IN THE SUPREME COURT OF THE STATE OF NEVADA

TON VINH LEE,

Appellant,

v.

INGRID PATIN, an individual, and PATIN LAW GROUP, PLLC, a Nevada Professional LLC,

Respondent.

Supreme Court Case No.: 82516
District Court Case Flectronically Filed
Jul 27 2021 04:43 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

APPELLANT'S APPENDIX VOLUME 1 PART 1

PRESCOTT T. JONES, ESQ.
Nevada Bar No. 11617
MYRALEIGH A. ALBERTO
Nevada Bar No. 14340
RESNICK & LOUIS, P.C.
8925 W. Russell Rd., Suite 220
Las Vegas, Nevada 89148
Telephone: (702) 997-3800
Facsimile: (702) 997-1029
pjones@rlattorneys.com

malberto@rlattorneys.com Attorneys for Appellant Ton Vinh Lee

INDEX TO APPELLANT'S APPENDIX

	Document Description	Location
Specia	l Verdict Form in Singletary v. Lee, Eighth	Volume 1
Judicial Case No. A656091 (filed 01/22/14)		Bates Nos. 1–5
Motion	n for Judgement as a Matter of Law Pursuant to	Volume 1
NRCP	50(b) or, in the Alternative, Motion for	Bates Nos. 5-29
Remitt	itur in Singletary v. Lee, Eighth Judicial Case No.	
A6560	91 (filed 05/13/14)	
Exhibi	its to Motion for Judgment as a matter of Law	
A.	Excerpted Transcript of Trial Testimony of	Volume 1
	Andrew Pallos, M.D. in Singletary v. Lee, Eighth	Bates Nos. 30-181
	Judicial Case No. A656091 (dated 01/16/14)	
Notice	of Entry of Order for Motion for Judgement as a	Volume 1
Matter	of Law Pursuant to NRCP 50(b) or, in the	Bates Nos. 182-194
Alterna	ative, Motion for Remittitur in Singletary v. Lee,	
Eighth	Judicial Case No. A656091 (filed 07/16/14)	
Judgm	ent on Jury Verdict for Defendant Ton Vinh Lee,	Volume 1
DDS in	n Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 195-196
A656091 (filed 09/11/14)		
Compl	aint in <i>Lee v. Patin</i> , Eighth Judicial Case No.	Volume 1
A7231	34 (filed 08/17/15)	Bates Nos. 197-201
Affida	vit of Service for Defendant Patin Law Group,	Volume 1
PLLC	in Lee v. Patin, Eighth Judicial Case No.	Bates Nos. 202
A7231	34 (filed 08/31/15)	
Defend	lants' Motion to Dismiss in Lee v. Patin, Eighth	Volume 1
Judicia	d Case No. A723134 (filed 09/08/15)	Bates Nos. 203-214
Exhibits for Defendants' Motion to Dismiss		
A.	Complaint in Singletary v. Lee, Eighth Judicial	Volume 1
	Case No. A656091 (dated 02/07/12)	Bates Nos. 215-216
B.	Special Verdict Form in Singletary v. Lee,	Volume 1
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 217-222
	01/22/14)	

C.	Order on Defendants' Motion to Retax in	Volume 1
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 223-227
	A656091 (filed 04/11/14)	
D.	Judgment on Jury Verdict in Singletary v. Lee,	Volume 1
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 228-231
	04/29/14)	
E.	The Trial Reporter Newsletter (February 2014)	Volume 1
		Bates Nos. 232-235
F.	Nevada Legal Update Newsletter (Fall 2014)	Volume 1
		Bates Nos. 236-239
G.	Nevada Jury Verdict Google Search Results	Volume 1
	(04/14/15)	Bates Nos. 240-242
Affida	vit of Service for Defendant Ingrid Patin in Lee v.	Volume 1
Patin,	Eighth Judicial Case No. A723134 (filed	Bates Nos. 243
09/23/	15)	
Defend	lants' Special Motion to Dismiss Pursuant to	Volume 2
NRS 4	1.635-70, or in the Alternative, Motion to	Bates Nos. 244-260
Dismis	ss Pursuant to NRCP 12(B)(5) in Lee v. Patin,	
Eighth	Judicial Case No. A723134 (filed 10/16/15)	
Exhib	its for Defendant's Special Motion to Dismiss	
A.	Complaint in Singletary v. Lee, Eighth Judicial	Volume 2
	Case No. A656091 (dated 02/07/12)	Bates Nos. 261-262
B.	Special Verdict Form in Singletary v. Lee,	Volume 2
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 263-268
	01/22/14)	
C.	Order on Defendants' Motion to Retax in	Volume 2
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 269-273
	A656091 (filed 04/11/14)	
D.	Judgment on Jury Verdict in Singletary v. Lee,	Volume 2
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 274-277
	04/29/14)	
E.	The Trial Reporter Newsletter (February 2014)	Volume 2
		Bates Nos. 278-281
F.	Settlement/Verdict Website Screenshot and	Volume 2
	Defendant's Fee Disclosure	Bates Nos. 282-283
	· · · · · · · · · · · · · · · · · · ·	-

