ Purchase

☐ COMMENTS: (Pertinent History, Exam Findings, Test Results, etc.)

ALL SERVICES LISTED IN THE BOTTOM SECTION OF THE FORM DO REQUIRE PREAUTHORIZATION FROM HMS CARE MANAGEMENT, OR THEIR COUNTERPARTS.

Approval Code: Denial Code:

The services below require preauthorization by HMS Care Management.
No payment will be made without an approval code. Call HMS Care Management for preauthorization for these services.
Pittsburgh: 1-800-547-3627 Erie: 1-800-227-0215 Johnstown: 1-800-429-0401

- ☐ Assisted Fertilization Treatment (Type)
- ☐ Cardiac Rehabilitation (# visits)
- ☐ Diabetic Education (Outpatient)
- ☐ DME/Orthotics/Prosthetics/Respiratory Equipment and Supplies (Customized, deluxe or not listed on back)
  Description
  ☐ Rental (# months ☐ Purchase
  (HMO requires authorization by Wright-Filippis)
- ☐ Enteral Formula
- ☐ Home Health Care
  - ☐ Home Health Aides (# of visits/weeks)
  - ☐ Nursing (# of visits/weeks)
  - ☐ Social Services (# of visits/weeks)
  - ☐ Occupational Therapy (# of visits/weeks)
  - ☐ Physical Therapy (# of visits/weeks)
  - ☐ Speech Therapy (# of visits/weeks)
- ☐ Hospice (# days)
- ☐ Hospital/SNF/Surgicenter Services (Facility name)
  - ☐ Inpatient
    Admission Date
    Admitting Physician
    Attending Physician
  - ☐ Outpatient
    Date
    Surgery Type
- ☐ Non-Network Provider (Name)
- ☐ Neuropsychiatric Testing
- ☐ Other Non-Listed Services
- ☐ Prescription Drugs **(HMO only)**
  - ☐ Enbrel ☐ Growth Hormone ☐ Infertility Drugs
  - ☐ Interferon ☐ Wellbutrin ☐ Other
- ☐ Therapeutic Drugs **(HMO and POS)**
  - ☐ Herceptin ☐ Hyalgan ☐ Infliximav (Remicade)
  - ☐ Synagis ☐ Synvisc ☐ Other
- ☐ Rehabilitation Services
  - Occupational Therapy (# of visits/weeks)
  - Physical Therapy (# of visits/weeks)
  - Speech Therapy (# of visits/weeks)
- ☐ Spinal Manipulation
- ☐ Standing Referral to Specialist (Valid for 6 months)

◆ A REFERRAL/AUTHORIZATION IS AN INDICATION OF MEDICAL APPROPRIATENESS, NOT NECESSARILY OF BENEFIT COVERAGE, AND DOES NOT GUARANTEE REIMBURSEMENT.
◆ Provider, please read the information below carefully concerning your responsibilities subsequent to this referral/preauthorization:
◆ The Provider agrees to provide only those services noted above or preauthorized by Highmark Blue Cross Blue Shield or Keystone Health Plan West. Provider agrees to accept HBCBS/KHPW's payment as payment in full (except in cases of required member copayments, deductibles and/or coinsurance). FURTHER, PROVIDER UNDERSTANDS THAT NEITHER THE MEMBER NOR THE PLAN WILL ASSUME FINANCIAL LIABILITY FOR ANY SERVICES NOT PROPERLY PREAUTHORIZED.
◆ After reading the above information carefully, please submit your claim, on a standard 1500 claim form, to Keystone Health Plan West Claims, P.O Box 898819, Camp Hill, PA 17089-8919

REFERRAL PHYSICIAN

KHP-125 (R11-99) 34196

To: IMBRIGLIA, JOSEPH, MD From: BB13152239 R KHPW# 08/02/01

7-26-01
10-18-01
JEI

HIGHMARK
Referral Notification

Referral Number [B013152239]

Patient Information:
18244023301 04246500

MARY K HEITZENRATER
R D 5 BOX 32

PUNXSUTAWNEY, PA 157670000
Date of Birth: 03/09/1956
Home: 814-938-3280
Work - -

Referring Practice/Practitioner:
000667894
PARLAVECCHIO AND BELLOMO PC
JOHN J BELLOMO

910 BEAVER DRIVE
DU BOIS, PA 15801
Phone: 814-371-3730
Fax - -

Entered by: NMX

Anticipated Date of Service:
07/26/2001

Diagnosis/Complaint:
782.3 EDEMA

Refer To:
000574712 WESTERN PENN. HAND CENTER INC. Phone: 412-322-4676 Fax: 724-933-3860
000076288 JOSEPH E IMBRIGLIA Phone: - - Fax: - -

Services:
Evaluation Visit Office Visit

Comments to Consultant:

Comments to HIGHMARK:

Receipt of an authorization does NOT mean that the requested service is covered under the patient's benefit plan or that the patient is eligible to receive such services.

Please communicate results back to PCP or referring provider. If member requires a hospital admission or any procedures that require authorization, you MUST contact Highmark.

To: IMBRIGLIA, JOSEPH, MD From: B013088025 R KHPWB 07/18/01

HIGHMARK
Referral Notification

7-26-01 appt.

Referral Number [B013088025]

Patient Information:

18244023301 04246500

MARY K HEITZENRATER
R D 5 BOX 32

PUNXSUTAWNEY, PA 157670000
Date of Birth: 03/09/1956
Home: 814-938-3280
Work - -

Referring Practice/Practitioner:

000667894
PARLAVECCHIO AND BELLOMO PC
JOHN J BELLOMO

910 BEAVER DRIVE
DU BOIS, PA 15801
Phone: 814-371-3730
Fax - -

Entered by: NMX

Anticipated Date of Service:

07/26/2001

Diagnosis/Complaint:

354.0 CARPAL TUNNEL SYNDROME

Refer To:

000574712 WESTERN PENN. HAND CENTER INC. Phone: 412-322-4676 Fax: 724-933-3860
000076288 JOSEPH E IMBRIGLIA Phone: - - Fax: - -

Services:

Evaluation Visit Office Visit

Comments to Consultant:

Comments to HIGHMARK:

Receipt of an authorization does NOT mean that the requested service is covered under the patient's benefit plan or that the patient is eligible to receive such services.

Please communicate results back to PCP or referring provider. If member requires a hospital admission or any procedures that require authorization, you MUST contact Highmark.

PHOTOCOPY

Blue Cross Blue Shield

An Independent Licensee of the Blue Cross and Blue Shield Association

REFERRAL/AUTHORIZATION REQUEST FORM

For KeystoneBlue, SelectBlue, SecurityBlue & CommunityBlue

Name Mary Hetzenrater
ID# YYZ182440233
DOB 03/09/56

Name Dr John Bellomo
Vendor# PA667804
Address 910 Beaver Dr.
DUBOIS PA 15801
Phone 814-371-3730

▲ Patient Information ▲ ▲ Provider Information ▲

ALL SERVICES LISTED IN THE TOP SECTION OF THE FORM DO NOT REQUIRE AUTHORIZATION FROM HMS CARE MANAGEMENT

Referral Information (All items below are required)
Diagnosis/Complaint: follow up appt.
Diagnosis Code (ICD-9):
Practice Name: Group/Vendor # ☐☐☐☐☐☐
Specialist Name: Imbriglia (Last) Joseph (First)
Facility Name:

Anticipated Date of Service 0405-01

Referrals for services listed in top section of the form are valid for 60 days from the anticipated date of service, unless otherwise indicated.

☑ Office Evaluation

SERVICE(S) NOT REQUIRING AUTHORIZATION (Refer to Network Practitioner Office Manual)
Please list procedures/therapies and body region for diagnostic studies.

(Excludes those studies requiring NIA authorization)

EVALUATION VISITS

HOME HEALTH
☐ Nursing
☐ Physical Therapy
☐ Speech Therapy
☐ Occupational Therapy
☐ HOSPICE

OUTPATIENT SETTING
☐ Physical Therapy
☐ Occupational Therapy
☐ Speech Therapy

Send report to PCP, and if additional treatment/therapy is required send treatment plan to PCP for preauthorization.

EMERGENCY SERVICES (Check all that apply)
☐ ER Visit (Facility)
☐ Emergency Transport (Vendor)
☐ Out of Area (Facility & location)

DME/ORTHOTICS/PROSTHETICS/RESPIRATORY EQUIPMENT AND SUPPLIES
(See list on back; write in description)

☐ Rental (# months) ☐ Purchase

☐ COMMENTS: (Pertinent History, Exam Findings, Test Results, etc.)

ALL SERVICES LISTED IN THE BOTTOM SECTION OF THE FORM DO REQUIRE PREAUTHORIZATION FROM HMS CARE MANAGEMENT OR THEIR COUNTERPARTS

Approval Code Denial Code

The services below require preauthorization by HMS Care Management.
No payment will be made without an approval code. Call HMS Care Management for preauthorization for these services.
Pittsburgh: 1-800-547-3627 Erie: 1-800-227-0215 Johnstown: 1-800-429-0401

☐ Assisted Fertilization Treatment (Type)
☐ Cardiac Rehabilitation (# visits)
☐ Diabetic Education (Outpatient)
☐ DME/Orthotics/Prosthetics/Respiratory Equipment and Supplies (Customized, deluxe or not listed on back)
Description
☐ Rental (# months) ☐ Purchase
(HMO requires authorization by Wright-Filippis)
☐ Enteral Formula
☐ Home Health Care
☐ Home Health Aides (# of visits/weeks)
☐ Nursing (# of visits/weeks)
☐ Social Services (# of visits/weeks)
☐ Occupational Therapy (# of visits/weeks)
☐ Physical Therapy (# of visits/weeks)
☐ Speech Therapy (# of visits/weeks)
☐ Hospice (# days)
☐ Hospital/SNF/Surgicenter Services (Facility name)

☐ Inpatient
Admission Date
Admitting Physician
Attending Physician
☐ Outpatient
Date
Surgery Type
☐ Non-Network Provider (Name)
☐ Neuropsychiatric Testing
☐ Other Non-Listed Services

☐ Prescription Drugs (HMO only)
☐ Enbrel ☐ Growth Hormone ☐ Infertility Drugs
☐ Interferon ☐ Wellbutrin ☐ Other
☐ Therapeutic Drugs (HMO and POS)
☐ Herceptin ☐ Hyalgan ☐ Infliximav (Remicade)
☐ Synagis ☐ Synvisc ☐ Other
☐ Rehabilitation Services
Occupational Therapy (# of visits/weeks)
Physical Therapy (# of visits/weeks)
Speech Therapy (# of visits/weeks)
☐ Spinal Manipulation
☐ Standing Referral to Specialist (Valid for 6 months)

- A REFERRAL/AUTHORIZATION IS AN INDICATION OF MEDICAL APPROPRIATENESS, NOT NECESSARILY OF BENEFIT COVERAGE, AND DOES NOT GUARANTEE REIMBURSEMENT.
- Provider, please call for information below carefully concerning your responsibilities subsequent to this referral/preauthorization:
- The Provider agrees to provide only those services listed above or preauthorized by Highmark Blue Cross Blue Shield or Keystone Health Plan West. Provider agrees to accept HBCBS/KHPW's payment as payment in full for covered services (deductible, coinsurance). FURTHER, PROVIDER UNDERSTANDS THAT NEITHER THE MEMBER NOR THE PLAN WILL ASSUME RESPONSIBILITY FOR PLAN BENEFIT SERVICES NOT PROPERLY PREAUTHORIZED.

TOTAL P.01

SelectBlue
A Highmark Blue Cross Blue Shield
Point-of-Service Program

Highmark Blue Cross Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association

Premier Pharmacy Network
Powered by RUB Prescriptions, LLC.

MARY K HEITZENRATER

ID# YYZ182440233 GRP# 04246500
PCP PARLAVECCHIO AND BELLOMO PC
PHONE 814-371-3730 PCP EFF DT 01/01/00
COPAY PCP$5 SP$5

Network Code 365 BC Plan 363 BS Plan 865

Member Service/Benefit questions: Call 1-800-241-5704

Emergencies: Call your Primary Care Physician (PCP) for instructions. If the emergency is life-threatening or would result in serious physical impairment, go to the nearest medical provider – then call your PCP within 48 hours.

Member submitted claims: If the provider does not submit your claim to the local BC/BS network, send your claim to Highmark Blue Cross Blue Shield, P.O. Box 3355, Pittsburgh, PA 15230-3355.

Mental health and substance abuse:
Call at 1-800-258-9808 before seeking treatment.

REMEMBER: All medical care must be provided by or authorized in advance by your PCP or your benefits are reduced. If your PCP isn't contacted, you're responsible for obtaining precertification for all inpatient services by calling 1-800-241-5704.

CS0003

6 6

Name: Heitzenrater, Mary, C.
ID Number: 335096
Examination Date: 6/11/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

PERSONAL DATA

Sex: Female
Birth date: 3/9/56
Age: 45
Handedness: Right

Physician: Dr. John Bellomo
Examiner: Lisa Gearhart, MS,OTR/L
Referred by: Dr. Joseph Imbriglia

WORK STATUS

Employer: CKM
Occupation: RN
Occupation when injured: SAme
How long at job prior to injury? 7 years
Off work after injury? No
How long off work?
Working now? Yes

HISTORY

Date of injury: 4/01
Injured side: Right
How injured: Symptoms since April, pain right thumb
Location of injury: right elbow and hand

Date of initial exam: 6/11/1
Date of last EVAL:

Surgery Dates & Descriptions:

Diagnosis:

Right Lateral Epicondylitis,
DeQuervain's Disease
727.04 De Quervain's disease

Treatments:

Signature: Lisa J. Gearhart, MS, OTR/L *Date:* 6/11/01

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

PATIENT INFO – NOTES

Assessment: Pain right thumb area and right elbow since April.

PMH: CTR Bilateral, Left Median Nerve repair

Social History: Lives with husband

Leisure: read, TV

ADL/ILS: Pain and weakness, handwriting, gripping and grasping, lifting

Precautions: None

Current Medications:

RANGE OF MOTION – THUMB

	MP		IP			LEFT	RIGHT
(Active/Passive)	LEFT	RIGHT	LEFT	RIGHT	ABDUCTION	9° / 14°	9° / 15°
EXTENSION	+9° / +13°	+16° / +25°	+8° / +10°	+13° / +16°	ADDUCTION		
FLEXION	28° / 50°	41° / 53°	39° / 73°	54° / 65°	OPPOSITION		

Hyperextension is positive.

* indicates ankylosis

RANGE OF MOTION – THUMB NOTES

Serial opposition intact

RANGE OF MOTION – WRIST

(Active/Passive)	LEFT	RIGHT
EXTENSION	35° / 60°	40° / 65°
FLEXION	40° / 60°	60° / 65°
RADIAL DEVIATION	10° / 15°	10° / 15°
ULNAR DEVIATION	20° / 25°	15° / 20°
LATERAL DEVIATION		

RANGE OF MOTION – ELBOW

(Active/Passive)	LEFT	RIGHT
EXTENSION		
FLEXION		
PRONATION	85° / 90°	90° / 90°
SUPINATION	65° / 75°	70° / 80°
LATERAL DEVIATION		

Hyperextension is negative.

Name: Heitzenrater, Mary, C.
ID Number: 335096
Examination Date: 6/11/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

PAIN

	LEFT	RIGHT
SEVERITY*		8

*The pain values are on a range from 0 to 10, where 0 indicates no pain and 10 indicates severe pain.

VOLUME

Units: ml	LEFT	RIGHT
VOLUME	600.0	600.0

STRENGTH – PINCH

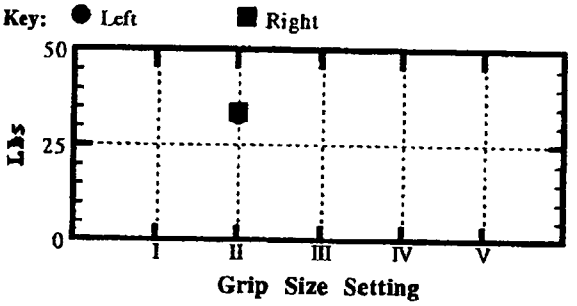
Units: lb	AVERAGE		COEFFICIENT OF VARIATION%	
Position	LEFT	RIGHT	LEFT	RIGHT
KEY	10.8	10.9	8.2	5.8
3-JAW	9.1	8.9	9.4	4.0
TIP	6.8	7.3	5.5	10.5

*Averages are based on 3 trials per position.

STRENGTH – GRIP

Units: lb	AVERAGE		COEFFICIENT OF VARIATION%	
Position	LEFT	RIGHT	LEFT	RIGHT
I				
II	32.3	33.3	4.7	6.2
III				
IV				
V				

*Averages are based on 3 trials per position.



MANUAL MUSCLE – HAND

FUNCTIONS	LEFT	RIGHT
Thumb adduction	4	4
Thumb abduction	4	4
Thumb opposition	4	4
Thumb extension	4	4
Thumb flexion	4	4
Finger adduction	4	4
Finger abduction	4	4
Finger extension	4	4
Finger flexion	4	4

MUSCLES	LEFT	RIGHT
Adductor pollicis		
Abductor pollicis longus		
Abductor pollicis brevis		
Opponens pollicis		
Extensor pollicis longus		
Extensor pollicis brevis		
Flexor pollicis longus		
Flexor pollicis brevis		
Palmar interossei		
Dorsal interossei		
Lumbricales		
Extensor indicis		
Extensor digitorum		
Extensor digiti minimi		
Flexor digitorum superfic.		
Flexor digitorum profundus		

Name: Heitzenrater, Mary, C.
ID Number: 335096
Examination Date: 6/11/1

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

MANUAL MUSCLE — FOREARM

FUNCTIONS	LEFT	RIGHT
Wrist radial	4	4
Wrist ulnar	4	4
Wrist extension	4	4
Wrist flexion	4	4
Forearm pronation	4	4
Forearm supination	4	4
Elbow extension	4	4
Elbow flexion	4	4

MUSCLES	LEFT	RIGHT
Extensor carpi rad. long.		
Ext. carpi rad. brevis		
Extensor carpi ulnaris		
Flexor carpi radialis		
Flexor carpi ulnaris		
Pronator teres & quad.		
Supinator		
Brachioradialis		
Biceps brachii & Brachialis		
Triceps brachii & Anconeus		

MANUAL MUSCLE — SHOULDER

FUNCTIONS	LEFT	RIGHT
Adduction	4	4
Abduction	4	4
Extension	4	4
Flexion	4	4
Internal rotation	4	4
External rotation	4	4

MUSCLES	LEFT	RIGHT
Coracobrachialis		
Supraspinatus		
Deltoid		
Latissimus dorsi		
Pectoralis major & minor		
Teres major		
Subscapularis		
Infraspinatus		
Teres minor		

MANUAL MUSCLE — LEGEND

5 Complete ROM against gravity with full resistance
4 Complete ROM against gravity & some resistance, or reduced fine movements & motor control
3 Complete ROM against gravity, but only without resistance
2 Complete ROM with gravity eliminated
1 Slight contractibility, but no joint motion
0 No contractibility

DuBois Regional Medical Center
100 Hospital Drive
DuBois, PA 15801

Assessment:
Deficits identified:
1. Decreased AROM right wrist/forearm
2. Decrease right grip and pinch strength
3. Increased pain right thumb area and elbow

Goals:
1. Patient wil be educated and demonstrate independence with HEP (A/AA/PROM exercises, pain management techniques, strengthening as appropriate) within 2-4 weeks
2. Patient will demonstrate an increase in AROM right wrist by 3-5 degrees via clinical measurement and forearm supination by 2-5 degrees as demonstrated by her ability to increase sustained grasp within 2-4 weeks
3. Patient will demonstrate a decrease in pain to 3-4/10 on pain scale as evidenced by her ability to tolerate 30-45 minutes of activity
4. Patient will demonstrate an increase in grip and pinch strenth by 3-5# via clinical measurement and increased ability to grasp and pinch without increase in pain within 4-6 weeks

Long Term Goal:
1. To be able to tolerate functional activity performance without increase in pain with work and leisure activities within 8 weeks

Plan of treatment: 2 times a week times 4 weeks followed by re-evaluation
Anticipated duration of treament: 4-8 weeks
OT intervention to include: Thumb spica splint, HEP, A/AA/PROM exercises as appropriate, masssage, Iontophoresis, pain management techniques, strengthening exercises as appropriate
Rehab Potential: Good for the above stated goals

Western Pennsylvania Hand Center

Dr. Joseph Imbriglia • Dr. Glenn Buterbaugh • Dr. William Hagberg • Dr. Spencer Butterfield

127 Anderson Street, Suite 201, Pittsburgh, Pa 15212
(412) 322-4676 x129

9104 Babcock Blvd., Suite 1106, Pittsburgh, PA 15237
(412) 364-4945 x129

Patient Name: MARY HEITZENRATER Date: 5-24-01

Diagnosis: (R) DE QUERVAIN'S + (R) LAT. EPICONDYLITIS

Evaluation:
- X OT
- ____ PT
- ____ FCE
- ____ ADL
- ____ send report

Modalities: (AS INDICATED)
- X Moist Heat
- ____ Fluidotherapy
- ____ Whirlpool
- ____ Sterile Whirlpool
- ____ TENS
- X Iontophoresis
- ____ Paraffin Wax
- ____ Ice
- ____ Ultrasound

Frequency 1-2 x per week X MASSAGE (R) ELBOW

Duration: 4 WKS.

