

IN THE CIRCUIT COURT OF COUNTY, MISSISSIPPI

PLAINTIFF

VS.

NO.

, M.D. and , M.D. DEFENDANTS

INTERROGATORIES - FIRST SET AND REQUEST FOR PRODUCTION OF DOCUMENTS PROPOUNDED TO DEFENDANT, , M.D.

Plaintiff, , through his/her attorneys and pursuant to Rules 26, 33 and 34 of the Mississippi Rules of Civil Procedure propounds to Defendant, , M.D., the following interrogatories and request for production of documents:

I. DEFINITIONS;

The term "document" as used in this notice shall mean and include any and all work papers, studies, plats, films, tapes, charts, reports, books, ledgers, invoices, billings, bills of lading, blueprints, drawings, sketches, photographs, designs, applications, financial statements, and any and all other writings, typings, printings or drafts or copies or reproductions thereof, irrespective of form, in your possession, custody or control.

II. TIME OF PRODUCTION:

() days from receipt of this request or the filing of the answers to interrogatories.

III. PLACE OF PRODUCTION:

By answering the interrogatories and/or who participated in formulating said answers.

IV. ITEMS TO BE PRODUCED:

All items requested in the interrogatories.

INTERROGATORY NO. 1:

INTERROGATORY NO. 2: Please state whether any statements of any person regarding any issue in this action were taken by you or anyone acting on your behalf. If so, please state the name, address and telephone number of each person making a statement; the name, address and telephone number of each person taking each statement; and the date on which each statement was taken. In addition, please produce a copy of each statement.

INTERROGATORY NO. 3: Please state whether or not the allegations of the Complaint were investigated by you or anyone acting on your behalf. If so, please state each investigator's name, address, telephone number, the date and purpose of each investigation; and whether any written report or record was made and the name, address and telephone number of each person

in possession of said investigative report or record, or a copy thereof. In addition, please produce a copy of each investigative record or report.

INTERROGATORY NO. 4: Please state the name and locations of all schools attended by you, including secondary school, and the inclusive dates of attendance at each such school. In addition, please state all degrees or certificates you have received, the date you received each such degree or certificate and institution which awarded each degree or certificate to you.

INTERROGATORY NO. 5: Please state whether you have pursued any medical specialty training. If so, please state the name and address of the medical institution from which you received such training and describe the type of training received. In the event you are certified in any specialty of medicine, state the specialty, certification, board and date of certification.

INTERROGATORY NO. 6: Please list all states in which you have ever been licensed to practice medicine and the duration of the license in each such state.

INTERROGATORY NO. 7: Please state whether you have ever had a medical license suspended, revoked, terminated or otherwise restricted in any state or county. If so, please state the state or authority which granted the license, whether the license was suspended, revoked, terminated or otherwise restricted, indicating which; the date on which the license was suspended, revoked or terminated; the reason the license was suspended, revoked or terminated; and whether the license was ever reinstated or renewed; and if so, on what date.

INTERROGATORY NO. 8: Please state whether you are a member of any medical association, society or organization. If so, please state its name and address; the inclusive dates of your membership; its aim and purposes; whether you have ever held any office; and, if so, the name of the office and inclusive dates which you held such office.

INTERROGATORY NO. 9: Please state whether you have, or have ever had, any staff privileges at or in association with any hospital. If so, please state its name and address; the nature of your relationship to it; a description of each staff privilege granted to you; and inclusive dates which such privilege was held by you.

INTERROGATORY NO. 10: Please state the title, name of the author, name of the publisher, and the date of publication of each medical book owned by you, or in your possession, at the time of the occurrences in this action. In addition, state the title and the name and address of the publisher of each medical journal, magazine, newsletter, circular or other publication of . If so, please indicate for each such book its title, the name of the author, the name of the publisher and date of publication; page reference of the part you referred to or relied on; what information you sought or relied on; the reason you referred to this particular book; and the date and place of each occasion you referred to it.