	N 1 1 1 1 1 1 1 1 1 (F 11 2014)	X7.1. 2	
G.	Nevada Legal Update Newsletter (Fall 2014)	Volume 2	
		Bates Nos. 284-287	
H.	Nevada Jury Verdict Google Search Results	Volume 2	
	(04/14/15)	Bates Nos. 288-290	
I.	Plaintiffs Case Appeal Statement in Singletary	Volume 2	
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 291-297	
	(dated 08/08/14)		
J.	Defendants Case Appeal Statement (Cross-	Volume 2	
	Appeal) in Singletary v. Lee, Eighth Judicial	Bates Nos. 298-310	
	Case No. A656091 (dated 09/11/14)		
K.	Minutes of the Senate Committee on Judiciary	Volume 2	
	(dated 03/23/13)	Bates Nos. 311-313	
L.	Certificate of Business: Fictitious Firm Name	Volume 2	
	(dated 10/26/2010)	Bates Nos. 314-318	
M.	Reports Transcripts on Jury Trial in Singletary	Volume 2	
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 315-323	
	(dated 01/17/14)		
Notice	of Entry of Order Denying Defendants' Motion	Volume 2	
to Dismiss in <i>Lee v. Patin</i> , Eighth Judicial Case No.		Bates Nos. 324-326	
A723134 (filed 10/23/15)			
		Volume 2	
12(b)(:	5) in <i>Lee v. Patin</i> , Eighth Judicial Case No.	Bates Nos. 327-335	
A7231	34 (filed 01/27/16)		
-	its for Defendant's Motion to Dismiss Pursuant		
to NR	CP 12(b)(5)		
1.	Affidavit of Ingrid Patin, Esq. in Lee v. Patin,	Volume 2	
	Eighth Judicial Case No. A723134 (filed	Bates Nos. 336-338	
	01/27/16)		
2.	Complaint in <i>Singletary v. Lee</i> , Eighth Judicial	Volume 2	
	Case No. A656091 (dated 02/07/12)	Bates Nos. 339-344	
	, in the second of the second		
Order Denying Defendants' Special Motion to Dismiss		Volume 2	
Pursuant to NRS 41.635-70, or in the Alternative,		Bates Nos. 345-348	
Motion to Dismiss Pursuant to NRCP 12(B)(5) in <i>Lee v</i> .			
Patin, Eighth Judicial Case No. A723134 (filed			
02/04/16)			
	,	1	