Treatment:
- ____ AAROM
- X AROM
- ____ PROM
- ____ Strengthening
- ____ Fine Motor
- ____ Desensitization
- ____ Scar Management
- ____ BTE
- ____ Work Hardening
- ____ Edema Control
- ____ Shoulder Protocol (see attached)

Splint:
- ____ Long Opponens
- ____ Short Opponens
- ____ LMB Ext. Splint
- ____ PIP/DIP Loop
- ____ Flexion Strap
- ____ Resting Hand
- ____ MCP Dynamic extension splint
- ____ Dorsal Blocking Splint
- ____ DBS with Kleinert Tx.
- ____ Coban
- X Other WRIST/THUMB SPLINT

Comments: _____

Physician Signature: _____

Western Pennsylvania Hand & Trauma Center
127 Anderson Street, Suite 201
Pittsburgh, Pennsylvania 15212
(412) 322-4676
fax:
(412) 321-6771
(412) 321-2884

DATE: 1-18-01

PATIENT'S NAME: Mary Heitzenrater

_____ NO WORK UNTIL FURTHER NOTICE

_____ NO PHYSICAL EDUCATION

__✓__ RELEASE TO RETURN TO WORK

_____ RELEASE TO RETURN TO SCHOOL

_____ RELEASE FOR PHYSICAL EDUCATION

EFFECTIVE DATE RELEASE FOR WORK/SCHOOL/PHYS. ED.: 1-22-01

__✓__ FULL DUTY

_____ LIGHT DUTY

_____ RELEASED FOR WORK WITHIN FUNCTIONAL CAPACITIES EVAL.

__✓__ PATIENT WAS SEEN IN THE OFFICE ON: 1-18-01

RESTRICTIONS: _____

_____

_____

__✓__ JOSEPH E. IMBRIGLIA,M.D. _____ GLENN A. BUTERBAUGH,M.D.

_____ WILLIAM C. HAGBERG,M.D. _____ SPENCER BUTTERFIELD,M.D.

_____ ORIENTE DITANO,M.D. _____ MARSHALL L. BALK,M.D.

Joseph E. Imbriglia MD

6 6

Western Pennsylvania Hand Center

Dr. Joseph Imbriglia • Dr. Glenn Buterbaugh • Dr. William Hagberg • Dr. Spencer Butterfield

127 Anderson Street, Suite 201, Pittsburgh, Pa 15212
(412) 322-4676 x129

9104 Babcock Blvd., Suite 1106, Pittsburgh, PA 15237
(412) 364-4945 x129

Patient Name: MARY HEITZENRATER Date: 1/18/01

Diagnosis: 9-29-00 (L) CTR, tenosynovectomy, nerve graft x2 median.

Evaluation:
- ____ OT
- ✓ PT
- ____ FCE
- ____ ADL
- ____ send report

Modalities:
- ____ Moist Heat
- ____ Fluidotherapy
- ____ Whirlpool
- ____ Sterile Whirlpool
- ____ TENS
- ✓ Iontophoresis (up to 12 visits)
- ____ Paraffin Wax
- ____ Ice
- ____ Ultrasound

Treatment:
- ____ AAROM
- ____ AROM
- ____ PROM
- ____ Strengthening
- ____ Fine Motor
- ✓ Desensitization
- ____ Scar Management
- ____ BTE
- ____ Work Hardening
- ____ Edema Control
- ____ Shoulder Protocol (see attached)

Splint:
- ____ Long Opponens
- ____ Short Opponens
- ____ LMB Ext. Splint
- ____ PIP/DIP Loop
- ____ Flexion Strap
- ____ Resting Hand
- ____ MCP Dynamic extension splint
- ____ Dorsal Blocking Splint
- ____ DBS with Kleinert Tx.
- ____ Coban
- ____ Other

Frequency 2 x per week

Duration: 6 WKS

Comments: _____

Physician Signature: _____

WESTERN PENNSYLVANIA HAND CENTER

PATIENT NAME: Mary Heitzenrater DATE: 9-14-00
Please Print

In order to help us evaluate your medical status, please complete the following information:

	YES	NO
Fever		✓
Recent Weight Change		✓
Fatigue		✓
Blurred Vision	✓	
Eye Glasses	✓	
Hearing Loss		✓
Sinus Drainage		✓
Cold	✓	
Upper Respiratory Infection		✓
Asthma		✓
Cough	✓	
Shortness of Breath	✓	
High Blood Pressure	✓	
Heart Attack		✓
Chest Pain, Arrythmia		✓
Mitral Valve Prolapse, Valve Dx.		✓
Heart Murmur		✓
Phlebitis/DVT/P.E.		✓
Stroke. CVA , TIA		✓
Seizures, Blackout Spells		✓
Headaches, Migraines		✓
Peptic Ulcer Disease		✓
Renal Disease		✓
Kidney Stones		✓
Urinary Tract Infection		✓
Hiatal Hernia, Reflux	✓	
Jaundice		✓
Hepatitis		✓
Diabetic		✓
Use Insulin		✓
Thyroid		✓
Anemic		✓
Gout, arthritis		✓
Cancer		✓
Anxiety/Depression		✓
Skin Disorders		✓

ALLERGIES (Please List and include reaction):

CURRENT MEDICATIONS AND DOSAGE:
Accupril 80mg QD
Diazide QD
Aciphex QD
Accolate 20mg BID
Celexa 20mg QD

ALCOHOL USE:
Daily___ Socially___ Occasional___ Never ✓

DRUG USE: YES_____ NO ✓

TOBACCO USE:
_____ pack(s) per day x_____year(s)

PAST FAMILY AND SOCIAL HISTORY: (Please use back of form if additional space is needed)
Prior and Current Medical Illnesses:

Prior Surgeries: C-Section 1981, DNC 1998/1999
Back 7/1999, Carpel tunnel 4/2000

WESTERN PENNSYLVANI. . HAND CENTER
TIMBERCOURT, SUITE 201
127 ANDERSON STREET
PITTSBURGH, PA 15212
(412) 322-4676

DR: IMBRIGLIA, MD	APPT: 09/14/00
OFFICE: NH	TIME: 10:30 am
OPNP:	ADM:
OPSP:	OP:
IME:	DC:

NAME: HEITZENRATER, MARY
INS. TYPE: SELECT BLUE
ADDRESS: RD 5 BOX 32
PLAN #: 1325
PUNXSUTAWNEY PA 15767
[redacted]
HOME PHONE #: (814) 938-3280 WORK #: (814) 371-3180
DATE OF BIRTH: 03/09/1956 AGE: 44 SS #: 160-48-4144
PARENT/SPOUSE: Ronald
SEX: ___MALE _X_FEMALE DOM.HAND: ✓ RIGHT ___LEFT
[redacted]
CHIEF COMPLAINT: LEFT CTS WORSE AFTER SURGERY
HISTORY OF INJURY: NA
STRETCHER /AMBULANCE: CASTED: WHEELCHAIR:
DATE OF INJURY/ONSET OF SYMPTOMS: 8/99
IS THIS WORK RELATED? DATE DISABLED:
REFERRED BY: JOHN BELLOMO DATE RELEASED:
ADDRESS: WEST LING AVENUE EMPLOYER: CHRIST THE KING MANOR
DU BOIS PA 15801 ADDRESS:
PCP NAME: JOHN BELLOMO
ADDRESS: 1214 W. LONG AVENUE OCCUPATION: R.N.
DUBOIS PA 15801 X-RAYS TAKEN: Yes TO BRING:
PHONE #: (814) 371-3730 ADDITIONAL TESTING? Emg
FAX#: 8143719335 ACCOUNT #: 30776.0

MD 72671

AE 10.16.01 ✓

6 6

In consideration of services and treatment furnished or to be furnished to: _____ by the Western Pennsylvania Hand and Trauma Center We/I assign Western Pennsylvania Hand and Trauma Center that portion of the proceeds or benefits of any insurance policy or benefit program necessary to WPHTC bills for such services and treatment. We/I agree toWPHTC releasing medical information as required by the insurance carrier or benefit program for payment.

We/I designate beneficiary under any employee benefits plan to receive health benefits for its bills.

We/I assign to WPHTC that portion of the proceeds necessary to satisfy WPHTC bills that We/I and/or the patient may have a claim against any Third Party arising out of the patient's injuries and/or condition and, in the event, that We/I retain an attorney to prosecute our/my claim, We/Iinstruct the attorney to protect and pay WPHTC bills out of any settlement or judgement proceeds.

We/I grant the right to file and pursue administrative claims and commence legal proceedings against any insurance company, benefit program,employee benefit fund or thrid party to collect its bills in my/our names, the name of the insured, Western Pennsylvania Hand and Trauma Center's name, at

Western Pennsylvania Hand and Trauma Center's sole discretion.

we/I will agree to self-pay for services and treatment furnished or tobe furnished that is a non-covered benefit under my insurance coverage.

SIGNATURE PATIENT OR AUTHORIZED PERSON: Mary Heitzenrater

DATE: 9-14-00

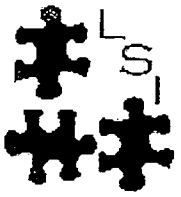
PRIMARY INSURANCE INFORMATION

INSURANCE NAME: SELECT BLUE	
ADDRESS: P O BOX 1210	TELEPHONE #: (800) 241-5704
CITY,STATE,ZIP: PITTSBURGH PA 15230	ID#: YYZ182440233
SUBSCRIBERS NAME: RONALD HEITZENRATER	GROUP #: 04246500
ADJUSTER'S NAME:	CLAIM #:
COMMENTS:	

SECONDARY INSURANCE INFORMATION

INSURANCE NAME:	
ADDRESS:	TELEPHONE #:
CITY,STATE,ZIP:	ID #:
SUBSCRIBERS NAME:	GROUP #:
ADJUSTER'S NAME:	CLAIM #:
COMMENTS:	

Medical records of
Richard Katz, M.D.



Litigation Solutions, Inc.
Jessica Johnson
Brentwood Towne Centre
101 Towne Square Way, Suite 251
Pittsburgh, PA 15227
Tel: 412.253.1099
Fax: 412.253.1057
Email: jjohnson@litsol.com
www.litigationsolutions.com
Office Hours:
Monday - Friday 8:00am to 5:00pm

Dr. R. Katz
3500 Fifth Avenue
Ste 106
Pittsburgh PA 15213
Attn: Medical Records Correspondence

7/26/2005

RE: Patient: Heitzenrater, Mary
SSN: 160-48-4144
Date of birth: 03-9-1956

Please remit: a complete copy of any and all medical records from 3/9/1956 to present, including records, charts, test results, reports, correspondence, office notes, and computerized records.

Dear Sir or Madam:

Attached you will find a properly executed authorization for release of the records specified above relating to the above referenced individual.

Please complete and sign the attached RECORD CERTIFICATION STATEMENT and return it with the records.

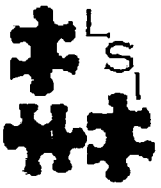
IF YOU DO NOT HAVE THESE RECORDS, PLEASE STATE SO ON THE RECORD CERTIFICATION AND RETURN IMMEDIATELY VIA MAIL OR FAX.

Pennsylvania House Bill 1048, Act 26 regulates charges imposed by Health Care Providers: $17.48 retrieval fee; Pages 1-20 at $1.17 / page; pages 21-60 at $0.88 / page; pages over 61 at $0.29 / page.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Jessica Johnson



Jessica Johnson
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Tel: 412.253.1099
Fax: 412.253.1057
Email: jjohnson@litsol.com
www.litigationsolutions.com
Office Hours:
Monday - Friday 8:00am to 5:00pm

CERTIFICATION STATEMENT

I hearby certify by my seal below that I have (✓) / have not (___) provided a true and complete copy of the documents requested of this facility for the following patient:

Patient: Heitzenrater, Mary
SSN: 160-48-4144
Date of birth: 03-9-1956
Request Instructions: Please remit: a complete copy of any and all medical records from 3/9/1956 to present, including records, charts, test results, reports, correspondence, office notes, and computerized records.

If documents have not been provided, it is due to: (check one)

_____We have no documents regarding this person
_____We do not have the specific documents / dates in our files
_____Our documents are destroyed after _____ years
_____The documents are in the possession of:
_____

_____Other (please specify below)
_____
_____

Printed Name: Richard Katz, M.D.

Signature: R. Katz

Name of Facility or Provider of Records: R. Katz

Date: 7/25/05

Address of Facility or Provider of Records: 3500 Fifth Avenue Pittsburgh PA 15213

Mailing address: 6 6
2542 Walston Rd.

(1)

HEITZENRATER, MARY C.
RD 5 Box 32
Punxsutawney, PA 15767

AGE: 45
DOB: 3/9/56
SS#: 160-48-4144
#: 814-938-3280

Ref.- John Perry, Esq.
Ins.- Select Blue

January 28, 2002

45 yo (R) handed registered nurse
Christ The King Manor 220
bed nursing home - skilled
unit - IV, trach.
Lab, draw, IV - supervisor on
unit or - skilled ~~fac~~ facility
of 160 pt'

4/2000 (L) CT - Dr Zeliger
port op terrible burning
pain & knot in palm.
Medial [illegible] pk,
(R) hand kept smelly &
change color,
problem flexing fingers
- [illegible] (L) 2.

Tiny incision
- Zeliger

(2)

2nd EMG @ 4 months
→ 2nd study was worse.

same as linking → feels
nerves cut →
graft of nerves from
dorsum forearm

→ can't be fixed but
I think I can help you
9/00 – surg (2)

Sensation as of 9/06 in
(L) 2, ↓ in palm
is painful sensation
& thenar muscle skin
sensation

6 (3) 6

current areas of painful
palm is same as after
1st operation.

(L) 1 — sensation alt
(L) 2 whole thing is numb
(L) 3 — radial alt
after slight ulr,

(L) 4 & 5 OK.

Neurontin Rx by Dr Schaaff
— No help, sleep
Oxycontin & percocet
→ 20 mg b.i.d. — affected
alertness

4

ct was wet w/c.

RTW 2 day after 4/00
using ① hand

9/00 surg. off 1 wk
→ administrative job

Tends not to use ① 2.
can't turn a car key
No strength ① 2.
can't feel change pages
No Tan
it's numb but it hurts
− 0 1 → 3 → 2 N
sensory

(3)

c̄ ext / abduct — can fingers
fingers → pain
in palm

can get swelling of
dorsum of hand

interferes c̄ sleep

re sympathetic block
— by [illegible]
didn't recommend

saw ~~Beta~~ Velacoush
— at pain clinic
DRMC → [illegible] RSD

4

all: $\bar{O}$

Meds: Demadex — diuretic for BP

accupril

singulair

advair inhaler

Celexa → pork problem,

aciphex ~~asphix~~ → reflex

glucophage — wt control & polycystic ovaries

6 6

7

S: ⊘

Dem: ⊘ 1 cig

H&P: ⊘ c-section

⊘ colectomy ~ 2000

Laminectomy

COPD/asthma

sleep apnea

ROS: ↑ BP

PE: ⊘

5.5 cm longit scar

dorsal midline

distal forearm

Vasc seen ⊘ ĉ Nail

No obvious dorsal swelling

6 (8) 6

3 cm. < scar palm wrist

5 cm scar in palm
near thenar crease

abdominal drying pads
1 → 3 ≥5 (R) 1 → 3

some moisture pads 4 & 5

alt sen 1, much in 2,
3, slight ~~[illegible]~~ 1
radial 4.

(9)

Moderate rubbing (L) palm

s̄ scar

s̄ Nail on scar

Hints of atrophy (L) distal phalanx (L) 2

some [illegible] bone (L) 2.

passive can flex (L) 2 fairly well — some (L) pain c̄ this.

also active flexion

Tinel c̄ tapping (L) areas distal end of scars

→ No distal radiation.

6 6

(10)

40 II 12 withhold (1)D

Imp: (2) median N
myel.

alt sen & hypotho

Dep: presume Rom (1)Z,
ends better →
Hy Budd Dept

(11)

Fy oxycontin 10 mg # ~~30~~ 100
1 po hs.

Fy sock ø etc (L) knee

additional Surg of No
Value.

co- Jon Perry

749
849
+12 min
records 1/30

husband

(12)

HEITZENRATER, MARY C.

1/28/02

HX: The patient is a 45-year-old R hand dominant woman who previously worked as a registered nurse at Christ the King Manor Nursing Home which is a 220-bed nursing home. Ms. Heitzenrater worked in the skilled nursing unit where the patients had I.V.'s, tracheotomies, and other problems requiring skilled care. Ms. Heitzenrater indicated that her job activities involved starting I.V.'s, drawing blood samples, and supervising the staff of the unit.

The patient brought with her copies of reports of electrodiagnostic studies she had undergone on 2/11/00 and 8/23/00. These studies had been performed by Dr. Schaeffer. In addition, the patient had brought a copy of the operative report concerning a procedure performed on 9/29/00 by Dr. Imbriglia.

The patient was evaluated by Dr. Schaeffer on 2/11/00 and his office note indicates that the patient's chief complaint was that of L hand pain which had its onset approximately two to three months previously. The pain was experienced in the patient's L hand and involved L 1-3. The patient also noted diminished sensation in this area and this would occasionally awaken her at night. Although the worksheet portion of Dr. Schaeffer's evaluation was not available, he concluded that the distal latencies of the sensory and motor portions of the L median nerve were prolonged and the electromyographic testing "of selected left upper extremity musculature" revealed no evidence of acute or chronic denervation. Dr. Schaeffer concluded that the patient was experiencing entrapment of the L median nerve in the region of the L carpal tunnel of a moderate to severe degree.

In April of 2000 the patient had undergone release of the carpal tunnel of her L hand performed by Dr. Zeliger. The patient indicated that Dr. Zeliger had made a "tiny incision" in what would be the proximal portion of the palm of her L hand and that only two sutures had been placed to close the wound. The patient indicated that postoperatively she experienced "terrible burning pain" and a "knot" in the palm of her L hand. At one point a Medrol Dosepak [this is a several-day course of a potent steroid medication] had been prescribed. The patient indicated her

L hand "kept swelling and changing color" and that she had experienced difficulty in flexing the fingers of her L hand, especially the L index finger.

The patient had undergone a second electrodiagnostic evaluation by Dr. Schaeffer on 8/23/00. In his report concerning that study he noted that the distal latency of the motor portion of the L median nerve was at the upper limits of normal and no response could be stimulated in the sensory portion of the L median nerve in spite of multiple stimulation attempts. The amplitude of the impulses in the motor portion of the L median nerve were noted to be diminished compared the situation at the time of the 2/11/00 evaluation. On electromyographic testing of the L abductor policis brevis muscle [this is innervated by the L median nerve], there was evidence of fibrillation potentials as well as polyphasic potentials. Dr. Schaeffer concluded the 8/23/00 electrodiagnostic evaluation was "consistent with a left median nerve compression in the region of the carpal tunnel, severe, affecting motor and sensory components, affecting myelin and axonal components with associated electromygraphic evidence seen of denervation and reinervation. In comparison with previous electrodiagnostic testing of 02/11/00 this represents a worsening of the left median neuropathy." The patient indicated that Dr. Schaeffer recommended that she be evaluated by Dr. Imbriglia.

The patient indicated that when she was evaluated by Dr. Imbriglia he had felt that her L median nerve had been "cut." She indicated he advised her that the nerve "can't be fixed but I think I can help you." On 9/29/00 Dr. Imbriglia undertook surgical treatment of the patient's L hand. On review of the operative report concerning the procedure, the report was dictated by Dr. David Miller who apparently assisted Dr. Imbriglia, the preoperative diagnosis was "likely transection of the common digital nerve to the index finger on the left" and the postoperative diagnosis was "neuroma in continuity of the median nerve to the left likely involving the fibers to the index finger." The title of the operation was "Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers." In the "Justification for Procedure" section of the operative report, it was noted that the patient had complained of "left index finger numbness occurring immediately after a recent small incision open

carpal tunnel release. The patient reports that immediately after the surgery she had no feeling in her L index finger. At physical exam the patient was noted to be completely insensate in her index, likely a laceration of the common digital nerve to the index finger or proximal to that." In the description of the operative procedure, after the epineurium of the L median nerve was opened, "we identified an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger." A segment of the L posterior interosseous nerve was harvested and used as a nerve graft. The operative report indicates, "...the bypass graft was performed to connect the transected fascicles noted in the median nerve, bypassing the neuroma in continuity present. Another small area where there appeared to be a laceration of one of the fascicles also was bypass grafted using the remaining posterior interosseous graft."

I questioned Ms. Heitzenreiter in regard to difficulties currently experienced with her L hand. The patient reported experiencing a sensation in her L index finger as if that area is being jabbed. She noted that the skin in the operative area in the palm of her L hand and the skin overlying the thenar muscles of her L thumb is painfully sensitive. The patient indicated that the current area of painful sensitivity of the palm of her L hand is the same as was the situation following the first operative procedure. The patient noted that sensation was altered in her L thumb, that the whole of her L index finger was numb, that sensation was altered in the radial portion of her L middle finger and slightly altered in the ulnar portion of that finger, and that sensation was normal in her L ring finger.