INTERROGATORY NO 12: Please state the title, date of publication and place of publication of any medical articles authored by you which have been published for distribution to the medical community or public at large.

INTERROGATORY NO. 13: Please state whether you have ever had a claim presented or litigation commenced against you for any matter arising out of your medical practice. If so, please state the date the claim was first made, the date the litigation, if any, was filed and the court in which it was filed; the name and address of each person making a claim or commencing the litigation; the name, address and representative capacity of all attorneys involved; and the ultimate disposition of each claim or action.

INTERROGATORY NO. 14: Please state the name, address and telephone number of each person known to you who claims to have knowledge concerning your treatment of _____.

INTERROGATORY NO. 15: Please describe the training which you received in order to perform a release of a Dupuytren's contracture of any finger of either hand and an excision of the _____ Al pulley of any finger of any hand. Please include in your response the name, address and telephone number of any person or facility which furnished this training and if you attended any continuing medical education programs at which this subject was discussed, please identify the same by giving the name.

INTERROGATORY NO. 17: Please state whether you recommended that Mr./Mrs. _____ undergo the release of the Dupuytren's contracture and the excision of the Al pulley of the finger which you performed upon him/her on _____, _____. If so, please state the reasons for which you recommended that he/she undergo the procedure in question.

INTERROGATORY NO. 18: Please state the name, address and telephone number of the persons who were present during the release of the Dupuytren's contracture and the excision of the Al pulley of the finger which you performed on Plaintiff on _____.

INTERROGATORY NO. 19: Please state the name, address, telephone number and job title of the persons employed by you between _____ and _____, inclusive.

INTERROGATORY NO. 20: Please state the substance of all discussions you had with Mr./Mrs. _____ prior to and after _____, _____ relating to his/her medical care. In addition, please state the date of each such discussion, and the name, address and telephone number of each person who was present or whom you believe overheard each such discussion.

INTERROGATORY NO. 21: Please state the name, address and telephone number of each person with whom you have discussed your medical treatment of Mr./Mrs. _____, with the exception of conversations with your attorney, and describe each such discussion including, but not limited to, the persons present, date and what was said.

INTERROGATORY NO. 22: Please state the name, address and telephone number of each person whom you expect to call as an expert witness at the trial of this action. In addition, please state the subject matter on which each such expert is expected to be retained or specially employed by you in anticipation of this litigation or in preparation for trial, but who is not expected to be called as a witness at the trial of this action.

INTERROGATORY NO. 24: Please state the name, address and telephone number of each person you may or will call as a witness at the trial of this case.

INTERROGATORY NO. 25: Please produce a copy of each document which you contend to be relevant to the subject matter of this action.

INTERROGATORY NO. 26: Please produce a copy of each document which you intend to introduce or otherwise use at the trial of this action, including but not limited to any hospital or other medical records, medical journals or treatises, photographs or motion pictures, and anatomical drawings or models.

INTERROGATORY NO. 27: Please produce a copy of each policy of insurance, including excess insurance, that you had in effect at the times complained of in the Complaint under which you, your insurance carrier, or any other person, firm or corporation may or could be required to satisfy all or part of any judgment which may or could be rendered in this action.

INTERROGATORY NO. 28: Please produce a copy of any medical records (including x-rays or other similar radiographic studies) regarding treatment of which have been obtained by you or your attorney.

INTERROGATORY NO. 29: Please state whether you reported any matter relating to the treatment of to any hospital official, medical society, medical organization or professional liability insurance carrier. If so, for each such report state: the date it was made; the name, address and .

INTERROGATORY NO. 30: Did you provide with any information, written, audiovisual or otherwise, relating to the release of the Dupuytren's contracture and the excision of the A1 pulley of the finger which you performed upon him/her on ? If so, produce such information.

Respectfully submitted,

Attorney for

Of Counsel:

Telephone:
MSB #
Attorney for