Amen	ded Complaint in <i>Lee v. Patin</i> , Eighth Judicial	Volume 2
Case N	No. A723134 (filed 02/23/16)	Bates Nos. 349-353
Notice of Entry of Order Denying Motion to Dismiss		Volume 2
Pursua	ant to NRCP 12(b)(5) in <i>Lee v. Patin</i> , Eighth	Bates Nos. 354-357
Judicia	al Case No. A723134 (filed 04/11/16)	
Second	d Amended Complaint in Lee v. Patin, Eighth	Volume 2
Judicia	al Case No. A723134 (filed 04/11/16)	Bates Nos. 358-362
Defen	dants' Renewed Special Motion to Dismiss	Volume 2
Pursua	nt to NRS 41.635-40 in Lee v. Patin, Eighth	Bates Nos. 363-380
Judicia	al Case No. A723134 (filed 05/24/16)	
Exhib	its for Defendant's Renewed Special Motion to	
Dismi	ss Pursuant to NRS 41.635-40	
A.	Notice of Entry of Order Denying Motion to	Volume 2
	Dismiss Pursuant to NRCP 12(b)(5) in <i>Lee v</i> .	Bates Nos. 381-385
	Patin, Eighth Judicial Case No. A723134 (filed	
	04/11/16)	
B.	Complaint in Lee v. Patin, Eighth Judicial Case	Volume 2
	No. A723134 (filed 08/17/15)	Bates Nos. 386-387
C.	Special Verdict Form in Singletary v. Lee,	Volume 2
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 388-393
	01/22/14)	
D.	Order on Defendants' Motion to Retax in	Volume 2
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 394-398
	A656091 (filed 04/11/14)	
E.	Judgment on Jury Verdict in Singletary v. Lee,	Volume 2
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 399-402
	04/29/14)	
F.	The Trial Reporter Newsletter (February 2014)	Volume 2
		Bates Nos. 403-406
G.	Nevada Legal Update Newsletter (Fall 2014)	Volume 2
		Bates Nos. 407-410
H.	Nevada Jury Verdict Google Search Results	Volume 2
	(04/14/15)	Bates Nos. 411-413

I.	Plaintiffs Case Appeal Statement in Singletary	Volume 2		
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 414-420		
	(dated 08/08/14)			
J.	Defendants Case Appeal Statement (Cross-	Volume 2		
	Appeal) in Singletary v. Lee, Eighth Judicial	Bates Nos. 421-433		
	Case No. A656091 (dated 09/11/14)			
K.	Judgment on Jury Verdict for Defendant in	Volume 2		
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 434-436		
	A656091 (dated 09/11/14)			
L.	Senate Bill No. 444- Committee on Judiciary	Volume 2		
		Bates Nos. 437-441		
M.	Certificate of Business: Fictitious Firm Name	Volume 2		
	(dated 10/26/2010)	Bates Nos. 442-446		
N.	Reports Transcripts on Jury Trial in Singletary	Volume 2		
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 447-451		
	(dated 01/17/14)			
Order Denying Defendants' Renewed Special Motion to		Volume 2		
Dismiss Pursuant to NRS 41.635-70, or in the		Bates Nos. 452-455		
Alternative, Motion to Dismiss Pursuant to NRCP				
12(B)(12(B)(5) in <i>Lee v. Patin</i> , Eighth Judicial Case No.			
A7231	34 (filed 09/29/16)			
	ant Ingrid Patin's Answer to Plaintiff's Second	Volume 2		
Amended Complaint and Counterclaim Against Patin Bates Nos. 456-46		Bates Nos. 456-468		
law Group, PLLC in <i>Lee v. Patin</i> , Eighth Judicial Case				
	223134 (filed 10/07/16)			
Order affirming in Part, Reversing in Part and Volume 2				
	Remanding in <i>Singletary v. Lee</i> , Eighth Judicial Case Bates Nos. 469-473			
No. A656091 (filed 10/17/16)				
		Volume 2		
Amended Complaint and Defendant's Counterclaim in Bates Nos. 474-491				
Lee v. Patin, Eighth Judicial Case No. A723134 (filed				
10/18/16)				
	Defendant Ingrid Patin's Motion for Summary Volume 3			
	Judgment in <i>Lee v. Patin</i> , Eighth Judicial Case No. Bates Nos. 492-506			
A7231	A723134 (filed 02/10/17)			