The patient indicated that she tends not to use her L index finger and that the finger has "no strength." The patient reported that because of inability to feel with her L hand the individual sheets of paper in medical charts at work she has difficulty turning the pages of charts using that hand. The patient indicated that even though the radial three digits of her L hand are numb she nevertheless experiences pain in those digits and she indicated that the pain in L 2 is severe. The patient indicated that when simultaneously extending and abducting the fingers of her L hand she experiences pain in the palm of that hand. The patient reported that on occasion she experiences swelling of the area of the dorsal aspect of her L hand. The

patient indicated the pain experienced in her L hand interferes with sleep.

The patient reported that Neurontin had been prescribed by Dr. Schaeffer and that this had been of no help in relieving the pain experienced in her L hand. In addition, the medication caused some sedation. The patient reported that use of Oxycontin 10 mg twice a day along with use of Percocet decreased her alertness. The patient indicated that she had asked Dr. Imbriglia about a course of sympathetic nerve blocks for her L upper extremity. She indicated he did not recommend such treatment. The patient had been evaluated at the Pain Clinic of the Dubois Regional Medical Center, I believe the patient indicated she had been evaluated by Dr. Belacowski [the spelling of the physician's name may not be correct] and the physician doubted that she was experiencing a reflex sympathetic dystrophy condition involving her L upper extremity.

The patient on questioning reported that she had returned to work, primarily using her R hand, two days following the April 2000 operative procedure. Following the September 2000 operative procedure, the patient was off work for a period of one week and then returned to work to an administrative job position.

PMH: ADVERSE MEDICATION REACTIONS: None. MEDICATIONS: Demadex, a diuretic, used to control hypertension. Accupril was used to control blood pressure. The patient used Singular and another inhaler. Celexa, Aciphex, and Glucophage were used. The patient indicated Glucophage was used for weight control and to treat polycystic ovaries. TOBACCO USE: None. ALCOHOL USE: The patient rarely consumed alcoholic beverages. HOSPITALIZATIONS: To undergo a cesarean section, to undergo a lumbar dissectomy in approximately 2000, for treatment of chronic obstructive pulmonary disease/asthma, and for treatment of sleep apnea. REVIEW OF SYSTEMS was remarkable for a history of hypertension.

EX: On examination of the L upper extremity, there was a 5.5 cm-long longitudinally scar on the dorsal aspect of the distal portion of the L forearm in approximately the area of the midline of the forearm. The scar was not tender when stroked with the examiner's thumbnail. There was no apparent swelling of the soft tissues on the dorsal aspect of the L hand.

There was a scar having a chevron configuration on the palmar aspect of the L wrist having a length of approximately 2 cm. The distal end of this scar joined a scar in the palm of the L hand lying near the thenar crease. This latter scar had a length of approximately 5 cm. On stroking the pads of the radial three digits of the L hand while simultaneously stroking those of the R hand, there was felt to be abnormal dryness of the pads of the indicated three digits of the L hand. There was some moistness of the pads of L 4 and 5. On stroking individually the pads of the five digits of the L hand while simultaneously stroking the corresponding digit of the R hand, the patient indicated that sensation was altered in the L thumb, substantially altered in the L index and middle fingers, and was slightly altered in the radial portion of the pad of the L ring finger. Sensation was normal in the ulnar portion of the pad of the L ring finger and in the pad of the L small finger. There was a hint of atrophy of the soft tissues in the area of the distal phalanx of the L index finger. It was possible to passively flex the L index finger to a fairly good degree. When performing this maneuver, there was noted to be some tone present in the extensor tendons of L 2. The patient reported experiencing some pain when the examiner passively flexed L 2. The patient was able to demonstrated a fairly good active range of motion on flexion of the L index finger.

The patient tolerated having the examiner rub the cutaneous scar in the palm of the L hand and gently stroke that scar using the examiner's thumbnail. On tapping over the scar, a Tinel's sign was elicited in the area of the distal portion of the scar. The patient indicated that the sensation which was experienced did not radiate distally.

The patient's grip strength values using Handle Spacing II of the grip meter were 40 lbs. for the R hand and 12 lbs. for the L hand. The patient withheld the L index finger from the handles of the grip meter when demonstrating the grip strength of the L hand.

DX: 1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel occurring at the time of the 4/27/00 operative procedure. 955.1/998.8

2. Altered sensation involving the radial 3½ digits of the L hand related to #1. 782.0

3. Pain experienced in the area of the L hand related to #1. 729.5

RX: I had a discussion with Ms. Heitzenrater and her husband who accompanied her. I did not believe that any additional surgical treatment of the patient's L median nerve in the area of the carpal tunnel of her L hand would be of any benefit either in diminishing the pain experienced in her L hand or in improving the quality of sensation present in the affected digits of that hand. After examining the patient on one occasion I was not of the opinion that she was experiencing a reflex sympathetic dystrophy condition [the current term for this is complex regional pain condition, type II] involving her L hand.

I did suggest to the patient that she attempt to minimize holding her L index finger in extension and excluding that digit from use. I demonstrated for the patient how to gently perform passive flexion exercises for her L index finger. I also felt the patient could loosely buddy-tape her L index finger to her L middle finger in an effort to overcome her habit of holding her L index finger in extension. This has undoubtedly developed because of the degree of alteration in sensation and the painful quality of sensation affecting that finger. Although not recorded in my handwritten notes, I believe I may well have suggested to the patient that she gently massage her L index finger and other painfully sensitive areas of her L hand in an effort to diminish the painful sensitivity of those areas. Why such massage on occasion may be effective in diminishing painful sensitivity of nerve origin of an area is not clear. I did suggest that the patient might gently perform gripping exercises for her L hand and I suggested that she simply gently squeeze a clean folded sock.

In regard to pain medication, I suggested that the patient use Oxycontin 10 mg but that at least initially she use it only at bedtime. The patient had reported that when previously using Oxycontin it had affected her alertness. Obviously, if the medication causes some sedation at night this is not a liability and actually is of some benefit. Assuming that the patient's nervous system becomes tolerant for the sedating effects of Oxycontin, later she may be

(18)

HEITZENRATER, MARY C.
(1/28/02 note continued)

able to use the medication during the daytime portion of a day and not experience sedation.

I discussed with the patient the matter of whether there was evidence that Dr. Zeliger had injured her L median nerve at the time of the 4/27/00 operative procedure. I advised the patient that it was my opinion after reading the operative note dictated in association with the 9/29/00 operative procedure that there was clear evidence that several of the fascicles of the L median nerve in the area of her L carpal tunnel had been previously lacerated and that was the reason that Dr. Imbriglia had placed nerve grafts in an effort to restore continuity to the injured nerve fascicles. Inasmuch as the median nerve in the area of the carpal tunnel is relatively deeply situated and the patient had not suffered any laceration injury of that area prior to the 4/00 operative procedure, the only explanation for the injury of the indicated nerve fascicles is that they were damaged at the time of the 4/00 operative procedure. Such an injury of a median nerve occurring at the time of a carpal tunnel release is below the appropriate standard of care.

Because the patient does reside a substantial travel distance from Pittsburgh, she was not given a specific return appointment at this time. She was invited to call me if she had any additional questions or concerns. At her request, a copy of these notes will be sent to Attorney Jon Perry. RGK/cd

2/20/02 Copy of above note → John Perry, Esq. cd

OCT 6 2003

8/02 Total hysterectomy + ovary - has been healthy

RN assessment coordinator - access patient re level of care required - goes to hospital & home - Monitor for changes,

Lab results etc.

Before 4/00, Sings worked in the position + on Nursery units.

can't open child resistant

grasp even soft objects
(R) hand → cramped.

Trying words → unfamiliar

can't help infant grandson
→ 2° pain (R) hand

drops "everything" from grasp
(R) hand

struggle to "flip" pages
of chart
or grasp chart

can't open can/door.

can't tolerate glare

can't wear wedding band
or watch

Hulzemath

heat from blow dryer in
(R) hand bleeding on
(R) hand

wringing dish cloth annoying

can sense grip pain c left
while cutting c (R)

new attorney - Kathleen Segmiller
412-227-5884

(L) 1, 5' (L) 2 ache all the time
radial hand feels like it is cramped
up
constantly strokes from pens to [illegible]

Tremor (L) hand

Had gone for nerve block; Dr. Belocasky concerned
re asthma

PE: (L) mpa palm 93 (R) 95 (L)

repeat

Korsey 94 94

6 6

Hedgecock (ZP)

Mild tremor (L) hand.

↓ sen + painful qualy
pads (L) 1st 2

(L) 3 ↓ sen

(L) 4 + (L) 5 N/S

alt sensation radial palm
from absent imagery
me help me 3 & 4

Some ~~atrophy~~ atrophy pad
(L) 2 esp distally

No clear sweat Variable
2 → 5

Some sweat varies (L) 1

6 (3) 6

Heterozygous

enlargement ^dorsal^ n IP 9 1
— ep radial
— Tendn,

c̄ effect – 2° to pain
ess full ext

1 → 5

some ↓ n ^active^ flex < 3
+ also pain plus
some ↑ size nodule
palm MP 1. L VS R
painful/ drapee — patient
tolerates to rub scar
in palm.

Hutzen. (23)

II
16, 7

H: pat
Median nerve lac
injury pareth

Ass. No good solution
Tried Neurontin 300 tid
→ somnolence

Husband Tony   Neurontin 100 mg ~~50~~
1 po q d x 1 wk #100
& advance

→ Elma cream 3 tubes
as directed

Hedyzalo (24)

oxy contin 10 mg #100
1 po bid

percocet 5 mg #100
1 po q 4 h prn pain

#100 ea [illegible]

O_2 sat 89% – uses CPAP
spoke c̄ M Capo
Mentha [illegible] [illegible]
∃ O_2 sat of 88%
some concern
pt will check O_2 sat

Neurologist (circled: 25)

No good solution
c̄ current technology

→ nerve stimulator
an option —
can discuss
c̄ Neurology.

959
1005

↓ 6 months
— March/April

(26)

HEITZENRATER, MARY

10/6/03

HX: The patient previously had been examined on one occasion, on 1/28/02. On questioning the patient in regard to her health, she indicated that she has been healthy but that in August 2002 she underwent a hysterectomy and oophorectomy. On questioning, the patient indicated she continues to work as an R.N. assessment coordinator at a nursing home. She indicated that she assesses the level of care that a prospective nursing home patient would require, visits patients in hospital or at home to assess their situation and once they are admitted to her nursing home she monitors for changes in their condition, their laboratory results, etc. Ms. Heitzenrater indicated that prior to the April 2000 surgical treatment of her L hand she had worked in this position and had also worked on the nursing units of the nursing home. However, because of the difficulties experienced with her L hand subsequent to 4/2000 the patient has not worked on a nursing unit with one exception and that basically was an urgent situation when an R.N. was required simply to be present on the nursing unit.

The patient reported difficulties in performing a number of activities. She noted that she is unable to open child resistant medication bottles. The patient reported experiencing pain in her L hand when grasping even soft objects using that hand. The patient indicated that trimming the nails of her R hand was "impossible" because of the pain experienced in her L hand. The patient noted that she was unable to lift her infant grandson because of pain experienced in her L hand. The patient indicated that she drops "everything" from the grasp of her L hand. The patient indicated that it was a "struggle to flip" the pages of nursing home charts or to grasp the charts. Ms. Heitzenrater indicated that she was unable to open the door of her car using her L hand. She indicated that she cannot tolerant the presence of a glove on her L hand and cannot wear her wedding band on her L ring finger or a watch on her L wrist because of painful sensitivity of the skin in those areas. The patient reported that when blow drying her hair with the dryer grasped in her R hand the hot air striking her L hand was painful. The patient reported experiencing an annoying sensation in her L hand when wringing a dishcloth. She indicated that she cannot

securely grasp a fork in her L hand while cutting food with a knife grasped in her R hand. Ms. Heitzenrater indicated that her L thumb and L index finger "ache all the time." She reported that what would be the radial portion of her L hand "feels like it is cramped up." The patient noted that she constantly uses her R hand to stroke her L hand in the proximal to distal direction in an effort to improve the comfort of the hand. Ms. Heitzenrater noted that she does have a tremor of her L hand.

On questioning the patient in regard to whether she previously had undergone a course of sympathetic nerve blocks of her L upper extremity, she indicated that when she had attended a pain clinic that Dr. Belacosky [the spelling of the physician's name may not be correct] was reluctant to perform such a block because of the patient's asthma condition. While the patient was in the office today, I did contact Dr. Doris Cope of the UPMC Pain Clinic in regard to performing cervical sympathetic nerve blocks on an individual having asthma. Dr. Cope indicated that that was a concern. She indicated that if the patient's blood oxygen saturation level was, for instance 88% [normally this value is 98%], or the patient experiences breathing difficulty when lying flat there would be concern about performing a cervical sympathetic nerve block. Part of the concern relates to the fact that the sympathetic block may temporarily paralyze the vocal chord on the side where the sympathetic block is performed and this does increase the work of breathing. After my conversation with Dr. Cope, Ms. Heitzenrater noted that she does have ready access to a blood oxygen monitor at work and that not infrequently she has checked her blood oxygen saturation level and its value was 89%. Ms. Heitzenrater also reported experiencing some difficulty in breathing when lying flat. Because of these various factors, it appears that a course of cervical sympathetic nerve blocks of Ms. Heitzenrater's L upper extremity is not a reasonable option. I did suggest to the patient that she make several checks of her blood oxygen saturation level during the next several weeks.

EX: Using an infrared thermometer, the temperatures of the palmar and dorsal aspects of the patient's R and L hands were measured. The temperature of the palmar aspect of the R hand was 93 degrees F and that of the L hand 95 degrees F. The temperature of the palm of the L hand was rechecked and was again 95 degrees F. The temperatures of the dorsal

aspects of the patient's R and L hands were both 94 degrees F. There was observed to be a mild tremor of the L hand.

On stroking the pads of L 1 and L 2, the patient indicated sensation was both diminished in those areas and had painful qualities. Sensation was diminished in the pad of L 3. The patient indicated sensation was normal in the pads of L 4 and 5. On stroking the radial portion of the palm of the L hand, the patient indicated sensation was altered in the area lying radial to approximately the imaginary line between the metacarpals of L 3 and 4. There was some atrophy of the soft tissues of the pad of the L index finger, especially the distal portion of that area.

There was no clear evidence of swelling of the soft tissues on the dorsal aspects of the four fingers of the L hand. There was observed to be some swelling of the dorsal aspect of the L thumb. There was noted to be some enlargement of the dorsal aspect of the IP joint of the L thumb and that area was tender, especially its radial portion. On palpation of the palmar aspects of the area of the MP joint of L 1, there was noted to be a nodule in that area which was larger than that present on the palmar aspect of the MP joint of the R thumb. With effort, secondary to pain, the patient was able to demonstrate essentially full ranges of motion on extension of the five digits of the L hand. On having the patient actively flex the fingers of the L hand, the ranges of motion of L 2 and 3 were somewhat diminished and the patient reported experiencing pain when demonstrating this motion. The patient indicated it was painful/disagreeable when the examiner rubbed the surgical scar present in the palm of the L hand.

The patient's grip strength values using Handle Spacing II of the grip meter were 16 lbs. for the R hand and 7 lbs. for the L hand.

DX: 1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel. 955.1

2. Altered sensation involving the radial three digits of the L hand related to #1. 782.0

3. Pain and painful sensitivity of areas of the radial portion of the L hand. 729.5/782.0

RX: I had a discussion with the patient and her husband who accompanied her. I felt there was no good solution for the difficulties which Ms. Heitzenriter experiences with her L hand. On questioning her in regard to use of Neurontin, she indicated in the past she had used Neurontin 300 mg which had been prescribed to be used three times a day. The patient indicated the medication in this dose caused somnolence. I felt there was a possibility that if Neurontin were used initially in a low dose [100 mg] and the dose gradually increased that it might not cause somnolence. Therefore, Neurontin 100 mg was prescribed to be used once a day for a period of one week and thereafter the dose was to be increased by 1 tablet a day each week.

I felt there was a possibility that use of a local anesthetic cream, specifically Emla cream, applied to the painfully sensitive areas of the patient's L hand might be helpful in temporarily diminishing the painful sensitivity of those areas. The patient was provided with a prescription for 3 tubes of Emla.

While there currently is no reliable way to relieve the pain which Ms. Heitzenrager experiences in her L hand, I did raise the option of possibly having a nerve stimulator surgically placed to mask the pain which the patient experiences in her L hand. This of course is an invasive procedure and the results are not uniformly good. I indicated to Ms. Heitzenrager that I did have one patient who had undergone the procedure and while the procedure had substantially diminished the pain which he had experienced in his affected upper extremity, the procedure did result in the patient experiencing neck pain and some pain in the opposite upper extremity. I indicated to the patient that if she wished I would provide her with the name of a neurosurgeon at UPMC who has experience with placement of nerve stimulators.

I had a discussion with the patient in regard to pain medication. At the time of the 1/28/02 visit I had prescribed use of Oxycontin 10 mg. The patient used the medication and had expended her supply of the medication but for whatever reasons had not called and requested another prescription. Today I provided the patient with a prescription for Oxycontin 10 mg. To address breakthrough pain, I also provided the patient with a prescription for Percocet 5 mg. I had a brief discussion with the patient in regard to the difference between addiction and physical

dependence. I noted that physical dependence is an expected consequence of chronic use of a narcotic pain medication while addiction refers to compulsive use of a substance not directly related to the individual experiencing pain. I indicated to Ms. Heitzenrater that after examining her on two occasions it is my best opinion that the chance that she would become addicted to narcotic pain medication, using the word in its proper sense, was essentially zero.

Because the patient does reside a substantial distance from Pittsburgh and the patient well understood that she was welcome to call me at any time to discuss the difficulties experienced with her L hand, I asked to again examine her in March or April of 2004. A copy of these notes will be sent to Attorney Kathleen Segmiller who currently represents the patient. RGK/cd

Copy of above → Ms. Segmiller, 10/27/03. cd

11/5/03 at 5:07pm
Voice mail

Mary Heitzenrater called. She's been monitoring the "palflax" (sounded like) and it has been averaging 88-89% so she is not going to have the nerve block. I spoke to Dr. Katz & he thinks the term is likely O2 Sat. JC

Heitzenrater, M.D. (31) 6 6

APR 1 2004

Left Visit 10/6/03

(L) hand – median nerve injury
bone spurs both heels
Rec (L) achilles → ultrasound to break up spurs.

12 mon ~ chg meds by Neurontin 100 mg Emla

To have bariatric surgery — related to poly-cystic ovaries
Not working x 3 months re heel spurs.
+ achilles tendon.

Neurontin 100 mg → No name
No relief

Emla – only short lasting

No change in (L) hand
palm still painful sensitive
drop everything / pick up.
cutting nails ± 3 painful →
can't
can't wring a cloth
some days finely (L) hand
→ watch can't be worn.

Neutrogena 6 32 6

burning/scalding pain on palm with contact.
pain simply c motion
recently had to be on Vancy unit → could unscrew part of IV system.

P-E: (L)
subtle, fullness Lamm.
(L) hand
Tip (L) 1 - numb
(L) 2 - numb & painful when [illegible]
(L) 3 - Numbness radial side - Pads ulna end - OL.
(L) 4 & 5 OL

Hetenay 6 (33) 6

(L) radial palm + thenar
skin are tender
good pulse extremity
↓ flexion 2nd 3
↓ Mild
Mod-med
same pain c my fingers

98° F (R) palm
97° F (L) palm.

Dx: median N injury,
pain & altered sensation

Dx: No cure.
Try to keep Normal

Hulbert (30)

Neurontin 100 mg #100 ~~60~~ refill as directed

M... by Tab day q 3 days up to 20 d.

Oxycontin 10 mg # ~~60~~ 100
husband 1 po b.i.d for pain

c pain, one percocet not adequate & now

1030 percocet 5 mg # ~~100~~ 60 see 3/10/04
1207 1-2 po q 4 h pm pain, phone message

This is safe re ... in several months — when in ...

(35)

HEITZENRATER, MARY

4/1/04

HX: The patient had last been examined on 10/6. On questioning the patient in regard to her health since that time, she indicated that she had bone spurs on both of her heals and a "tear" of her L achilles tendon. Regarding the bone spurs, the patient had not worked for a period of three months. The patient indicated that she was to undergo a specialized ultrasound procedure to disintegrate the heel spurs. In addition, the patient indicated that she was to undergo bariatric surgery.

On questioning the patient in regard to use of Neurontin 100 mg which had been prescribed at the time of the prior visit, the patient indicated that the medication in this dose had not caused nausea but likewise had not provided any pain relief. On questioning the patient in regard to Emla cream, which had been prescribed at the time of the prior visit, the patient indicated that the anesthetic effect was of short duration and was not of substantial benefit in regard to pain experience in her L hand.

