

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 to which you referred. 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 an auxiliary block. 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 of the sponsor and the date and location of the program.

INTERROGATORY NO. 16: Please state the number of times you _____.

INTERROGATORY NO. 18: Please state the name, address and telephone number of the persons who were present during the auxiliary block 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 testify, the substance of the facts and opinions to which each such expert is expected to testify and a summary of the grounds for each opinion.

INTERROGATORY NO. 23: Please state the name, address, telephone number and occupation of each expert who has been retained or specially employed by you in anticipation of this litigation or in preparation for trial, but who is not expected _____.

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 capacity of the person to whom it was made; the reason it was made; whether the report was written or oral; and the name and address of the person who has custody of each written report. In addition, produce a copy of each such report or any documents relating to the same.

Respectfully submitted,

Attorney for

Of Counsel:

Telephone:
MSB #
Attorney for