Exhib	its for Defendant's Motion for Summary	
Judgn	nent	
A.	Order affirming in Part, Reversing in Part and	Volume 3
	Remanding in <i>Singletary v. Lee</i> , Eighth Judicial	Bates Nos. 507-512
	Case No. A656091 (filed 10/17/16)	
B.	Complaint in Singletary v. Lee, Eighth Judicial	Volume 3
	Case No. A656091 (dated 02/07/12)	Bates Nos. 513-514
C.	Special Verdict Form in Singletary v. Lee,	Volume 3
	Eighth Judicial Case No. A656091 (filed 01/22/14)	Bates Nos. 515-520
D.	Order on Defendants' Motion to Retax in	Volume 3
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 521-525
	A656091 (filed 04/11/14)	
E.	Judgment on Jury Verdict in Singletary v. Lee,	Volume 3
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 526-529
	04/29/14)	
F.	The Trial Reporter Newsletter (February 2014)	Volume 3
		Bates Nos. 530-533
G.	Nevada Legal Update Newsletter (Fall 2014)	Volume 3
	and Nevada Jury Verdict Google Search Results	Bates Nos. 534-539
	(04/14/15)	
I.	Plaintiffs Case Appeal Statement in Singletary	Volume 3
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 540-546
	(dated 08/08/14)	
J.	Defendants Case Appeal Statement (Cross-	Volume 3
	Appeal) in Singletary v. Lee, Eighth Judicial	Bates Nos. 547-559
	Case No. A656091 (dated 09/11/14)	
K.	Judgment on Jury Verdict for Defendant in	Volume 3
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 560-562
	A656091 (dated 09/11/14)	
L.	Senate Bill No. 444- Committee on Judiciary	Volume 3
		Bates Nos. 563-567
M.	Certificate of Business: Fictitious Firm Name	Volume 3
	(dated 10/26/2010)	Bates Nos. 568-572

N.	Reports Transcripts on Jury Trial in Singletary	Volume 3
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 573-577
	(dated 01/17/14)	
K.	Judgment on Jury Verdict for Defendant in	Volume 3
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 578-580
	A656091 (dated 09/11/14)	
L.	Second Amended Complaint in Lee v. Patin,	Volume 3
	Eighth Judicial Case No. A723134 (filed	Bates Nos. 581-586
	04/11/16)	
Record	ler's Transcripts of Proceedings Hearing on May	Volume 3
9, 201	7, regarding all Pending Motions in <i>Lee v. Patin</i> ,	Bates Nos. 587-614
Eighth	Judicial Case No. A723134 (filed 06/09/17)	
	lant Ingrid Patin's Motion for Summary	Volume 3
Judgm	ent in <i>Lee v. Patin</i> , Eighth Judicial Case No.	Bates Nos. 615-636
A7231	34 (filed 05/30/17)	
Exhib	its for Defendant's Motion for Summary	
Judgn	nent	
A.	Complaint in <i>Singletary v. Lee</i> , Eighth Judicial	Volume 3
	Case No. A656091 (dated 02/07/12)	Bates Nos. 637-659
В.	Order affirming in Part, Reversing in Part and	Volume 3
	Remanding in <i>Singletary v. Lee</i> , Eighth Judicial	Bates Nos. 660-665
	Case No. A656091 (filed 10/17/16)	
C.	Special Verdict Form in Singletary v. Lee,	Volume 3
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 666-671
	01/22/14)	
D.	Order on Defendants' Motion to Retax in	Volume 3
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 672-676
	A656091 (filed 04/11/14)	
E.	Judgment on Jury Verdict in Singletary v. Lee,	Volume 3
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 677-680
	04/29/14)	
F.	The Trial Reporter Newsletter (February 2014)	Volume 3
		Bates Nos. 680-684
G.	Nevada Legal Update Newsletter (Fall 2014)	Volume 3
		Bates Nos. 685-688
	·	