The patient indicated that there had been no change in the condition of her L hand. She indicated that the palm of that hand remained painfully sensitive. The patient indicated, "I drop everything I pick up" and this seemingly was related to the painful sensitivity of the palm of the patient's L hand. The patient noted that trimming the nails of the L index and middle fingers was associated with substantial pain and because of the difficulties with her L hand she experiences great difficulty in attempting to trim the nails of her R hand. The patient noted that she was unable to wring a cloth because of the painful condition of her L hand. The patient indicated that some days because of swelling of her L hand she is unable to wear a watch on the area of her L wrist. The patient reported experiencing "burning" and "scalding" pain when the palm of the L hand contacts an object. The patient reported experiencing pain in her L hand simply with motion of the digits of the hand. Ms. Heitzenrater noted that recently it had been necessary for her to work on a nursing unit and she was unable to unscrew the cap from a portion of an IV infusion system.

EX: On inspection of the L hand, there was felt to be subtle fullness of the tissues on its dorsal aspect. On

stroking the pads of the digits of the L hand, the patient indicated that of L 1 was numb, that of L 2 was numb and painful, that of L 3 was numb, and those of L 4 and 5 had normal sensation. Tenderness was elicited on palpation on the radial side of L 3. Its ulnar side was not tender. [The patient pointed out the finding that one side of L 3 was tender while its other side was not.] Tenderness was elicited on stroking the skin in the radial portion of the palm of the L hand and the skin overlying the thenar muscles. There was some tenderness on stroking the skin on the palmar aspect of the L wrist. A surgical scar was present in that area. The patient demonstrated good active ranges of motion on extension of the four fingers of the L hand. On having the patient actively flex the fingers of the L hand, there was a mild impairment of flexion of L 3 and a mild to moderate impairment of flexion of L 2. When the examiner attempted to fully flex L 2 and 3, the patient indicated this was associated with pain. An infrared themometer was used to measure the temperatures of the palms of the L and R hands which were respectively 97 degrees F and 98 degrees F.

DX: 1. Post surgical injury of the L median nerve in the area of the L carpal tunnel. 955.1

2. Altered sensation involving the radial three digits of the L hand related to #1. 782.0

3. Pain and painful sensitivity of the area of the radial portion of the palm of the L hand and the palmar aspect of the L wrist. 729.5/782.0

RX: I had a discussion with the patient and her husband who accompanied her. I indicated that with current technology there was no cure for the difficulties which she experiences with her L hand. I did suggest that the patient again use Neurontin but gradually increase the dose from 1 tablet a day up to the equivalent of 20 tablets a day. The patient was provided with a prescription for Neurontin 100 mg to be used once a day and every three days the patient was to increase the dose by 1 tablet a day. The patient was provided today with prescriptions for Oxycontin 10 mg and Percocet 5 mg. The patient had last received prescriptions for these two medications at the time of the 10/6/03 visit. The patient noted that during periods of increased pain use of 1 Percocet 5 mg tablet does not provide her with an adequate degree of pain

6 (37) 6

relief. I suggested that the patient at those times use 2 of the Percocet 5 mg tablets. I noted that even if the patient used 8 Percocet 5 mg tablets a day that the dose of Tylenol which she receives would be less than the recommended maximum of 4 g a day.

The patient was to again be examined in several months when tentatively she will be in Pittsburgh for follow-up following bariatric surgery. A copy of these notes will be sent to Attorney Segmiller. RGK/cd

Copy of above → Atty. Segmiller, 4/26/04. cd

FYI 5/10/04
9:10
Eckerd Pharmacy
Called (814-938-7161)
re: Mary Hertzenreiter
Oxycontin Rx for
#100. They only
dispensed #60 2° her ins.

JUN 3 2004 ultra sound faulty.
(L) foot 6/18 – spur.
tried neurontin again → nausea
it takes a lot more pain.
at times smell [illegible] → [illegible]
food nausea → then
it [illegible]

Hx cont

using per cent for more frequently — needs c̄

in last month —
needed off counter
of NTG

Not making c̄ foot hardly.

using ~~Demadex~~ ~~Dem~~ Demadex 10 mg for BP → diuretic.

PE: (2.)
Mild small radial
local hard radial
No meta 3
c̄ effort & pain — good finger flex

6 6

Argentinos (39)

scar palmar and ok

painful to stroke

scar & palm skin.

↓ numbness / pain strongly

1, 2 & radial 3

ulna 3, 4 & 5 - N/

Dx: same 3.

Rx: Atarax 10 mg t.d.

for itchy

Triamcinolone cream .5%

30 gm

as directed

6 6

Keyemot (40)

well made

per coret 5 #100
1 po q 4 h prn pain

oxy contin 10 mg #~~60~~ 100
1 po b.d for pain

153
218 √ — 4 months

6 (41) 6

HEITZENRATER, MARY

6/3/04

HX: The patient had last been examined on 4/1. On questioning the patient in regard to the bone spurs in her feet, she indicated that the ultrasound treatment had failed to resolve this and on 6/18 she was to undergo surgical treatment of her L foot.

The patient indicated that following the last examination she had again tried to use Neurontin and had again experienced nausea. The patient making reference to her L hand indicated, "It has a lot more pain." The patient indicated that "at times" she experiences swelling of what would be the radial-dorsal aspect of her L hand and when this occurs she experiences itching in that area. The patient indicated that she has found it necessary to use Percocet 5 mg more frequently than was previously the case to relieve pain experience in her L hand and she has found that she needs to use 2 of the tablets at a time. The patient indicated that during the last month she has found it necessary to use Oxycontin 10 mg at bedtime to relieve pain. On questioning, the patient indicated she is not working because of the difficulties with her feet.

It is not clear why the matter arose but the patient is using Demadex 40 mg to treat her hypertension condition. The patient noted that this is a diuretic.

EX: On examination of the L hand, there was noted to be a mild degree of swelling of the soft tissues in the area of the radial portion of the dorsal aspect of that hand in the area lying radial to the metacarpal of L 3. With effort and experiencing pain, the patient demonstrated good active ranges of motion on flexion of the four fingers of the L hand. The surgical scar present in the area of the palmar aspect of the L wrist was not tender when stroked. The patient indicated it was painful when the examiner stroked the surgical scar in the palm of the L hand and the adjacent skin. On stroking the pads of the five digits of the L hand, the patient reported experiencing numbness/pain with respect to the pads of L 1, 2, and the radial portion of that of L 3. The patient indicated sensation was normal in the ulnar portion of the pad of L 3 and in the pads of L 4 and 5.

HEITZENRATER, MARY
(6/3/04 note continued)

DX: 1. Post surgical injury of the L median nerve in the area of the L carpal tunnel. 955.1

2. Altered sensation involving the radial three digits of the L hand related to #1. 782.0

3. Pain and painful sensitivity of the area of the radial portion of the palm of the L hand. 729.5/ 782.0

RX: I had no major new suggestions to make to Ms. Heitzenrater in regard to her L hand. I suggested use of Atarax 10 mg 3 times a day on those occasions when she experiences itching of the area of the dorsal aspect of her L hand. Whether this will be of any benefit is not certain. Atarax is used by dermatologists to treat itching related to various dermatological disorders. The patient during the discussion noted that she tends to rub and scratch the skin where she experiences itching. I noted that the patient did have lichenification of the skin in the area of the dorsal aspect of her R forearm from repeatedly rubbing that area. I prescribed use of triamcinolone cream .5% to be applied to the various areas of skin which the patient has irritated by rubbing.

The patient today was provided with prescriptions for Percocet 5 mg and Oxycontin 10 mg which she will mail to a mail-order pharmacy.

I asked to again examine the patient in approximately four months. RGK/cd

9/27/04 Pt. called. She would like prescriptions mailed to her for: cd

Lvm 4/3

Oxycontin 10 mg "#60" 1 po bid for pain

Percocet 5 mg "#100--prn q. 4 hours"

1 po q4h prn pain

11-9-04 Pt. called. She would like a prescription mailed to her for: nk
(She does not need Percocet)

Lvm 9/27

Oxycontin 10 mg #60 1 po bid for pain

HEITZENRATER, MARY

(43)

1/10/05 Pt. called. She would like a prescription mailed to her for: cd
(She's okay with Percocet.)

Last 11/9 Oxycontin 10 mg ~~#~~ 60 1 po ~~q~~ bid for pain

3/17/05 Pt. called. She would like prescriptions mailed to her for: cd

Oxycontin 10 mg #60 1 po bid for pain

Last 9/27 Percocet 5 mg "#100" 1 po q4h prn pain

3/17/05
May 05 I need her D x from
Heitzenrater 6/3/04 Note. Will send
has a depo. on 4/11 her a copy.
& she has been
reviewing doctor records.
· Some call her condition
"RSD" others do not.
What do you call it?
Please Call her:
814-938-3280

OPERATIVE REPORT **DATE: 4/27/00**
DUBOIS REGIONAL MEDICAL CENTER
DUBOIS, PENNSYLVANIA

03/09/1956
PATIENT NAME: HEITZENRATER, MARY C 0011600445 - 000335096

SURGEON: K. L. ZELIGER, DO ASSISTANT:

PREOPERATIVE DIAGNOSIS: CARPAL TUNNEL SYNDROME LEFT HAND

POSTOPERATIVE DIAGNOSIS: CARPAL TUNNEL SYNDROME LEFT HAND

NAME OF OPERATION: DECOMPRESSION OF LEFT MEDIAN NERVE

Sponge, needle, instrument counts correct.

ANESTHESIA: Bier block left upper extremity

FINDINGS: Mary Heitzenrater at the time of surgery was noted to have a thickened transverse carpal ligament causing significant compression of the median nerve. No significant adhesions or scarring was noted.

PROCEDURE: Mary Heitzenrater was taken to the operating room on 4/27/00, placed into supine position on the operating room table, administered Bier block to left upper extremity, prepped and draped in the usual fashion for surgery for left wrist and hand. Incision was marked in the left palm in line with the long finger from the level of the flexion crease of the thumb down to the base of the thenar eminence, incised through the skin down to the level of the subcutaneous tissues. Hemostasis was obtained with electrocautery, dissection was carried downward to the superficial palmar fascia to the underlying transverse carpal ligament. The ligament was incised throughout the length of the incision and using a spread technique above and below the ligament proximal and distal, push technique distal down below the padding of the palmar arch in proximal and ulnar ward direction. The transverse carpal ligament was released, decompressing the median nerve. Next a pair of Adson and Littler utilized to perform segmental epineural lysis after which the wound was irrigated. Upon hemostasis obtained with bipolar cautery. The skin was approximated with horizontal mattress sutures of 6-0 nylon. Sterile dressing was applied followed by a volar plaster of Paris splint. Drapes removed and the tourniquet deflated and removed form the arm. The patient was transported to the recovery room in stable satisfactory postoperative condition.

D: 04/27/2000 11:40 A
T: 04/30/2000 11:08 A KLZ/jab
DOCUMENT NO: 137622
Job/Tape ID: 004396

cc: K.L. Zeliger, DO

K.L. Zeliger, DO

Chart Copy

6 6

MEYERS ROSEN LOUIK & PERRY, P.C.

Attorneys at Law

The Frick Building, Suite 200
Pittsburgh, Pennsylvania 15219-6003

PHONE: 412-281-4200
TOLL-FREE: 1-800-440-5297
FAX: 412-281-2997

WEB SITE: www.malpractice-lawyers.net
E-MAIL: law@malpractice-lawyers.net

TELECOPIER TRANSMITTAL SHEET

FROM: David C. Brown DATE: 1/28/02

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME	FAX NO.	TIME SENT
Richard Katz, MD	412-683-3317	

CASE NAME: Heitzenrater

TOTAL NUMBER OF PAGES (INCLUDING THIS COVER SHEET) 2

X Original will not follow

____ Original will follow by:

____ Regular Mail
____ Federal Express/U.S. Express Mail/UPS
____ Hand Delivery

If you have not received all pages numbered above, or if this has been sent to the incorrect FAX number, please contact our office immediately at 1-412-281-4200 or 1-800-440-5297.

COMMENT/MESSAGE: Dear Dr. Katz: My sincere thanks for your help in the Heitzenrater case. This fax includes the operative report from the patient's original carpal tunnel release surgery. -DCB

SHADYSIDE HOSPITAL - OPERATIVE RECORD

Room#:	ASC
Account#:	0038688925
Patient Name:	HEITZENRATER, MARY
Date of Birth:	03/09/56
Sex:	F
Med Record#:	00696370

O.R.Room: Z4 Date: 09/29/00

Pathology No.	Accept Yes/No	Service	Medicare	Emerg.	Major	Minor

In Time: 10:28 Operation Began: 10:43

Out Time: 12:17 Operation Ended: 12:10

Pre Op Diag: LACERATION OF DIGITAL NERVE
LEFT HAND

Post Op Diag: SAME

Operation: REPAIR OF DIGITAL NERVE
AND NEUROLYSIS OF MEDIAN NERVE
LEFT HAND

Surgeon: IMBRIGLIA
Assistant(s): MILLER
Scrub: MAYGER ORT Scrub2:
Relief Scrub: N/A
Relief Scrub: In: 00:00 Out: 00:00
Circ1: BEEMAN RN Relief: PODRAT RN In: 11:40 Out: 12:10
Circ2: Relief: In: Out:
Relief: In: Out:
Anesthesiologist: SCOTT Induction: 10:35
Nurse Anesthetist: JONES

Other: 0
Anesthesia Type: AXILLARY BLOCK
Specimens: 0

Appliances: 0

Pre-Op Assess. AWAKE ALERT COOPERATIVE
Comments: PT VERIFIES PROCEDURE & "LEFT HAND".
Patient Identified? Y Permit Verified? Y
Position: SUPINE Safety Belt Applied? Y
Comments: LT ARM ON PADDED ARM TABLE, RT ON PADDED ARMBOARD BY ANESTHESIA; PILLOW UNDER KNEES

Tourniquet No. 32658
Site: LEFT UPPER ARM Setting: 250 Up: 10:41 Down: 11:50
Site: Setting: Up: 00:00 Down: 00:00
Thermal Unit No.: 0 Setting:
Electrosurgical Unit No.: VAL LAB 20252
Grounding Pad Location: RT ANT THIGH
Prep: BETADINE SOL
Prep:
Prep Area: LT HAND/FOREARM By Whom: MAYGER ORT
Prep Area: By Whom:
Allergies: NKDA
Drugs: XYLOCAINE 1% - LOCAL INFILTRATION
LOCAL INJ 19 CC
ANCEF 1 GM IV BY ANESTHESIA
BACITRACIN OINTMENT

Drains: 0

Location:
Foley: 0 Inserted By: 0
Packing Type: 0 Loc.:
Wound Class: 01
Counts Sponge: Y
Insts.: 0
Sharps: Y

	Initial	First	Final
Scrub:	MAYGER	MAYGER	MAYGER
Circ:	BEEMAN	BEEMAN	BEEMAN

Dressing: ADAPTIC, 4X4'S, WEBRIL PLASTER SPLINT
Condition: D/I
Pad Site PostOp: CLEAR Other: 0
Drainage/EBL: MIN Urine: 0 Other: 0
Post Op Assess. STABLE
Transferred To: ASC POD B
Comments: 0

STANDARDS OF CARE FOLLOWED? Y

Rev.Date 8/93

Liberty Medical Associates, PC
145 Hospital Avenue, Suite 300
DuBois, Pennsylvania 15801
Tel: (814) 375-4660 * Fax: (814) 375-5206

Neurology
Franko Stepcic, MD
Gordana Peric-Stepcic, MD

Physical Medicine
And Rehabilitation
Martin A. Schaeffer, MD
Anne Mathews, MD
Kelly B. Schaeffer, CRNP

ELECTRODIAGNOSTIC REPORT

Martin A. Schaeffer, M.D.
RE: Heitzenrater, Mary
02/11/00

DISCUSSION

The patient is a 43-year-old, right-hand dominant female who presents with a chief complaint of left hand pain. The patient reports approximately 2 - 3 months ago she began to develop left hand pain and reports no accidents or unusual activities at that time. The patient states it is a dull pain occurring in the left hand region which comes and goes with radiation to her left palm and left # 1 through 3 digits. The patient states it increases with computer work and decreases with rest. The patient states she has associated decreased sensation noted in this area as well and it occasionally wakens her at night. The patient denies any left shoulder pain or neck pain complaints or proximal upper extremity left-sided complaints or any right upper extremity complaints or bilateral lower extremity complaints. Past medical history is significant for chronic low back pain and patient is status post low back surgery July of last year. The patient states she also has some difficulty with her eyes as well. The patient denies any fever, chills, sweats, nausea, vomiting or diarrhea. Other standard review of systems are negative. Past medical history is significant for chronic low back pain status post discectomy July of 1999. The patient also has a history of COPD, hypertension, borderline diabetes, and depression due to above surgical intervention and chronic complaints. Current medications include Accupril 80 mg p.o.q.d., Dyazide 2 p.o.q.d., Accolate 10 mg p.o.b.i.d., ? stomach pill q.d., Percocet p.r.n. low back pain, Darvocet p.r.n. back pain, Albuterol MDI b.i.d., Servent MDI p.r.n. and Paxil 20 mg p.o.q.d. The patient has no known drug allergies. Family history - father passed away due to myocardial infarction June of 1999. Mother is alive at age 80 reportedly in poor health with a history of depression and coronary artery disease. Social history - patient lives with husband and two children, denies cigarette intake, drinks alcohol rarely. The patient denies any hobbies, is an RN and currently works at Christ the King Manor and has been there for approximately six years. On physical examination, the patient presents as an overweight, well-developed appearing female appearing stated age in no apparent distress. The patient is pleasant, cooperative, alert, awake, and oriented. HEENT revealed normocephalic, atraumatic. Cranial nerves II through XII are grossly intact. Manual muscle testing of the bilateral upper extremities revealed 5/5 strength appreciated throughout. There was no gross atrophy noted. There was no increased tone

noted. Sensory examination revealed light touch to be intact bilateral upper extremities with no side-to-side variance noted. Reflexes were normoreflexic and symmetric. There was a positive left Phalen's and left reverse Phalen's in the region of the carpal tunnel. There was negative left nerve percussion test and nerve compression test. Lower extremity and low back examination was deferred. Mobility and transfers were independent. Ambulation without assistive devices was without gross deficit.

IMPRESSION

Electrodiagnostic testing was performed on 02/11/00. Nerve conduction study of the left upper extremity was significant for an increased distal latency seen in the left median motor nerve as well as comparatively prolonged distal latency seen in the left median sensory nerve. There was within normal limits distal latency seen in left ulnar and radial motor and sensory nerves. There was within normal limits amplitude seen in all nerves tested. There was a comparatively decreased nerve conduction velocity seen in the left median motor nerve. There was within normal limits nerve conduction velocity seen in the left ulnar radial motor and sensory nerves. There was a decreased nerve conduction velocity seen in the left median sensory nerve. Left palmar response was unobtainable. Left upper extremity F wave testing was within normal limits. Electromyographic testing of selected left upper extremity musculature as indicated on report was significant for no evidence of either acute or chronic denervation. The patient did have difficulty tolerating needle insertions.

CONCLUSION

Electrodiagnostic testing was consistent with left median nerve entrapment in the region of the carpal tunnel, moderate to severe based upon comparative values, affecting motor and sensory components, affecting primarily myelin components, with no associated electromyographic evidence seen of denervation. Treatment options were discussed with patient with regard to surgical versus non-surgical intervention. Will proceed with conservative treatment and have written for brace as well as vitamin supplementation. Did review with patient stretching exercises as well. Patient had questions which were answered.

D: 02/11/00
MAS:lm

Martin A. Schaeffer, M.D.

Liberty Medical Associates, PC

145 Hospital Avenue, Suite 300, DuBois, Pennsylvania 15801
Tel: (814) 375-4660 * Fax: (814) 375-5206
Martin A. Schaeffer, MD ~ Anne Mathews, MD ~ Kelly B. Schaeffer, CRNP

ELECTRODIAGNOSTIC REPORT

Martin A. Schaeffer, M.D.
RE: Heitzenrater, Mary
08/23/00

IMPRESSION

Electrodiagnostic testing was performed on 08/23/00. Results of electrodiagnostic testing were compared with previous electrodiagnostic testing of 02/11/00. Nerve conduction study of the left upper extremity was significant for an upper limits of normal distal latency seen in the left median motor nerve and an unobtainable left median sensory nerve despite multiple stimulation attempts. There was within normal limits nerve conduction velocity seen in the left ulnar and radial motor and sensory nerves. The unobtainable nature of the left median sensory nerve was a new finding compared with previous testing. There was a decreased amplitude seen in the left median motor nerve which again represented a new finding compared with previous electrodiagnostic testing. There was within normal limits nerve conduction velocity seen in the left median, ulnar, and radial motor nerves as well as the left ulnar and radial sensory nerves. Left upper extremity F wave testing was within normal limits throughout, however, there was an increase seen in the left median F wave. Electromyographic testing of left APB musculature was significant for evidence of fibrillation potentials as well as polyphasic potentials, however, patient did have significant pain complaints. Further electromyographic testing was deferred due to this.

CONCLUSION

Electrodiagnostic testing was consistent with a left median nerve compression in the region of the carpal tunnel, severe, affecting motor and sensory components, affecting myelin and axonal components with associated electromyographic evidence seen of denervation and reinnervation. In comparison with previous electrodiagnostic testing of 02/11/00 this represents a worsening of the median nerve neuropathy. There continued to be no generalized electrodiagnostic evidence seen suggestive otherwise of a generalized polyneuropathy.

D: 08/23/00
MAS:lm

Martin A. Schaeffer, M.D.

SHADYSIDE HOSPITAL PATIENT LOC: ASC 01
PITTSBURGH, PA.

OPERATIVE REPORT

HEITZENRATER, MARY
REG. #: 0038688925
UNIT #: 696370
DATE OF OR: 09/29/2000
SURGEON: JOSEPH E. IMBRIGLIA, M.D.
ASST.: DAVID ROBERT MILLER, M.D.

PREOPERATIVE DIAGNOSIS: Likely transection of the common digital nerve to the index finger on the left.

POSTOPERATIVE DIAGNOSIS: Neuroma in continuity of the median nerve to the left likely involving the fibers to the index finger.

OPERATION: Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers.

ANESTHESIA: Axillary block with local and sedation.

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

JUSTIFICATION FOR PROCEDURE: The patient is a 44-year-old female who presented complaining of left index finger numbness occurring immediately after recent small incision open carpal tunnel release. The patient reports that immediately after the surgery she had no feeling in her index finger. At physical exam the patient was noted to be completely insensate in her index, likely a laceration of the common digital nerve to the index finger or proximal to that. She was consented for surgical intervention after the risks and benefits were explained.

PROCEDURE: She was brought to the OR, left upper extremity was prepped and draped in the usual sterile fashion after axillary block anesthesia was obtained. Local infiltration of Lidocaine was obtained. Local infiltration of a 5.5 cm incision we dissected carefully down, identified a significant amount of scar encasing the median nerve. Neurolysis was performed of the median nerve and all of the branches distally. Once this was complete, the epineurium of the median nerve was opened, and fascicles were dissected out carefully throughout the entire nerve under loupe magnification. We identified an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger. Since there were areas that were unsure of whether complete continuity was maintained, we tried for bypass grafting the area with posterior interosseous nerve graft, so once the ends were dissected out clearly and the neurolysis was complete, we turned the wrist over and through approximately a 5 cm incision dissected carefully down, identified the fourth extensor compartment. This was elevated and the posterior interosseous nerve was identified and approximately 2.5 cm was resected. The wound was then irrigated in that area and closed at a central retinaculum of the fourth compartment using 2-0 absorbable, and then the skin was closed with 4-0 nylon in a running fashion. Next, under loupe magnification and using 9-0 nylon, the bypass graft was performed to connect the transected fascicles noted in the median nerve, bypassing the neuroma in continuity present. Another small area where there appeared to be a laceration of one of the fascicles was also bypass grafted using the remaining posterior interosseous nerve graft. The wound was then thoroughly irrigated. The wound ends were sutured, and the fat graft was placed over top of the repair. The skin was closed with 4-0 nylon in a running

fashion, and the patient was to recovery room in stable condition, tolerated the procedure well.

D: 09/29/2000/13:23
T: 09/30/2000/20:05
/MedQ
130427
cc: NO ORIGINATOR, M.D.
Joseph E. Imbriglia, M.D.

DAVID ROBERT MILLER, M.D.

COPY FOR: JOSEPH E. IMBRIGLIA, M.D.

BUREAU OF ABILITY DETERMINATION
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
POST OFFICE BOX 2500
GREENSBURG, PENNSYLVANIA 15605-2500

GREENSBURG LOCAL TELEPHONE NUMBER: 724-836-5100
ALL OTHER AREAS: 800-442-8018
FAX: 800-358-9954
TTD: 724-832-3278

EXT. 267

DEC 7 2004

RICHARD G KATZ MD
3500 5TH AVE SU 106
PGH PA 15213

Copy
9 Vols

DATE: 12/03/04
SSN: 160-48-4144
NAME: MARY M HEITZENRATER

ADDRESS: 2542 WALSTON ROAD
PUNXSUTAWNEY PA 15767
BIRTH DATE: 03/09/56

Dear Doctor:

The above named individual has applied for disability benefits and has informed us that you provided treatment from 2003 to PRESENT. We are requesting copies of any records you have that will describe the nature, onset, duration and severity of any impairments.

To respond to this request, you may:

FAX YOUR OFFICE RECORDS BY DIALING THE FAX NUMBER SHOWN ABOVE; or

FORWARD COPIES OF YOUR OFFICE RECORDS IN THE ENCLOSED ENVELOPE.

The maximum fee for furnishing these records is $21.46. We cannot pre-pay. Complete the enclosed Professional Service Invoice and submit it with your report. **WE CANNOT AUTHORIZE PAYMENT FOR RECORDS RECEIVED AFTER 90 DAYS FROM THE DATE OF THIS LETTER.**

Your prompt response will be appreciated.

SHOULD AN ADDITIONAL EXAMINATION OR TEST BE NEEDED TO COMPLETE THIS PATIENT'S DISABILITY CLAIM, ARE YOU WILLING TO PERFORM IT? YES _____ NO _____

Sincerely,

D. Zelenak/DXZ
Disability Claims Adjudicator

John Doran, D.O.
Reviewing Physician

TDN: 0097696472

M51402
ENCLOSURE: Information Disclosure Authorization, Return Envelope, Professional Service Invoice
F1 9/01

WHOSE Records to be Disclosed

OMB No. 0960-0566

NAME (First, Middle, Last)
MARY M HEITZENRATER

SSN 160-48-4144 | Birthday (mm/dd/yy) 03/09/1956

SSA USE ONLY NUMIDENTIFY (If other than above)
NAME
SSN

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT ***All my medical records;*** **also education records and other information related to my ability to perform tasks. This includes specific permission to release:**

1. All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) *including*, and not limited to:
   - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
   - Drug abuse, alcoholism, or other substance abuse
   - Sickle cell anemia
   - The information authorized for release may include records which may include the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS); and tests for HIV.
   - Gene-related impairments (including genetic test results)
2. Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
3. Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
4. Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source, or the material to be disclosed:

Richard G. Katz, M.D.

2003 - Present

TO WHOM The Social Security Administration and to the State agency authorized to process my case (usually called 'disability determination services'), including contract copy services, and doctors or other professionals consulted during the process. [Also, for international claims, to the U.S. Department of State Foreign Service Post.]

PURPOSE Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am **capable of managing benefits ONLY** (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances in which this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of material to be disclosed.
- **I have read both pages of this form and agree to the disclosures above from the types of sources listed.**

PLEASE SIGN USING BLUE OR BLACK INK ONLY **INDIVIDUAL** authorizing disclosure	IF not signed by subject of disclosure, specify basis for authority to sign ☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)
SIGN ▶ Mary Heitzenrater	(Parent/guardian/personal representative sign here if two signatures required by State law) ▶
Date Signed 11-16-04	Street Address 2542 WALSTON RD
Phone Number (with area code) (814) 938-3280	City PUNXSUTAWNEY / State PA / ZIP 15767-

WITNESS *I know the person signing this form or am satisfied of this person's identity:*

SIGN ▶ (Witness)	IF needed, second witness sign here (e.g., if signed with "X" above) SIGN ▶
Phone Number (or Address) 814-938-3280	Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law.

BUREAU OF DISABILITY DETERMINATION
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR AND INDUSTRY
POST OFFICE BOX 2500
GREENSBURG, PENNSYLVANIA 15605-2500

GREENSBURG LOCAL TELEPHONE NUMBER: 724-836-5100
ALL OTHER AREAS: 800 442 6018
FAX: 800-358 9954
TTD: 724-832-3278

BDD SERVICE INVOICE

TDN: 0097696472

AUTHORIZED BY: D. Zelenak/DXZ
OBLIGATED DATE: 12/03/04

PROVIDER TO BE PAID:

RICHARD G KATZ MD
3500 5TH AVE SU 106
PGH PA 15213

PHONE: (412) 683-3333

CLAIMANT NAME, ADDRESS AND SSN:

MARY M HEITZENRATER
2542 WALSTON ROAD
PUNXSUTAWNEY PA 15767

160-48-4144

TREATMENT LOCATION:

RICHARD G KATZ MD
3500 5TH AVE SU 106
PGH PA 15213

(COMPLETE IF BLANK)
Federal ID Number OR Provider Social Security Number: 251425310

☐ "X" this box if changes were made to preprinted Name/Address or Tax ID Number.

CODE AND TYPE OF SERVICE: FEE 21.46

045 Medical Evidence from Physician's Records-Disability

Should an additional examination or test be needed to complete this patient's disability claim, are you willing to perform it? Yes____ No X

TOTAL: $ 21.46

Adjudicator Signature Provider Signature

We certify that the above item(s) or kind(s) of service(s) were actually rendered and that the above prices and terminology are in accordance with the BDD's Authorization for Services. Payment cannot be made for unauthorized services. Neither the claimant nor his/her health insurer may be charged any fee for these services. In submitting this invoice for payment, the provider certifies that the fees charged are not in excess of those charged private patients or Federal or other agencies in the Commonwealth for the same or similar types of services.

251425310

TDN: 0097696472

M51402
208M (12/00)

RICHARD G. KATZ, M.D.
3500 FIFTH AVENUE · PITTSBURGH PA 15213 · TELEPHONE (412) 683-3333
FAX (412) 683-3317

May 17, 2005

Dear Ms. Heitzenrater:

I have been in practice since 1978 and have decided to retire and close my practice effective November 1, 2005. After that date it will be necessary for you to receive hand surgery care from another physician. I do not have any specific recommendations in that regard. I am willing to discuss possible options for care with you. If necessary you may contact the Referral Service of the Allegheny County Medical Society at 412-321-5030. A copy of the important portions of your office chart can be sent to another physician.

I thank you for the opportunity to have treated you. I wish you well.

Sincerely Yours,

Richard Katz

Richard G. Katz, M.D.

Report of Richard G. Katz, M.D.
dated January 28, 2002

Richard G. Katz, M.D.
3500 Fifth Avenue
Pittsburgh, PA 15213

HEITZENRATER, MARY C.

1/28/02

HX: The patient is a 45-year-old R hand dominant woman who previously worked as a registered nurse at Christ the King Manor Nursing Home which is a 220-bed nursing home. Ms. Heitzenrater worked in the skilled nursing unit where the patients had I.V.'s, tracheotomies, and other problems requiring skilled care. Ms. Heitzenrater indicated that her job activities involved starting I.V.'s, drawing blood samples, and supervising the staff of the unit.

The patient brought with her copies of reports of electrodiagnostic studies she had undergone on 2/11/00 and 8/23/00. These studies had been performed by Dr. Schaeffer. In addition, the patient had brought a copy of the operative report concerning a procedure performed on 9/29/00 by Dr. Imbriglia.

The patient was evaluated by Dr. Schaeffer on 2/11/00 and his office note indicates that the patient's chief complaint was that of L hand pain which had its onset approximately two to three months previously. The pain was experienced in the patient's L hand and involved L 1-3. The patient also noted diminished sensation in this area and this would occasionally awaken her at night. Although the worksheet portion of Dr. Schaeffer's evaluation was not available, he concluded that the distal latencies of the sensory and motor portions of the L median nerve were prolonged and the electromyographic testing "of selected left upper extremity musculature" revealed no evidence of acute or chronic denervation. Dr. Schaeffer concluded that the patient was experiencing entrapment of the L median nerve in the region of the L carpal tunnel of a moderate to severe degree.

In April of 2000 the patient had undergone release of the carpal tunnel of her L hand performed by Dr. Zeliger. The patient indicated that Dr. Zeliger had made a "tiny incision" in what would be the proximal portion of the palm of her L hand and that only two sutures had been placed to close the wound. The patient indicated that postoperatively she experienced "terrible burning pain" and a "knot" in the palm of her L hand. At one point a Medrol Dosepak [this is a several-day course of a potent steroid medication] had been prescribed. The patient indicated her

L hand "kept swelling and changing color" and that she had experienced difficulty in flexing the fingers of her L hand, especially the L index finger.

The patient had undergone a second electrodiagnostic evaluation by Dr. Schaeffer on 8/23/00. In his report concerning that study he noted that the distal latency of the motor portion of the L median nerve was at the upper limits of normal and no response could be stimulated in the sensory portion of the L median nerve in spite of multiple stimulation attempts. The amplitude of the impulses in the motor portion of the L median nerve were noted to be diminished compared the situation at the time of the 2/11/00 evaluation. On electromyographic testing of the L abductor policis brevis muscle [this is innervated by the L median nerve], there was evidence of fibrillation potentials as well as polyphasic potentials. Dr. Schaeffer concluded the 8/23/00 electrodiagnostic evaluation was "consistent with a left median nerve compression in the region of the carpal tunnel, severe, affecting motor and sensory components, affecting myelin and axonal components with associated electromygraphic evidence seen of denervation and reinervation. In comparison with previous electrodiagnostic testing of 02/11/00 this represents a worsening of the left median neuropathy." The patient indicated that Dr. Schaeffer recommended that she be evaluated by Dr. Imbriglia.

The patient indicated that when she was evaluated by Dr. Imbriglia he had felt that her L median nerve had been "cut." She indicated he advised her that the nerve "can't be fixed but I think I can help you." On 9/29/00 Dr. Imbriglia undertook surgical treatment of the patient's L hand. On review of the operative report concerning the procedure, the report was dictated by Dr. David Miller who apparently assisted Dr. Imbriglia, the preoperative diagnosis was "likely transection of the common digital nerve to the index finger on the left" and the postoperative diagnosis was "neuroma in continuity of the median nerve to the left likely involving the fibers to the index finger." The title of the operation was "Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers." In the "Justification for Procedure" section of the operative report, it was noted that the patient had complained of "left index finger numbness occurring immediately after a recent small incision open

carpal tunnel release. The patient reports that immediately after the surgery she had no feeling in her L index finger. At physical exam the patient was noted to be completely insensate in her index, likely a laceration of the common digital nerve to the index finger or proximal to that." In the description of the operative procedure, after the epineurium of the L median nerve was opened, "we identified an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger." A segment of the L posterior interosseous nerve was harvested and used as a nerve graft. The operative report indicates, "...the bypass graft was performed to connect the transected fascicles noted in the median nerve, bypassing the neuroma in continuity present. Another small area where there appeared to be a laceration of one of the fascicles also was bypass grafted using the remaining posterior interosseous graft."

I questioned Ms. Heitzenreiter in regard to difficulties currently experienced with her L hand. The patient reported experiencing a sensation in her L index finger as if that area is being jabbed. She noted that the skin in the operative area in the palm of her L hand and the skin overlying the thenar muscles of her L thumb is painfully sensitive. The patient indicated that the current area of painful sensitivity of the palm of her L hand is the same as was the situation following the first operative procedure. The patient noted that sensation was altered in her L thumb, that the whole of her L index finger was numb, that sensation was altered in the radial portion of her L middle finger and slightly altered in the ulnar portion of that finger, and that sensation was normal in her L ring finger.

The patient indicated that she tends not to use her L index finger and that the finger has "no strength." The patient reported that because of inability to feel with her L hand the individual sheets of paper in medical charts at work she has difficulty turning the pages of charts using that hand. The patient indicated that even though the radial three digits of her L hand are numb she nevertheless experiences pain in those digits and she indicated that the pain in L 2 is severe. The patient indicated that when simultaneously extending and abducting the fingers of her L hand she experiences pain in the palm of that hand. The patient reported that on occasion she experiences swelling of the area of the dorsal aspect of her L hand. The

patient indicated the pain experienced in her L hand interferes with sleep.

The patient reported that Neurontin had been prescribed by Dr. Schaeffer and that this had been of no help in relieving the pain experienced in her L hand. In addition, the medication caused some sedation. The patient reported that use of Oxycontin 10 mg twice a day along with use of Percocet decreased her alertness. The patient indicated that she had asked Dr. Imbriglia about a course of sympathetic nerve blocks for her L upper extremity. She indicated he did not recommend such treatment. The patient had been evaluated at the Pain Clinic of the Dubois Regional Medical Center, I believe the patient indicated she had been evaluated by Dr. Belacowski [the spelling of the physician's name may not be correct] and the physician doubted that she was experiencing a reflex sympathetic dystrophy condition involving her L upper extremity.

The patient on questioning reported that she had returned to work, primarily using her R hand, two days following the April 2000 operative procedure. Following the September 2000 operative procedure, the patient was off work for a period of one week and then returned to work to an administrative job position.

PMH: ADVERSE MEDICATION REACTIONS: None. MEDICATIONS: Demadex, a diuretic, used to control hypertension. Accupril was used to control blood pressure. The patient used Singular and another inhaler. Celexa, Aciphex, and Glucophage were used. The patient indicated Glucophage was used for weight control and to treat polycystic ovaries. TOBACCO USE: None. ALCOHOL USE: The patient rarely consumed alcoholic beverages. HOSPITALIZATIONS: To undergo a cesarean section, to undergo a lumbar dissectomy in approximately 2000, for treatment of chronic obstructive pulmonary disease/asthma, and for treatment of sleep apnea. REVIEW OF SYSTEMS was remarkable for a history of hypertension.

EX: On examination of the L upper extremity, there was a 5.5 cm-long longitudinally scar on the dorsal aspect of the distal portion of the L forearm in approximately the area of the midline of the forearm. The scar was not tender when stroked with the examiner's thumbnail. There was no apparent swelling of the soft tissues on the dorsal aspect of the L hand.

HEITZENRATER, MARY C.
(1/28/02 note continued)

There was a scar having a chevron configuration on the palmar aspect of the L wrist having a length of approximately 2 cm. The distal end of this scar joined a scar in the palm of the L hand lying near the thenar crease. This latter scar had a length of approximately 5 cm. On stroking the pads of the radial three digits of the L hand while simultaneously stroking those of the R hand, there was felt to be abnormal dryness of the pads of the indicated three digits of the L hand. There was some moistness of the pads of L 4 and 5. On stroking individually the pads of the five digits of the L hand while simultaneously stroking the corresponding digit of the R hand, the patient indicated that sensation was altered in the L thumb, substantially altered in the L index and middle fingers, and was slightly altered in the radial portion of the pad of the L ring finger. Sensation was normal in the ulnar portion of the pad of the L ring finger and in the pad of the L small finger. There was a hint of atrophy of the soft tissues in the area of the distal phalanx of the L index finger. It was possible to passively flex the L index finger to a fairly good degree. When performing this maneuver, there was noted to be some tone present in the extensor tendons of L 2. The patient reported experiencing some pain when the examiner passively flexed L 2. The patient was able to demonstrated a fairly good active range of motion on flexion of the L index finger.

The patient tolerated having the examiner rub the cutaneous scar in the palm of the L hand and gently stroke that scar using the examiner's thumbnail. On tapping over the scar, a Tinel's sign was elicited in the area of the distal portion of the scar. The patient indicated that the sensation which was experienced did not radiate distally.

The patient's grip strength values using Handle Spacing II of the grip meter were 40 lbs. for the R hand and 12 lbs. for the L hand. The patient withheld the L index finger from the handles of the grip meter when demonstrating the grip strength of the L hand.

DX: 1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel occurring at the time of the 4/27/00 operative procedure. 955.1/998.8

HEITZENRATER, MARY C.
(1/28/02 note continued)

2. Altered sensation involving the radial 3½ digits of the L hand related to #1. 782.0

3. Pain experienced in the area of the L hand related to #1. 729.5

RX: I had a discussion with Ms. Heitzenrater and her husband who accompanied her. I did not believe that any additional surgical treatment of the patient's L median nerve in the area of the carpal tunnel of her L hand would be of any benefit either in diminishing the pain experienced in her L hand or in improving the quality of sensation present in the affected digits of that hand. After examining the patient on one occasion I was not of the opinion that she was experiencing a reflex sympathetic dystrophy condition [the current term for this is complex regional pain condition, type II] involving her L hand.

I did suggest to the patient that she attempt to minimize holding her L index finger in extension and excluding that digit from use. I demonstrated for the patient how to gently perform passive flexion exercises for her L index finger. I also felt the patient could loosely buddy-tape her L index finger to her L middle finger in an effort to overcome her habit of holding her L index finger in extension. This has undoubtedly developed because of the degree of alteration in sensation and the painful quality of sensation affecting that finger. Although not recorded in my handwritten notes, I believe I may well have suggested to the patient that she gently massage her L index finger and other painfully sensitive areas of her L hand in an effort to diminish the painful sensitivity of those areas. Why such massage on occasion may be effective in diminishing painful sensitivity of nerve origin of an area is not clear. I did suggest that the patient might gently perform gripping exercises for her L hand and I suggested that she simply gently squeeze a clean folded sock.

In regard to pain medication, I suggested that the patient use Oxycontin 10 mg but that at least initially she use it only at bedtime. The patient had reported that when previously using Oxycontin it had affected her alertness. Obviously, if the medication causes some sedation at night this is not a liability and actually is of some benefit. Assuming that the patient's nervous system becomes tolerant for the sedating effects of Oxycontin, later she may be

able to use the medication during the daytime portion of a day and not experience sedation.