H.	Nevada Jury Verdict Google Search Results	Volume 3	
	(04/14/15)	Bates Nos. 689-691	
I.	Plaintiffs Case Appeal Statement in Singletary	Volume 3	
	v. Lee, Eighth Judicial Case No. A656091	Bates Nos. 692-698	
	(dated 08/08/14)		
J.	Defendants Case Appeal Statement (Cross-	Volume 3	
	Appeal) in <i>Singletary v. Lee</i> , Eighth Judicial	Bates Nos. 699-711	
	Case No. A656091 (dated 09/11/14)		
K.	Judgment on Jury Verdict for Defendant in	Volume 3	
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 712-714	
	A656091 (dated 09/11/14)		
L.	Certificate of Business: Fictitious Firm Name	Volume 3	
	(dated 10/26/2010)	Bates Nos. 715-719	
M.	Reports Full Transcripts on Jury Trial in	Volume 4	
	Singletary v. Lee, Eighth Judicial Case No.	Bates Nos. 720-934	
	A656091 (dated 01/17/14)		
	Denying Defendant's Motion for Summary	Volume 4	
_	nent in <i>Lee v. Patin</i> , Eighth Judicial Case No.	Bates Nos. 935-938	
A723134 (filed 06/05/17)			
	of Entry of Order Denying Defendant's Motion	Volume 5	
	nmary Judgement in Lee v. Patin, Eighth Judicial	Bates Nos. 939-944	
Case No. A723134 (filed 08/17/17)			
	lants' Motion to Dismiss Pursuant to NRCP	Volume 5	
	(1) in <i>Lee v. Patin</i> , Eighth Judicial Case No.	Bates Nos. 945-951	
	34 (filed 07/15/19)		
	of Entry of Order Denying Defendants' Motion	Volume 5	
to Dismiss Pursuant to NRCP 16.1(e)(1) in <i>Lee v. Patin</i> , Bates Nos. 952-955		Bates Nos. 952-955	
Eighth Judicial Case No. A723134 (filed 09/10/19)			
Joint Case Conference Report in <i>Lee v. Patin</i> , Eighth		Volume 5	
, ,		Bates Nos. 956-975	
Plaintiff Ton Vin Lee Deposition Transcripts in <i>Lee v</i> .		Volume 5	
Patin, Eighth Judicial Case No. A723134 (dated Bates Nos. 976-1025		Bates Nos. 976-1025	
07/14/20)			
Defendant Ingrid Patin's Motion for Judgment on the Volume 5			
Pleadin	Pleadings, in the Alternative, Motion for Summary Bates Nos. 1026-1048		

Judgm	ent in Lee v. Patin, Eighth Judicial Case No.		
A7231	A723134 (filed 08/07/20)		
Exhib	Exhibits to Defendant's Motion for Judgment on the		
Pleadi	Pleadings, in the Alternative, Motion for Summary		
Judgn	nent		
1.	Plaintiff Ton Vinh Lee Deposition Transcripts	Volume 5	
	in Lee v. Patin, Eighth Judicial Case No.	Bates Nos. 1049-1099	
	A723134 (dated 07/14/20)		
2.	Judgment on Jury Verdict in Singletary v. Lee,	Volume 5	
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 1100-1103	
	04/29/14)		
3.	Defendant Ingrid Patin's Answer to Plaintiff's	Volume 5	
	Second Amended Complaint and Counterclaim	Bates Nos. 1104-1117	
	Against Patin law Group, PLLC in Lee v. Patin,		
	Eighth Judicial Case No. A723134 (filed		
	10/07/16)		
4.	Plaintiff Ton Vinh Lee's Third Supplemental	Volume 5	
	ECC Disclosure in <i>Lee v. Patin</i> , Eighth Judicial	Bates Nos. 1118-1123	
	Case No. A723134 (filed 06/18/20)		
5.	Ton Vinh Lee Deposition Transcripts in <i>Lee v</i> .	Volume 5	
	Patin, Eighth Judicial Case No. A723134 (dated 07/14/20)	Bates Nos. 1124-1141	
6.	134 Nev., Advance Opinion 87 (filed 11/15/18)	Volume 5	
0.	134 Nev., Advance Opinion 87 (med 11/13/18)	Bates Nos. 1142-1153	
7.	Second Amended Complaint in <i>Lee v. Patin</i> ,	Volume 5	
/.	Eighth Judicial Case No. A723134 (filed	Bates Nos. 1154-1159	
	04/11/16)	Dates 1103. 1134 1137	
8.	Complaint in <i>Singletary v. Lee</i> , Eighth Judicial	Volume 5	
	Case No. A656091 (dated 02/07/12)	Bates Nos. 1160-1182	
9.	Special Verdict Form in Singletary v. Lee,	Volume 5	
	Eighth Judicial Case No. A656091 (filed	Bates Nos. 1183-1188	
	01/22/14)		
10.	The Trial Reporter Newsletter (February 2014)	Volume 6	
		Bates Nos. 1189-1192	
11.	Nevada Legal Update Newsletter (Fall 2014)	Volume 6	
		Bates Nos. 1193-1196	