I discussed with the patient the matter of whether there was evidence that Dr. Zeliger had injured her L median nerve at the time of the 4/27/00 operative procedure. I advised the patient that it was my opinion after reading the operative note dictated in association with the 9/29/00 operative procedure that there was clear evidence that several of the fascicles of the L median nerve in the area of her L carpal tunnel had been previously lacerated and that was the reason that Dr. Imbriglia had placed nerve grafts in an effort to restore continuity to the injured nerve fascicles. Inasmuch as the median nerve in the area of the carpal tunnel is relatively deeply situated and the patient had not suffered any laceration injury of that area prior to the 4/00 operative procedure, the only explanation for the injury of the indicated nerve fascicles is that they were damaged at the time of the 4/00 operative procedure. Such an injury of a median nerve occurring at the time of a carpal tunnel release is below the appropriate standard of care.

Because the patient does reside a substantial travel distance from Pittsburgh, she was not given a specific return appointment at this time. She was invited to call me if she had any additional questions or concerns. At her request, a copy of these notes will be sent to Attorney John Perry. RGK/cd

Report of Richard Kasdan, M.D.
dated March 30, 2006

ASSOCIATES IN NEUROLOGY OF PITTSBURGH
A Professional Corporation

MARY HEITZENRATER

3/30/06: Office visit. Mary underwent left carpal tunnel repair on 4/27/00 by Dr. Zellinger through a limited incision. I do not think it was done by scope but rather by a small incision. She developed severe burning pain after it was over and sought a second opinion from Joe Imbriglia. She had had an uneventful right carpal tunnel before.

In reading Dr. Imbriglia's notes, he felt that a neuroma had formed at the site of surgery indicative of at least some interruption of nerve fascicles post surgery. He attempted to "re-hook up the nerve" using a transplant from a nerve in the dorsum of her hand. According to her, it has helped only minimally. She has burning pain in her hand. It is stiff and she is not able to use it even for typing. On occasion, it will feel cold and rarely will discolor. She has had physical therapy post surgery without relief.

On exam, she has weakness of her entire left hand. It is warm to touch. It is not discolored. It is not swollen. She is very sensitive to tapping the left carpal tunnel with a reflex hammer.

I began her on Lyrica 75 b.i.d. for pain. I told her to avoid narcotic analgesics. I gave her a hand exercising device called Tangle and have told her to use this while watching television or when inactive to keep her left hand mobile. I warned her against disuse in her left hand which could make her problem worse.
RBK/ds-2029

Centre Commons, Suite 100 5750 Centre Avenue Pittsburgh, PA 15206 412-361-4576 Fax 412-361-1014

Report of Bennett Blumenkopf, M.D.
dated January 11, 2007

PMB 280
441 DIVISION ST
SEWICKLEY PA 15143

January 11, 2007

Kathleen A Segmiller, Esq.
Segmiller & Mendicino, PC
3400 Gulf Tower
707 Grant Street
Pittsburgh PA 15219

Re: Heitzenrater matter

Dear Ms. Segmiller:

I have comprehensively reviewed the medical records and the deposition testimonies (see Appendix A) relating to your client, Ms. Mary C Heitzenrater that have been provided to me. As a Board-Certified neurological surgeon (1985) and a Fellow of the American College of Surgeons (1991), I have been in the practice of neurological surgery for 23+ years. Accordingly, I am very familiar with, and therefore I believe qualified to discuss, the diagnosis and treatment of patients with a carpal tunnel syndrome, and any complication resulting from surgical management, thereof.

My professional opinions proffered within a reasonable degree of medical certainty are based entirely on those records and those studies that you have submitted for my review. These are as follows:

- Ms. Heitzenrater presented on April 18 2000 to Keith Zeliger, DO with electrodiagnostically-confirmed left-sided carpal tunnel syndrome, documented by Dr. Martin A Schaeffer.
- Ms. Heitzenrater elected to proceed with "surgical decompression of her median nerve" which was performed by Dr. Zeliger at Dubois Regional Medical Center on April 27, 2000.
- Postoperatively, Joseph E Imbriglia, MD of Western Pennsylvania Hand and Trauma Center assessed Ms. Heitzenrater. On September

14, 2000 Dr. Imbriglia noted complaints of "increasing numbness in [illegible] she also reports no sensation in the index [illegible] His impression was "s/p open carpal tunnel release with likely common digital nerve to the index finger laceration."

- Dr. Imbriglia performed an "Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers" on Ms. Heitzenrater on September 29, 2000 at Shadyside Hospital. He identified at surgery "an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger."
- Ms. Heitzenrater was assessed by Richard Katz, MD of Pittsburgh PA on January 28, 2002 for "difficulties currently experienced with her left hand." He assessed "1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel occurring at the time of the 4/27/00 operative procedure; 2. Altered sensation involving the radial 3 ½ digits of the L hand related to # 1; 3. Pain experienced in the area of the L hand related to # 1." Over the course of the next 2 years Dr. Katz reported that Ms. Heitenrater "indicated that there has been no change in the condition of her L hand."
- In his deposition testimony taken on July 7, 2004 Dr. Zeliger discussed the technique he employs for surgery in carpal tunnel syndrome. While the technique as described is within the acceptable standard of care, his execution of that technique in his care of Ms. Heitzenrater which resulted in the neuroma of continuity failed to meet that acceptable standard.

I reserve the right to amend this report should further information become available that would warrant my doing so. All of the opinions herein, thus far, expressed have been stated within a reasonable degree of medical certainty.

Sincerely,

Bennett Blumenkopf, MD
BB/lvd

Appendix A

- Records of Richard G Katz, MD
- Deposition transcript of Keith L Zeliger, DO
- Records of Richard Kasdan, MD
- Complaint of civil action, Court of Common Pleas of Clearfield County PA
- Shadyside Hospital record
- Records of Joseph Imbriglio, MD
- Dubois Medical Center record
- Records of Martin Schaffer, MD
- Records of Keith Zeliger, DO

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 16th day of January, 2007, a true and correct copy of the foregoing **PLAINTIFF'S EXPERT REPORTS AND DOCUMENTS** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

Jeanette E. Oliver, Esquire
Thomson, Rhodes & Cowie, P.C.
Two Chatham Center, Tenth Floor
Pittsburgh, PA 15219-3499

Kathleen A. Segmiller, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

DEFENDANTS' EXPERT REPORT

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

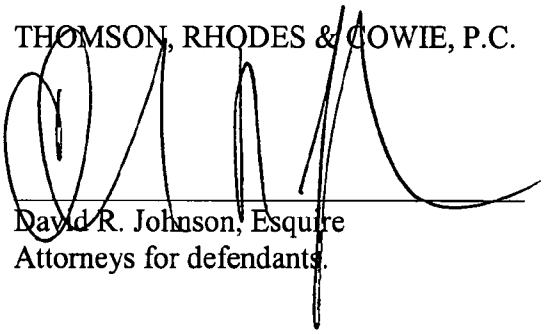
DEFENDANTS' EXPERT REPORT

NOW COME defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following expert report.

Attached hereto as Exhibit A is the report dated August 26, 2005 of Mark Baratz, M.D.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for defendants.

Allegheny General Hospital
Department of Orthopaedic Surgery
Official Medical Provider of the Pittsburgh Pirates

Richard L. Ray, M.D., Interim Chairman
Mark E. Baratz, M.D., Vice Chairman
Patrick J. DeMeo, M.D., Vice Chairman
Dean G. Sotereanos, M.D., Vice Chairman
Daniel T. Altman, M.D.
Gregory T. Altman, M.D.
Stephen F. Conti, M.D.
Carolyn P. Engle, M.D.
Mark A. Fye, M.D.
Julius J. Huebner Jr., M.D.
Thomas B. Hughes Jr., M.D.
Alan H. Klein, M.D.
Dennis J. Phillips, M.D.
Gerald W. Pifer, M.D.
Mark J. Sangimino, M.D.
Robert E. Schilken, M.D.
Christopher C. Schmidt, M.D.
Stephanie Schneck-Jacob, M.D.
Jeffrey J. Sewecke, D.O.
Edward D. Snell, M.D.
Nicholas G. Sotereanos, M.D.

1-877-660-6777

August 26, 2005

David R. Johnson, Esq.
Thompson, Rhodes, and Cowie, PC
Tenth Floor
2 Chatham Center
Pittsburgh, PA 15219-3499

RE: Mary Heitzenrater Vs. Keith Zeligar, D.O.

Dear Attorney Johnson:

I am writing in response to your request for my opinion regarding the care provided by Dr. Keith Zeligar to Mary Heitzenrater. I had the opportunity to review all of the medical records, including the records of Dr. Zeligar, Dr. Imbriglia, Dr. Shaffer, Dr. Bellimo, Dr. Katz, Dubois Regional Medical Center, and Shadyside Hospital, and a deposition transcript of Mary Heitzenrater taken April 11, 2005. I have reviewed Dr. Zeligar's Deposition.

In brief, Ms. Heitzenrater came to Dr. Zeligar for treatment of numbness in her left hand. She had nerve conduction studies on February 11, 2000, that were consistent with left carpal tunnel syndrome. She subsequently had a left carpal tunnel release on April 27, 2000. She was able to return to work two days after her surgery. It subsequently became apparent that she had a lacerated common digital nerve. Dr. Joseph Imbriglia performed an interposition nerve graft on September 29, 2000. Postoperatively she developed some signs and symptoms consistent with reflex sympathetic dystrophy. She was treated for that. She was evaluated in February of 2001 at Dubois Regional Medical Center. She had static and touch pressure testing performed. The dorsal surface of her hand had the same readings of diminished sensation to light touch throughout all fingers both in the median and ulnar nerve distribution. On the palmar side, her static and touch pressure were diminished in the thumb, middle, and half of the ring finger. They were also diminished in the ring and small finger, and again in the ulnar nerve distribution. Those were the most recent medical records that I had to review.

With regard to the care provided by Dr. Zeligar, the indications for the surgery were excellent. Nonoperative treatment had been tried and was not successful. The nerve conduction studies clearly showed evidence of carpal tunnel syndrome. Dr. Zeligar completed a consent form that Ms. Heitzenrater signed on April 18, 2000, which clearly outlined the risk of neurovascular injury and reflex sympathetic dystrophy. Ms. Heitzenrater has a history of both hypertension and diabetes. It is clear that the results of nerve surgery are not as predictable in a person with medical problems. This is particularly true of patients that have diabetes. It was clear in Dr. Zeligar's deposition that he frequently does carpal

Continued...

EXHIBIT
tabbies
A

Allegheny General Hospital
Department of Orthopaedic Surgery
Official Medical Provider of the Pittsburgh Pirates

Richard L. Ray, M.D., Interim Chairman
Mark E. Baratz, M.D., Vice Chairman
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Nicholas G. Sotereanos, M.D.

1-877-660-6777

tunnel surgery. He performed these with a loupe magnification, which exceeds the standard of care. It is clear that Ms. Heitzenrater sustained a partial nerve injury. Her postoperative course was complicated by the fact that she seemed to initially show signs of improvement that would have been consistent with a slowly recovering nerve. When she did not improve, nerve conduction studies were repeated on August 23, 2000. These were felt to be consistent with a worsening neuropathy but not clearly a nerve transection.

It is my opinion that Dr. Zeligar's initial evaluation and surgical treatment met the standard of care. He had warned Ms. Heitzenrater about the possibility of nerve injury. It is my opinion that nerve injury during nerve surgery is a recognized complication.

These are all opinions that I state within a reasonable degree of medical certainty.

Sincerely,

Mark E. Baratz, M.D.
Director of Division of Hand and Upper Extremity Surgery
Professor and Vice Chairman,
Department of Orthopedics
Residency and Fellowship Program Director
Allegheny General Hospital

MEB/sjc

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within DEFENDANTS' EXPERT REPORT has been served upon the following counsel of record and same placed in the U.S. Mails on this 6th day of March, 2007:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION TO COMPEL

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Jeanette E. Oliver, Esquire
PA I.D. #201336

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

Counsel of Record:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

MOTION TO COMPEL

NOW COME the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following motion to compel and, in support thereof, state as follows:

1. On October 25, 2006, defendants served upon plaintiff's counsel a set of supplemental interrogatories and request for production of documents.

2. To date, plaintiff has not provided any responses to these discovery requests.

5. Plaintiff's responses are necessary in order for the defendants to properly defend against plaintiff's claims.

WHEREFORE, defendants respectfully request this Honorable Court issue an order directing plaintiff to provide full and complete responses to supplemental interrogatories and request for production within twenty (20) days or suffer such sanctions as this court may impose.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for Defendants

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record and same placed in the U.S. Mails on this 9th day of March, 2007:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Jeanette E. Oliver, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this ____ day of _____, 2007, it is hereby ORDERED, ADJUDGED and DECREED that defendants' motion to compel is hereby GRANTED. Plaintiff shall provide full and complete responses to supplemental interrogatories and request for production of documents within twenty (20) days or suffer such sanctions as this court may impose.

BY THE COURT:

_____J.

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW on this 13th day of March, 2007, it is hereby ORDERED, ADJUGED and DECREED that oral argument on defendants' Motion to Compel is scheduled for the 16th day of April, 2007, at 11:30 (a.m./p.m.) before Judge Ammerman in Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT:

Judge J. Ammerman J.

FILED

MAR 13 2007

0/2:50/

William A. Shaw

Prothonotary/Clerk of Courts

2 cert to Atty

DATE: 3-13-07

X You are responsible for serving all appropriate parties.

____ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) ____ Plaintiff(s) Attorney ____ Other

____ Defendant(s) ____ Defendant(s) Attorney

____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.: 02-438 Code: **NOTICE OF SERVICE OF PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	No.: 02-438
	)	
vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
Defendants.	)	

NOTICE OF SERVICE OF
PLAINTIFF'S ANSWERS TO DEFENDANTS'
SUPPLEMENTAL INTERROGATORIES

I, Kathleen A. Segmiller, Esquire hereby certify that Plaintiff's Answers to Defendants' Supplemental Interrogatories were mailed by U.S. First-Class Mail, postage prepaid, to Jeanette E. Oliver, Esquire, Thomson, Rhodes & Cowie, P.C., Two Chatham Center, 10th Floor, Pittsburgh, Pennsylvania 15219-3499 on the 12th day of April, 2007.

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff

Dated: April 12, 2007

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 12th day of April, 2007, a true and correct copy of the foregoing NOTICE OF SERVICE OF PLAINTIFF'S ANSWERS TO DEFENDANTS' SUPPLEMENTAL INTERROGATORIES was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

Jeanette E. Oliver, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

Kathleen A. Segmiller, Esquire

UA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.: 02-438 Code: **PRAECIPE FOR TRIAL PURSUANT TO LOCAL RULE 212.2** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	No.: 02-438
	)	
vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
Defendants.	)	

PRAECIPE FOR TRIAL PURSUANT TO LOCAL RULE 212.2

Please place the above-captioned matter on the next available trial list. I hereby certify that the case is at issue.

1. No motions are outstanding and both parties' medical expert reports have been filed.

2. Per Order of Court discovery ended on December 1, 2006. The discovery period has expired.

3. A jury trial of twelve is requested.

4. Notice of this Praecipe has been given to the attorney representing the other parties.

JURY TRIAL OF TWELVE DEMANDED

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff, Mary Heitzenrater

Dated: October 5, 2007

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 5th day of October, 2007, a true and correct copy of the foregoing **PRAECIPE FOR TRIAL PURSUANT TO LOCAL RULE 212.2** was served via United States First Class Mail, postage prepaid, upon the following counsel of record:

Jeanette E. Oliver, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219

Kathleen A. Segmiller, Esquire

(A

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARY HEITZENRATER, Plaintiff	*	
vs.	*	NO. 02-438-CD
KEITH L. ZELIGER, D.O, and DuBOIS REGIONAL MEDICAL CENTER, Defendants	*	

ORDER

AND NOW, this 11th day of October, 2007, it is the ORDER of the Court that a Pre-Trial Conference in the above matter shall be held on the **3rd day of December, 2007, in Chambers at 9:30 o'clock a.m.** Additionally, Jury Selection in this matter will be held on January 3, 2008.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED
OCT 12 2007
0/9:30/cc
William A. Shaw
Prothonotary/Clerk of Courts

CERT TO ATTY'S
SEGMILLER
&
JOHNSON

DATE: 10-12-07

____ You are responsible for serving all appropriate parties.

K The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) K Plaintiff(s) Attorney ____ Other

____ Defendant(s) K Defendant(s) Attorney

____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

CONSENTED TO MOTION TO CONTINUE JURY SELECTION TO THE NEXT AVAILABLE LIST

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

CONSENTED TO MOTION TO CONTINUE JURY SELECTION TO THE NEXT AVAILABLE LIST

NOW COME the defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C., and file the following consented to motion to have the above-captioned case stricken from the jury selection list for January 3, 2008 and moved to the next available jury selection list, averring in support of the motion the following:

1. This is a medical malpractice case in which the parties request from the court a date certain for trial.

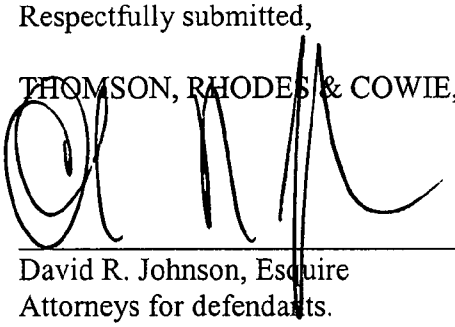
2. A pretrial conference has been scheduled in this case for December 3, 2007. The parties would like to maintain the date of this pretrial conference for scheduling purposes and other reasons.

3. The case had been placed on the trial list for January 3. Counsel is unavailable for jury selection at that time and, additionally, for scheduling reasons, it is requested that the case be taken off this list and placed on the next available list for jury selection.

4. The foregoing motion is consented to by counsel for the plaintiffs.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for defendants.

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within CONSENTED TO MOTION TO CONTINUE JURY SELECTION TO THE NEXT AVAILABLE LIST has been served upon the following counsel of record and same placed in the U.S. Mails on this 31st day of Oct, 2007:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	
	)	No. 02-438-CD
Vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
	)	
Defendants.	)	

ORDER OF COURT

AND NOW, this _____ day of _____, 2007, it is hereby ordered that jury selection in the matter above captioned is continued to the next available list.

BY THE COURT:

_____J.

UA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARY HEITZENRATER,	*	
Plaintiff	*	
vs.	*	NO. 02-438-CD
KEITH L. ZEIGLER, D.O. and,	*	
DuBOIS REGIONAL MEDICAL CENTER	*	
Defendants	*	

ORDER

NOW, this 3rd day of December, 2007, following pre-trial conference with counsel for the parties as set forth above, it is the ORDER of this Court as follows:

1. Jury Selection will be held on April 4, 2008 commencing at 9:00 a.m. in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.
2. Jury Trial is hereby scheduled for April 21, 22, 23, and 24, 2008 commencing at 9:00 a.m. each day in Courtroom No. 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania before Judge John K. Reilly, Specially Presiding.
3. Any party making objections relative the testimony to be provided by any witness in the form of a deposition at the time of trial shall submit said objections to the Court, in writing, no later than thirty (30) days prior to the commencement of trial. All objections shall reference specific page and line numbers within the deposition(s) in question along with that party's brief relative same. The opposing party shall submit its brief in opposition to said objections no later than fifteen (15) days prior to the commencement of trial.
4. Any party filing any Motion or Petition regarding limitation or exclusion of evidence or testimony to be presented at time of trial, including but not limited to Motions in Limine, shall file the same no more than thirty (30) days prior to the trial date. The party's Petition or Motion shall be accompanied by an appropriate brief. The responding party thereto shall file its Answer and submit appropriate response brief no later than fifteen (15) days prior to trial.

BY THE COURT,

FREDRIC J. AMMERMAN
President Judge

FILED
01:59 BCC
DEC 03 2007
William A. Shaw
Prothonotary/Clerk of Courts

ICC Attys:
Sgmiller
D. Johnson
GK

FILED

DEC 03 2007

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 12/3/07

____ You are responsible for serving all appropriate parties.

__X__ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) __X__ Plaintiff(s) Attorney ____ Other

____ Defendant(s) __X__ Defendant(s) Attorney

____ Special instructions:

UA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARY HEITZENRATER,,	*	
Plaintiff	*	
vs.	*	NO. 02-438-CD
KEITH L. ZELIGER, D.O. and DUBOIS	*	
REGIONAL MEDICAL CENTER,	*	
Defendants	*	

ORDER

NOW, this 4th day of March, 2008, it is hereby ORDERED that the joint Motion for an Amended Scheduling Order is granted. The deposition of Dr. Blumenkopf may be taken on March 31, 2008. The transcript shall be produced no later than April 2, 2008. Any objections to the testimony or related motions shall be filed by no later than April 7, 2008. Any response by Plaintiff shall be filed no later than April 11, 2008.

BY THE COURT,

Fredric J Ammerman

FREDRIC J. AMMERMAN
President Judge

FILED
MAR 04 2008
01:30/cm
William A. Shaw
Prothonotary/Clerk of Courts
CERT TO ATTY'S
SAGMILLER &
JOHNSON

COURT FILED COPIES TO

ATTYS JOHNSON & SEGMILLER

THOMSON, RHODES & COWIE, P.C.

Attorneys At Law

TWO CHATHAM CENTER, TENTH FLOOR
PITTSBURGH, PENNSYLVANIA 15219-3499

Facsimile (412) 232-3498
www.trc-law.com

Writer's Direct Dial
(412) 316-8662

David R. Johnson

E-mail: drj@trc-law.com

March 4, 2008

Mary Heitzenrater vs. Keith Zeliger, D.O. and DuBois Regional Medical Center. In the Court of Common Pleas of Clearfield County, Pennsylvania. Civil Division No. 02-438-CD. Our File No. 12640.

Honorable Fredric J. Ammerman (via facsimile to 814-765-7649)
Clearfield County Courthouse
230 East Market Street
Clearfield, PA 16830

Dear Judge Ammerman:

Subsequent to sending my motion for protective order to the Court, the parties were able to arrive at an agreement concerning the deposition of plaintiff's expert, subject to the Court's approval. If the Court approves the order of court appended to the joint motion, it would moot the motion for protective order submitted earlier today.

The original of the joint motion for supplemental order of court is being filed with the Prothonotary.

Thank you.

Very truly yours,

David R. Johnson

DRJ/pko
Enclosure
cc: Kathleen A. Segmiller, Esquire (via facsimile to 412-227-5887)
(w/enclosure)
William Shaw, Prothonotary, Clearfield County Courthouse (via U.S. Mail)
(w/original motion for filing)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

JOINT MOTION FOR SUPPLEMENTAL ORDER OF COURT

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

Counsel for plaintiff:
Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

JOINT MOTION FOR SUPPLEMENTAL ORDER OF COURT

NOW COME the parties by their respective attorneys and file the following motion jointly for a supplemental order of court for the reasons set forth below.

1. This court entered a pretrial order on December 3, 2007 requiring all objections to depositions to be made 30 days before trial. Trial is scheduled to begin April 21, 2008.

2. Plaintiff has scheduled the deposition of plaintiff's expert, Dr. Blumenkopf for March 11, 2008 and defendants' counsel was unavailable that date.

3. Defense counsel filed a motion for protective order.

4. Plaintiff's attorney advises that Dr. Blumenkopf has limited availability for a deposition but can be deposed at 9:00 a.m. (or perhaps earlier) on March 31, 2008. That date is acceptable to the defendant, but is less than 30 days prior to the commencement of trial.

5. Accordingly, the parties jointly request that the court enter the attached order providing that Dr. Blumenkopf's deposition may be taken on March 31, 2008, that a transcript be made available within 2 days of that date and that any objections or related

motions may be filed within 7 days of that date, and that any responses be filed by April 11, 2008.

6. Plaintiff's attorney has authorized undersigned counsel to file this motion as a joint motion.

WHEREFORE, the parties respectfully request entry of the attached order.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within JOINT MOTION FOR SUPPLEMENTAL ORDER OF COURT has been served upon the following counsel of record by facsimile on this 4th day of March, 2008:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(via facsimile to 412-227-5887)

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

JOINT MOTION FOR SUPPLEMENTAL ORDER OF COURT

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

Counsel for plaintiff:
Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

JOINT MOTION FOR SUPPLEMENTAL ORDER OF COURT

NOW COME the parties by their respective attorneys and file the following motion jointly for a supplemental order of court for the reasons set forth below.

1. This court entered a pretrial order on December 3, 2007 requiring all objections to depositions to be made 30 days before trial. Trial is scheduled to begin April 21, 2008.

2. Plaintiff has scheduled the deposition of plaintiff's expert, Dr. Blumenkopf for March 11, 2008 and defendants' counsel was unavailable that date.

3. Defense counsel filed a motion for protective order.

4. Plaintiff's attorney advises that Dr. Blumenkopf has limited availability for a deposition but can be deposed at 9:00 a.m. (or perhaps earlier) on March 31, 2008. That date is acceptable to the defendant, but is less than 30 days prior to the commencement of trial.

5. Accordingly, the parties jointly request that the court enter the attached order providing that Dr. Blumenkopf's deposition may be taken on March 31, 2008, that a transcript be made available within 2 days of that date and that any objections or related

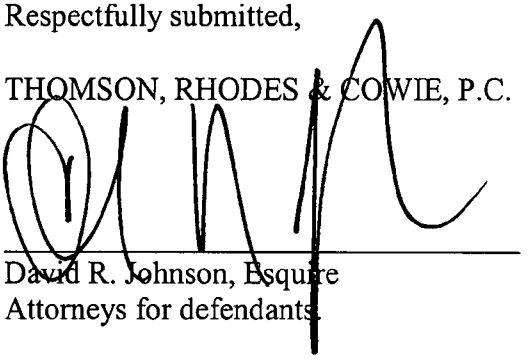
motions may be filed within 7 days of that date, and that any responses be filed by April 11, 2008.

6. Plaintiff's attorney has authorized undersigned counsel to file this motion as a joint motion.

WHEREFORE, the parties respectfully request entry of the attached order.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Attorneys for defendants

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within JOINT MOTION FOR SUPPLEMENTAL ORDER OF COURT has been served upon the following counsel of record by facsimile on this 4th day of March, 2008:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(via facsimile to 412-227-5887)

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	No. 02-438-CD
	)	
Vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
Defendants.	)	

ORDER OF COURT

AND NOW, this _____ day of _____, 2008, it is hereby ordered that the joint motion for an amended scheduling order is granted. The deposition of Dr. Blumenkopf may be taken on March 31, 2008. The transcript shall be produced no later than April 2, 2008. Any objections to the testimony or related motions shall be filed no later than April 7, 2008. Any response by plaintiff shall be filed no later than April 11, 2008.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

EMERGENCY MOTION FOR PROTECTIVE ORDER

Code:

Filed on behalf of defendants.

COUNSEL FOR PLAINTIFF:
Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

EMERGENCY MOTION FOR PROTECTIVE ORDER

NOW COME defendants, by their attorneys, Thomson, Rhodes & Cowie, P.C. and file the following emergency motion for protective order for the reasons set forth below.

1. This is a medical malpractice case scheduled to begin April 21, 2008. Plaintiffs have identified as an expert witness, Bennett Blumenkopf, M.D.

2. On February 21, 2008, without any previous notice or scheduling arrangements, undersigned counsel received the notice of Dr. Blumenkopf's deposition, scheduling his deposition for March 11, 2008. Immediately upon receipt of that notice, undersigned counsel advised plaintiff's attorney by letter dated February 21, 2008, attached hereto as Exhibit A, that undersigned counsel was starting a jury trial in Allegheny County on the day scheduled for Dr. Blumenkopf's deposition, and asked that the deposition be moved to a mutually convenient date.

3. Subsequently, telephone conversation ensued, without resolution of the issue. Following the pretrial conference in the Allegheny County case, in which it became apparent that the case would not resolve by way of settlement, plaintiff's counsel was advised of the continuing conflict and again requested to identify a mutually available date when Dr. Blumenkopf could be deposed.

4. Upon failure to receive a response to the most recent telephone call, plaintiff's counsel was notified by letter dated March 3, 2008, attached hereto as Exhibit B, is the most recent letter to plaintiff's counsel, to which no response has been received.

5. In this case, Dr. Blumenkopf is the only expert witness for the plaintiff.

6. In this case, undersigned counsel is the trial attorney for the defendants and, as a result, it is important for undersigned counsel to be available for any trial deposition of an expert.

WHEREFORE, defendants respectfully request that the court enter a protective order barring Dr. Blumenkopf's deposition from going forward on March 11, 2008 in view of the fact that undersigned counsel is scheduled for a jury trial in Allegheny County that date, and providing further that Dr. Blumenkopf's deposition shall only be rescheduled at a time that is available to the defendants' attorneys.

Respectfully submitted,

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

THOMSON, RHODES & COWIE, P.C.

Attorneys At Law

TWO CHATHAM CENTER, TENTH FLOOR
PITTSBURGH, PENNSYLVANIA 15219-3499

Facsimile (412) 232-3498
www.trc-law.com

Writer's Direct Dial
(412) 316-8662

David R. Johnson

E-mail: drj@trc-law.com

February 21, 2008

Mary Heitzenrater vs. Keith Zeliger, D.O. and DuBois Regional Medical Center. In the Court of Common Pleas of Clearfield County, Pennsylvania. Civil Division No. 02-438-CD. Our File No. 12640.

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

(via mail and facsimile to 412-227-5887)

Dear Ms. Segmiller:

I today received your notice of videotape deposition for use at trial for Dr. Blumenkopf. Given the fact that it is a deposition for use at trial of your expert, I would have appreciated it if you would have consulted with me on timing before scheduling the deposition. As it turns out, the deposition is scheduled for March 11, 2008, the day I am beginning trial in another case, Evagues v. Somani. Thus, I am not available for a deposition at that time. I am requesting that you reschedule the deposition to a time when I am available. Would you please let me know right away whether you are willing to do so since, if you are not, it will be necessary for us to pursue a protective order.

Thank you.

Very truly yours,

/s/ David R. Johnson

David R. Johnson

DRJ/pko

THOMSON, RHODES & COWIE, P.C.

Attorneys At Law

TWO CHATHAM CENTER, TENTH FLOOR
PITTSBURGH, PENNSYLVANIA 15219-3499

Facsimile (412) 232-3498
www.trc-law.com

Writer's Direct Dial
(412) 316-8662

E-mail: drj@trc-law.com

David R. Johnson

March 3, 2008

Mary Heitzenrater vs. Keith Zeliger, D.O. and DuBois Regional Medical Center. In the Court of Common Pleas of Clearfield County, Pennsylvania. Civil Division No. 02-438-CD. Our File No. 12640.

Kathleen A. Segmiller, Esquire (via facsimile to 412-227-5887)
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

Dear Ms. Segmiller:

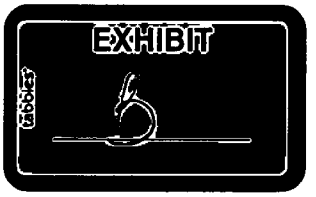
I had expected to hear from you concerning your expert's deposition. Unless I receive confirmation today that the deposition has been moved from the scheduled date to one that matches my availability I will need to file a motion with the court. I am out of the office today, however, I would appreciate a voice mail message as to your intentions.

Thank you kindly.

Very truly yours,

s/David R. Johnson/pko
David R. Johnson

DRJ/pko



CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within EMERGENCY MOTION FOR PROTECTIVE ORDER has been served upon the following counsel of record by facsimile on this 4th day of March, 2008:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(via facsimile to 412-227-5887)

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Attorneys for defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	No. 02-438-CD
	)	
Vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
Defendants.	)	

ORDER OF COURT

AND NOW, this _____ day of _____, 2008, it is hereby ordered that defendants' motion for protective order is granted. If and to the extent that plaintiff's attorney wishes to reschedule the videotape deposition of Dr. Blumenkopf, such scheduling shall occur so as to accommodate the schedule of defense counsel.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	No. 02-438-CD
	)	
Vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
Defendants.	)	

ORDER OF COURT

AND NOW on this _____ day of _____, 2008, it is hereby ORDERED, ADJUDGED and DECREED that oral argument on defendants' emergency motion for protective order is scheduled for the _____ day of _____, 2008 at _____ a.m./p.m. before Judge _____ in Courtroom No. _____ of the Clearfield County Courthouse.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

MOTION FOR SUMMARY JUDGMENT

Code:

Filed on behalf DuBois Regional Medical Center, one of the defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

Brad R. Korinski, Esquire
PA I.D. #86831

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

MOTION FOR SUMMARY JUDGMENT

NOW COMES, DuBois Regional Medical Center, one of the defendants, by its attorneys, Thomson, Rhodes & Cowie, PC, and files this motion for summary judgment, in support of which the following is a statement.

I. FACTS

1. This is a medical malpractice action arising out of alleged negligence in connection with healthcare provided to plaintiff, Mary Heitzenrater, during a surgical procedure to her hand performed on April 27, 2000 at DuBois Regional Medical Center ("DRMC") by co-defendant Dr. Zeliger. Specifically, plaintiff underwent an operation to her left hand in the nature of a decompression of her left median nerve in the attempt to alleviate her ongoing symptoms from carpal tunnel disease.

2. Plaintiff alleges the defendants committed malpractice because, after the at-issue surgery, she experienced a loss of sensation in portions of her left hand which required additional medical/surgical interventions. Plaintiff claims a continued loss of functionality in her left hand, together with intermittent pain and numbness. The salient facts to the liability averments are outlined below.

(a) Beginning in approximately 1999, plaintiff began to experience increasing pain and consequent loss of function in her left hand that inhibited her activities of daily living. After treating with physicians and being diagnosed with carpal tunnel disease through EMG studies, plaintiff's primary care physician recommended to her that she consult a surgeon. (See plaintiff's deposition, p. 34).

(b) According to plaintiff's own testimony, she self-selected Dr. Zeliger to serve as her surgeon, stating that "I liked Dr. Zeliger. I had seen Dr. Zeliger prior to that when I started having trouble with my back." (See plaintiff's deposition, pp. 34-35).

(c) Per the direction of Dr. Zeliger, plaintiff entered DRMC on April 27, 2000 for the planned surgery on her left hand, which was ultimately performed by Dr. Zeliger. The surgery occurred as expected, and plaintiff was discharged from DRMC in a condition typical for someone who had recently underwent hand surgery.

(d) Post-operatively, the medical records document that plaintiff experienced prolonged pain, swelling and tenderness in her left hand, as well as difficulty in moving the digits of that hand. Subsequent diagnostic studies indicated nerve damage to her left hand.

(e) On September 29, 2000, plaintiff underwent a second surgery to her left hand performed by another physician. The given pre-operative diagnosis was that plaintiff had suffered a transection of the common digital nerve of the index finger of the left hand. Despite this reparative surgery, plaintiff claims to still experience problems in her left hand stemming from the nerve injury.

3. Plaintiff contends that the nerve injury occurred during the surgery performed by Dr. Zeliger, and that such injury occurred because of he improper execution of surgical technique and constitutes a breach of the standard of care.

4. The complaint filed by plaintiff is attached hereto as exhibit "A." It contains two Counts against the defendants.

(a) Count I - professional negligence against defendant Dr. Zeliger.

(b) Count II - a claim against DRMC for "corporate negligence" concerning a breach of the Thompson v. Nason Hospital duties of care (e.g., lack of adequate policies, failure to enforce policies, failure to retain competent and qualified physicians).

(c) Count II also appears to bring claims of vicarious liability against DRMC on the basis that, alternatively, Dr. Zeliger acted at the time of plaintiff's surgery as the actual or the ostensible agent of DRMC

II. GROUNDS FOR SUMMARY JUDGMENT

A. DRMC Cannot Be Vicariously Liable for the Conduct of Dr. Zeliger

5. In ¶ 22 of the complaint, plaintiff seeks recovery against DRMC on the theory that it stands vicariously liable for the conduct of Dr. Zeliger, since, throughout the period of plaintiff's at-issue medical care, he acted "within the line and scope of his employment with and in furtherance of the economic interests of [DRMC]." (See, complaint ¶ 22).

6. Then, in ¶ 25 of the complaint, plaintiff baldly alleges, without any buttressing facts or explanation, that she "was of a reasonable belief that the services furnished at [DRMC] were rendered to her for [DRMC]." Importantly, however, plaintiff does not specifically allege that she believed that Dr. Zeliger was acting as the employee or agent of DRMC.

7. Despite having engaged in extensive discovery since the filing of the complaint, no facts have been developed to support such allegations of agency (of the actual or ostensible variety), even if contained within the pleadings. There is no evidence that Dr. Zeliger acted as an employee or agent of DRMC in regards to the professional services he rendered to plaintiff.

8. To the contrary, at the time of the alleged incident, Dr. Zeliger acted not as an employee of DRMC but as an independently practicing physician. (See Dr. Zeliger's answer and new matter, ¶ 8). That Dr. Zeliger was not an employee of DRMC in the traditional sense in 2000 is a fact that cannot now be in dispute in this litigation. The only question is whether Dr. Zeliger can be deemed to be the ostensible agent of the hospital.

9. So as to hold DRMC vicariously responsible for the conduct of Dr. Zeliger, plaintiff has the burden to prove that Dr. Zeliger acted as its ostensible agent.

10. Under Pennsylvania law, the judicially created doctrine of ostensible agency finds applicability in very limited factual circumstances. Two elements must be established before a hospital can be charged with the negligence of its independent contractors or non-employees. First, the hospital must either hold the physician out as its employee or omit to act in some way so as to encourage the patient to adopt the reasonable belief that the treatment provided is being rendered by the hospital as an institution or by one of the hospital's own employees. Second, affirmative proof must be offered that the patient looked toward the hospital rather than the individual physician for the care and treatment that the physician provided. Capan v. Divine Providence Hospital, 430 A.2d 647 (Pa. Super. 1980); Parker v. Freilich, 803 A.2d 738 (Pa. Super. 2002).

11. As a predicate matter, plaintiff's own testimony given in this case belies any insinuation that she looked to DRMC as the employer of Dr. Zeliger. As she plainly stated (at pp. 34-35) she personally selected Dr. Zeliger because of the prior experience she had with him in treating her back condition. Importantly, this is not a situation where plaintiff went to the hospital and was assigned a physician with whom she did not share an existing relationship.

12. Moreover, at her deposition, plaintiff did not testify that she ever looked to DRMC as the employer of Dr. Zeliger or that she believed that the surgical services performed by Dr. Zeliger were actually being undertaken on behalf of DRMC.

13. Plaintiff has not produced any other affirmative evidence of looking toward DRMC as Dr. Zeliger's employer or that she relied upon DRMC to perform the surgery on her left hand. Similarly, there is absolutely no shred of evidence or facts that DRMC ever "held out" or represented Dr. Zeliger to plaintiff as its employee such that plaintiff could develop a reasonable belief that Dr. Zeliger acted as an employee of DRMC.

14. Without any evidence of plaintiff's belief and/or reliance that DRMC employed Dr. Zeliger, he cannot be deemed to have been ostensible agent of DRMC. And, even if plaintiff somehow believed (without any basis to do so) he was an employee, plaintiff lacks any evidence to prove any affirmative act on the part of DRMC that it portrayed or represented Dr. Zeliger to be its employee/agent. Without recourse to the ostensible agency concept, plaintiff is unable to make a *prima facie* case that UPMC St. Margaret stands vicariously liable for the conduct of Dr. Zeliger.

15. Accordingly, DRMC is entitled to summary judgment, as a matter of law, on Count II of the complaint as concerns its liability for any torts committed by Dr. Zeliger.

B. Count II Must Be Dismissed Since Plaintiff Has Not Offered Any Expert Reports/Opinions to Support Her Corporate Negligence Cause of Action Against DRMC

16. Count II of the complaint advances a corporate negligence theory of liability, which alleges that DRMC was negligent in the following areas:

> "(a) Failing to select and retain competent physicians; (b) Failing to oversee Dr. Zeliger; (c) Failing to provide adequate procedures and protocols to ensure that ... plaintiff's neurological deficits were properly ... documented; (d) Continuing to have its agents provide post-operative care ... without properly ... diagnosing plaintiff's neurological deficits ...; (e) Failing to properly monitor and to adequately chart the condition of the plaintiff; and (f) Failing to use reasonable care to ensure the competence of Dr. Zeliger."

See, complaint ¶ 27.

17. The above negligence averments are predicated upon facts pertaining to the medical treatment which this defendant provided to plaintiff and, thus, raise claims of professional negligence requiring expert testimony. Grossman v. Barke, 868 A.2d 561 (Pa. Super. 2005). Without expert testimony, plaintiff cannot state a *prima facie* case of direct corporate liability against this healthcare provider. Brillman v. Saylor, 761 A.2d 1208 (Pa. Super. 2000).

18. Plaintiff has not marshaled any facts to support the allegations made in Count II and set forth in the complaint. Plaintiff has not produced an expert report/opinion from a competent expert (or any expert) to support these allegations.

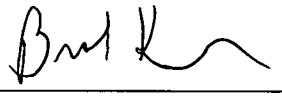
19. Attached as Exhibit "B" is the expert report of plaintiff's identified liability expert, Bennett Blumenkopf, M.D. To the extent Dr. Blumenkopf's opinion buttresses a cause of action against any defendant, that cause of action is against Dr. Zeliger, not DRMC. Indeed, reading through Dr. Blumenkopf's terse report, he does not identify any area of liability on the part of DRMC; he does not even mention DRMC. The entirety of his report is concerned with the diagnosis of plaintiff's alleged surgical complication and the purported failure of Dr. Zeliger to comply with the acceptable standard of care in executing his surgical technique. Under even the most expansive of interpretations, the report of Dr. Blumenkopf cannot serve as the basis to establish an independent liability claim against DRMC.

20. Accordingly, DRMC is entitled to summary judgment in its favor on Count II of the complaint.

WHEREFORE, DuBois Regional Medical Center, one of the defendants, respectfully requests that this Honorable Court issue an order granting summary judgment on all of the grounds raised in this motion for summary judgment and as noted in the proposed order of court attached hereto.

Respectfully Submitted,

THOMSON, RHODES & COWIE, P.C.



David R. Johnson, Esquire
Brad R. Korinski, Esquire
Attorneys for DuBois Regional Medical Center,
one of the defendants.

COPY

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No.: 02-438-CD

Code:

COMPLAINT IN CIVIL ACTION

Filed on behalf of Plaintiff

Counsel of Record for this Party:

Kathleen A. Segmiller, Esq.
Pa. I.D. No. 62929

3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219
(412) 227-5884

Exhibit "A"

JURY TRIAL DEMANDED

I hereby certify this to be a true and attested copy of the original statement filed in this case.

MAR 22 2002

Attest.

Prothonotary/
Clerk of Courts

EXHIBIT
tabbies
A

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.

NOTICE TO DEFEND

You have been sued in Court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this Complaint and notice are served, by entering in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the Court without further notice for any money claimed in the Complaint or for any other claim or relief requested by the Plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

COURT ADMINISTRATOR OF CLEARFIELD COUNTY
Courthouse
One North 2nd Street
Clearfield County, PA 16830

Telephone: (814) 765-2641

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendant.	)	CIVIL DIVISION No.

COMPLAINT IN CIVIL ACTION

AND NOW, comes the Plaintiff, Mary Heitzenrater, by and through her attorney, Kathleen A. Segmiller, Esquire, and files the within Complaint in Civil Action and avers as follows:

1. Plaintiff, Mary C. Heitzenrater, is an adult individual of the Commonwealth of Pennsylvania residing at R.D. 5, Box 32, Punxsutawney, Jefferson County, Pennsylvania, 15217.

2. Defendant, Keith L. Zeliger, D.O., ("Defendant Zeliger") is an adult individual of the Commonwealth of Pennsylvania, maintaining his place of business at 211 Beaver Drive, DuBois, Clearfield County, Pennylvania. At all relevant times, Defendant Zeliger was licensed to practice medicine in the Commonwealth of Pennsylvania and a doctor/patient relationship existed between Plaintiff and himself.

3. Defendant, Dubois Regional Medical Center ("Defendant Medical Center") is a health care facility operated and maintained for the purpose of serving the health care needs of the general public, including the Plaintiff, and has its principal place of business at Maple Avenue, DuBois, Clearfield County, Pennsylvania, 15801.

4. On or about February 11, 2000, Plaintiff had electrodiagnostic studies performed on her left hand and arm for pain and diminished sensation which would occasionally awaken her at night. It was concluded that the Plaintiff was experiencing entrapment of the left median nerve in the region of the left carpal tunnel of a moderate to severe degree.

5. Plaintiff was referred to Keith Zeliger, D.O. for carpal tunnel syndrome of her left hand.

6. On or about April 27, 2000, Plaintiff was admitted to Defendant Medical Center for decompression of her left median nerve to be performed by Defendant Zeliger.

7. Plaintiff post-operatively experienced terrible burning pain in the knot in the palm of her left hand. She indicated that her left hand kept swelling and changing color. She experienced difficulty in flexing the fingers of her left hand, especially the left index finger.

8. On or about August 23, 2000, a second electrodiagnostic evaluation was completed. The study noted a distal latency of the motor portion of the left median nerve. It was at the upper limits of normal and no response could be stimulated in the sensory portion of the left median nerve.

9. In comparison with the previous electrodiagnostic testing of February 11, 2000, the test represented a worsening of the left mediann neuropathy.

10. On or about September 29, 2000, a second surgical treatment was performed on the patient's left hand by another physician. Pre-operative diagnosis was transection of the common

digital nerve to the index finger on the left.

11. The post-operative diagnosis was neuroma incontinuity of the median nerve to the left likely involving the fibers to the index finger. The operation was titled exploration of the median nerve, neurolysis, posterior interosseous nerve graph bypass interpositioning for the median nerve transected fibers.

12. At all times material and relevant, the recovery room and operating rooms at Defendant Medical Center were staffed by agents, servants and/or employees of Defendant Medical Center acting in the course and scope of their employment of their agency, authority or employment and in furtherance of Defendant Medical Center's business interest.

13. At all times material and relevant, Defendant Medical Center held out to Plaintiff, the operating room personnel and Defendant Zeliger as agents, servants and/or employees of Defendant Medical Center.

14. At all times material and relevant, Defendant Zeliger held himself out to the Plaintiff and to the general public as a highly skilled surgeon with extensive training and practical experience in the field of surgery, generally, and specifically in the field of carpal tunnel syndrome.

COUNT I - NEGLIGENCE

Plaintiff vs. Defendant Zeliger

15. The averments of Paragraphs 1-15 are incorporated herein by reference thereto as though fully set forth herein.

16. Defendant Zeliger, as a licensed physician, owe Plaintiff a duty to use reasonable care and to use such knowledge, skill and care as necessary for the proper treatment of Plaintiff consistent with accepted medical practice.

17. Defendant Zeliger breached that duty as follows:

a. In injuring Plaintiff's left median nerve at the time of the April 27, 2000 operative procedure;

b. In injuring several of the fascicles of the left median nerve in the area of her left carpal tunnel;

c. In injuring Plaintiff's median nerve at the time of the carpal tunnel release;

d. In failing to timely and properly diagnose Plaintiff's progressing neurological deficits;

e. In failing to timely and properly clinically manage and/or treat Plaintiff's post-operative course;

f. In failing to recognize the significance and implications of Plaintiff's post-operative neurological problems;

g. In failing to refer Plaintiff to a specialist so that her condition could have been diagnosed and treated promptly and accurately; and

h. In failing to recognize the significance and implications of lacerating the Plaintiff's median nerve.

18. As a result of these breaches of duty, the Plaintiff has suffered the following injuries and damages:

a. subsequent surgery for nerve grafts;

b. loss of sensation in her hand and fingers, specifically left index finger;

c. scarring;

d. laceration of several fascicles of the left median nerve in the area of the left carpal tunnel;

e. altered sensation involving the radial three and a half digits of the left hand;

f. pain in the area of the left hand;

g. atrophy of the left hand;

h. painful sensitivity of the left hand and fingers;

i. loss of strength to the Plaintiff's left hand and fingers;

j. numbness in the left hand and fingers;

k. depression; and

l. insomnia.

19. Because of these breaches of duty by Defendant Zeliger, Plaintiff has incurred medical, nursing and hospital expenses, past, present and future.

20. Because of these breaches of duty by Defendant Zeliger, Plaintiff has incurred lost wages, past, present and future.

21. Also because of these breaches of duty, Plaintiff has been deprived of the services, support, comfort, society, companionship, guidance and consortium of her husband and family.

WHEREFORE, Plaintiff demands judgment against Defendant Zeliger in an amount in excess of the arbitrational limits of the Court of Common Pleas of Clearfield County, Pennsylvania.

JURY TRIAL DEMANDED.

COUNT II

Plaintiff vs. Defendant Medical Center

22. The averments of Paragraphs 1 through 22 are incorporated herein by reference thereto as though fully set forth herein.

23. At all times material to the facts alleged in this Complaint, Defendant Zeliger was acting within the line and scope of his employment with and in furtherance of the economic interests of the Defendant Medical Center.

24. At all times material to the facts alleged in this Complaint, Defendant Medical Center had a right to control the conduct of Defendant Zeliger and its agents, servants and/or employees in the performance of their work.

25. At all times material to the facts alleged in this Complaint, Plaintiff was of a reasonable belief that the services furnished at Defendant Medical Center were rendered to her for the Defendant Medical Center.

26. Defendant Medical Center had duties to the Plaintiff, among them being the duty to select and retain only competent physicians, the duty to oversee all persons who practice within its walls as to patient care and the duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for patients.

27. Defendant Medical Center was negligent and careless in its care and treatment of services rendered to the Plaintiff in the following particulars:

a. In failing to select and retain competent physicians, specifically Defendant Zeliger;

b. In failing to oversee Defendant Zeliger;

c. In failing to provide adequate procedures and protocols to ensure that the information regarding the Plaintiff's neurological deficits were properly communicated and/or documented;

d. In continuing to have its agents, servants and/or employees provide post-operative care to Plaintiff without properly or timely diagnosing Plaintiff's neurological deficits and post-operative laceration of the median nerve;

e. In failing to properly monitor and to adequately chart the condition of the Plaintiff which would have assisted in making a diagnosis of a lacerated left median nerve post surgery; and

f. In failing to use reasonable care to ensure the competence of Defendant Zeliger and its other medical personnel to treat Plaintiff under the circumstances.

28. As a result of these breaches of duty, Plaintiff has suffered the following injuries and damages:

a. subsequent surgery for nerve grafts;

b. loss of sensation in her hand and fingers, specifically left index finger;

c. scarring;

d. laceration of several fascicles of the left median nerve in the area of the left carpal tunnel;

e. altered sensation involving the radial three and a half digits of the left hand;

f. pain in the are of the left hand;

g. atrophy of the left hand;

h. painful sensitivity of the left hand and fingers;

i. loss of strength to the Plaintiff's left hand and fingers;

j. numbness in the left hand and fingers;

k. depression; and

l. insomnia.

29. Because of these breaches of duty by Defendant Medical Center, Plaintiff has incurred medical, nursing and hospital expenses, past, present and future.

30. Because of these breaches of duty by Defendant Medical Center, Plaintiff has incurred lost wages, past, present and future.

31. Also because of these breaches of duty, Plaintiff has been deprived of the services, support, comfort, society, companionship, guidance and consortium of her husband and family.

WHEREFORE, Plaintiff demands judgment against Defendant Medical Center in an amount in excess of the arbitrational limits of the Court of Common Pleas of Clearfield County, Pennsylvania.

JURY TRIAL DEMANDED.

Respectfully submitted,

By: _____

Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff

Dated: March 20, 2002

VERIFICATION

I, MARY C. HEITZENRATER, verify that the averments made in the foregoing COMPLAINT IN CIVIL ACTION are true and correct based on my personal knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 to unsworn falsification to authorities.

Mary C Heitzenrater

MARY C. HEITZENRATER

PMB 280
441 DIVISION ST
SEWICKLEY PA 15143

January 11, 2007

Kathleen A Segmiller, Esq.
Segmiller & Mendicino, PC
3400 Gulf Tower
707 Grant Street
Pittsburgh PA 15219

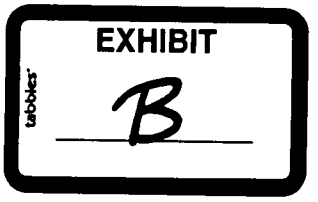
Re: Heitzenrater matter

Dear Ms. Segmiller:

I have comprehensively reviewed the medical records and the deposition testimonies (see Appendix A) relating to your client, Ms. Mary C Heitzenrater that have been provided to me. As a Board-Certified neurological surgeon (1985) and a Fellow of the American College of Surgeons (1991), I have been in the practice of neurological surgery for 23+ years. Accordingly, I am very familiar with, and therefore I believe qualified to discuss, the diagnosis and treatment of patients with a carpal tunnel syndrome, and any complication resulting from surgical management, thereof.

My professional opinions proffered within a reasonable degree of medical certainty are based entirely on those records and those studies that you have submitted for my review. These are as follows:

- Ms. Heitzenrater presented on April 18 2000 to Keith Zeliger, DO with electrodiagnostically-confirmed left-sided carpal tunnel syndrome, documented by Dr. Martin A Schaeffer.
- Ms. Heitzenrater elected to proceed with "surgical decompression of her median nerve" which was performed by Dr. Zeliger at Dubois Regional Medical Center on April 27, 2000.
- Postoperatively, Joseph E Imbriglia, MD of Western Pennsylvania Hand and Trauma Center assessed Ms. Heitzenrater. On September



14, 2000 Dr. Imbriglia noted complaints of "increasing numbness in [illegible] She also reports no sensation in the index [illegible] His impression was "s/p open carpal tunnel release with likely common digital nerve to the index finger laceration."

- Dr. Imbriglia performed an "Exploration of the median nerve, neurolysis, posterior interosseous nerve graft bypass interpositioning for the median nerve transected fibers" on Ms. Heitzenrater on September 29, 2000 at Shadyside Hospital. He identified at surgery "an area of a neuroma in continuity which appeared to be fascicles leading to the common digital nerve of the index finger."
- Ms. Heitzenrater was assessed by Richard Katz, MD of Pittsburgh PA on January 28, 2002 for "difficulties currently experienced with her left hand." He assessed "1. Post laceration of several fascicles of the L median nerve in the area of the L carpal tunnel occurring at the time of the 4/27/00 operative procedure; 2. Altered sensation involving the radial 3 ½ digits of the L hand related to # 1; 3. Pain experienced in the area of the L hand related to # 1." Over the course of the next 2 years Dr. Katz reported that Ms. Heitenrater "indicated that there has been no change in the condition of her L hand."
- In his deposition testimony taken on July 7, 2004 Dr. Zeliger discussed the technique he employs for surgery in carpal tunnel syndrome. While the technique as described is within the acceptable standard of care, his execution of that technique in his care of Ms. Heitzenrater which resulted in the neuroma of continuity failed to meet that acceptable standard.

I reserve the right to amend this report should further information become available that would warrant my doing so. All of the opinions herein, thus far, expressed have been stated within a reasonable degree of medical certainty.

Sincerely,

Bennett Blumenkopf, MD
BB/lvd

Appendix A

- Records of Richard G Katz, MD
- Deposition transcript of Keith L Zeliger, DO
- Records of Richard Kasdan, MD
- Complaint of civil action, Court of Common Pleas of Clearfield County PA
- Shadyside Hospital record
- Records of Joseph Imbriglio, MD
- Dubois Medical Center record
- Records of Martin Schaffer, MD
- Records of Keith Zeliger, DO

CERTIFICATION OF SERVICE

I hereby certify that a true and correct copy of the within document has been served upon the following counsel of record by U.S. Mail on this 7th day of March, 2008:

Kathleen A. Segmiller, Esquire
Segmiller & Mendicino, P.C.
3400 Gulf Tower
707 Grant Street
Pittsburgh, PA 15219

THOMSON, RHODES & COWIE, P.C.

David R. Johnson, Esquire
Brad R. Korinski, Esquire
Attorneys for DuBois Regional Medical Center,
one of the defendants.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW, on this _____ day of _____, 2008, the motion for summary judgment filed by DuBois Regional Medical Center is hereby GRANTED as follows:

1. DuBois Regional Medical Center is not vicariously liable for any of the allegations brought by plaintiff against defendant Dr. Zeliger as contained in Count I and Count II of the complaint.

2. Count II of the complaint is dismissed.

3. DuBois Regional Medical Center is hereby DISMISSED as a defendant in this lawsuit. Its name shall be stricken and removed from the caption.

BY THE COURT:

_____J.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, CIVIL DIVISION

Plaintiff, No. 02-438-CD

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

ORDER OF COURT

AND NOW on this 12th day of March, 2008, it is hereby ORDERED, ADJUGED and DECREED that oral argument on defendants' motion for summary judgment is scheduled for the 22nd day of April, 2008, at 1:30 ~~a.m.~~ p.m. before Judge Ammerman in Courtroom No. 1 of the Clearfield County Courthouse.

BY THE COURT:

/s/ [illegible] J.

FILED 2cc
01:56 BOL Atty Konnski
MAR 12 2008
William A. Shaw
Prothonotary/Clerk of Courts

Microsoft Word 8.0
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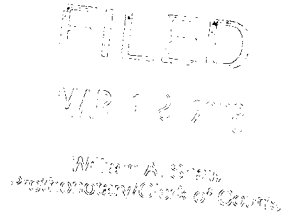


DATE: 3/12/08

X You are responsible for serving all appropriate parties.

____ The Prothonotary's office has provided service to the following parties:

____ Plaintiff(s) ____ Plaintiff(s) Attorney ____ Other

____ Defendant(s) ____ Defendant(s) Attorney

____ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL DIVISION

MARY HEITZENRATER,	*	
Plaintiff	*	
vs.	*	NO. 02-438-CD
KEITH L. ZELIGER, D.O. and DUBOIS	*	
REGIONAL MEDICAL CENTER,	*	
Defendants	*	

ORDER

NOW, this 13th day of March, 2008, it is the ORDER of this Court that argument on the Motion for Summary Judgment filed on behalf of Defendant DuBois Regional Medical Center be and is hereby rescheduled from the 22nd day of April, 2008 to the **10th day of April, 2008 at 10:00 a.m.** in Hearing Room # 3 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

BY THE COURT,

Judge J Ammerman

FREDRIC J. AMMERMAN
President Judge

FILED 2cc
01/4:00BD Attys:
MAR 13 2008 Segmiller
Johnson

William A. Shaw
Prothonotary/Clerk of Courts

(GK)

FILED

MAR 13 2008

William A. Shaw
Prothonotary/Clerk of Courts

DATE: 3/13/08

___ You are responsible for serving all appropriate parties.

√ The Prothonotary's office has provided service to the following parties:

___ Plaintiff(s) X Plaintiff(s) Attorney ___ Other

___ Defendant(s) X Defendant(s) Attorney

___ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,

Plaintiff,

Vs.

KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,

Defendants.

CIVIL DIVISION

No. 02-438-CD

Issue No.

STIPULATION TO THE DISMISSAL OF DUBOIS REGIONAL MEDICAL CENTER

Code:

Filed on behalf of defendants.

Counsel of Record for These Parties:

David R. Johnson, Esquire
PA I.D. #26409

THOMSON, RHODES & COWIE, P.C.
Firm #720
1010 Two Chatham Center
Pittsburgh, PA 15219

(412) 232-3400

STIPULATION TO THE DISMISSAL OF DUBOIS REGIONAL MEDICAL CENTER

NOW COME all parties, by their respective counsel, and enter into the following stipulation regarding the dismissal of DuBois Regional Medical Center.

WHEREAS DuBois Regional Medical Center has filed a motion for summary judgment, and

WHEREAS plaintiff does not oppose the motion for summary judgment, all parties hereby stipulate that DuBois Regional Medical Center may be dismissed as a party with prejudice.

David R. Johnson, Esquire
Attorney for defendants.

Kathleen A. Segmiller, Esquire
Attorney for plaintiffs.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER, Plaintiff, vs. KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER, Defendants.	)	CIVIL DIVISION No.: 02-438 Code: **PLAINTIFF'S PRAECIPE TO SETTLE AND DISCONTINUE** Filed on behalf of Plaintiff Counsel of Record for this Party: Kathleen A. Segmiller, Esq. Pa. I.D. No. 62929 SEGMILLER & MENDICINO, P.C. 3400 Gulf Tower 707 Grant Street Pittsburgh, PA 15219 (412) 227-5884 **JURY TRIAL DEMANDED**

FILED NO CC
APR 30 2008
William A. Shaw
Prothonotary/Clerk of Courts

2 Cert. of Disc. to Atty Segmiller

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

MARY HEITZENRATER,	)	CIVIL DIVISION
	)	
Plaintiff,	)	No.: 02-438
	)	
vs.	)	
	)	
KEITH L. ZELIGER, D.O. and DUBOIS REGIONAL MEDICAL CENTER,	)	
	)	
Defendants.	)	

PRAECIPE TO SETTLE AND DISCONTINUE

TO THE PROTHONOTARY:

Kindly settle and discontinue the above-referenced matter.

Respectfully submitted,

SEGMILLER & MENDICINO, P.C.

By: _____

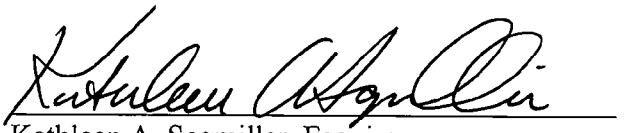
Kathleen A. Segmiller, Esquire
Pa. I.D. No. 62929
707 Grant Street
3400 Gulf Tower
Pittsburgh, PA 15219
(412) 227-5884
Attorney for Plaintiff, Mary Heitzenrater

Dated: April 28, 2008

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on this 28th day of April, 2008, a true and correct copy of the foregoing **PLAINTIFF'S PRAECIPE TO SETTLE AND DISCONTINUE** was served via Hand Delivery upon the following counsel of record:

David R. Johnson, Esquire
THOMSON, RHODES & COWIE, P.C.
1010 Two Chatham Center
Pittsburgh, PA 15219



Kathleen A. Segmiller, Esquire

IN THE COURT OF COMMON PLEAS OF
CLEARFIELD COUNTY, PENNSYLVANIA

CIVIL DIVISION

Mary Heitzenrater

Vs. **No. 2002-00438-CD**
Keith L. Zeliger DO

CERTIFICATE OF DISCONTINUATION

Commonwealth of PA
County of Clearfield

I, William A. Shaw, Prothonotary of the Court of Common Pleas in and for the County and Commonwealth aforesaid do hereby certify that the above case was on April 30, 2008, marked:

Settled and Discontinued

Record costs in the sum of $80.00 have been paid in full by Kathleen A. Segmiller, Esq.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal of this Court at Clearfield, Clearfield County, Pennsylvania this 30th day of April A.D. 2008.

William A. Shaw, Prothonotary