	Eighth Judicial Case No. A723134 (filed		
	09/29/16)		
B.	Transcript of Proceedings- Motion for	Volume 7	
	Preliminary Injunction in <i>Brown v. Elk Point</i>	Bates Nos. 1272-1517	
	Country Club Ninth Judicial Court Case No.		
	2020-CV-00124 (dated 10/23/20)		
C.	Judgment on Jury Verdict for Defendant Ton	Volume 8	
	Vinh Lee, DDS in Singletary v. Lee, Eighth	Bates Nos. 1518-1521	
	Judicial Case No. A656091 (filed 09/11/14)		
D.	Order for Motion for Judgement as a Matter of	Volume 8	
	Law Pursuant to NRCP 50(b) or, in the	Bates Nos. 1522-1534	
	Alternative, Motion for Remittitur in Singletary		
	v. Lee, Eighth Judicial Case No. A656091 (filed		
	07/16/14)		
E.	Order affirming in Part, Reversing in Part and	Volume 8	
	Remanding in Singletary v. Lee, Eighth Judicial	Bates Nos. 1535-1540	
	Case No. A656091 (filed 10/17/16)		
F.	Plaintiff Ton Vinh Lee Deposition Transcripts	Volume 8	
	in Lee v. Patin, Eighth Judicial Case No.	Bates Nos. 1541-1591	
	A723134 (dated 07/14/20)		
G.	Order Denying Defendant's Motion for	Volume 8	
	Summary Judgement in <i>Lee v. Patin</i> , Eighth	Bates Nos. 1592-1597	
	Judicial Case No. A723134 (filed 08/17/17)		
Ton Vi	in Lee's Motion to Alter or Amend Judgment	Volume 8	
Pursua	nt to NRCP 59(e) in Lee v. Patin, Eighth Judicial	Bates Nos. 1598-1613	
Case N	To. A723134 (filed 11/24/20)		
Record	ler's Transcripts of Proceedings Hearing on	Volume 8	
Septen	nber 15, 2020, regarding all Pending Motions in	Bates Nos. 1614-1642	
Lee v.	Lee v. Patin, Eighth Judicial Case No. A723134 (filed		
01/14/21)			
Notice of Entry of Order Denying Plaintiff's Motion to Volume 8		Volume 8	
Alter/Amend Judgment and Order Continuing Motion Bates Nos. 1643-1653			
for Red	for Reconsideration, Defendant Motion for Fees and		
Costs in Lee v. Patin, Eighth Judicial Case No.			
A7231	A723134 (filed 01/21/21)		

Notice of Appeal in <i>Lee v. Patin</i> , Eighth Judicial Case		Volume 8
No. A7	723134 (filed 02/18/21)	Bates Nos. 1654-1656
Exhibi	ts to Notice of Appeal	
A.	Notice of Entry of Order Granting Defendant's	Volume 8
	Motion for Summary Judgement in Lee v. Patin,	Bates Nos. 1657-1673
	Eighth Judicial Case No. A723134 (filed	
	10/30/20)	
B.	Notice of Entry of Order Denying Plaintiff's	Volume 9
	Motion to Alter/Amend Judgment and Order	Bates Nos. 1674-1815
	Continuing Motion for Reconsideration,	
	Defendant Motion for Fees and Costs in <i>Lee v</i> .	
	Patin, Eighth Judicial Case No. A723134 (filed	
	01/21/21) and related miscellaneous documents	
	filed by the supreme court	
Notice	of Entry of Order Denying Plaintiff's Motion for	Volume 9
Reconsideration in <i>Lee v. Patin</i> , Eighth Judicial Case		Bates Nos. 1816-1823
No. A723134 (filed 02/25/21)		
Removal from Settlement Program and Reinstating		Volume 9
Briefing in Lee v. Patin, Supreme Court Case No. 82516		Bates Nos. 1824
(filed April 7, 2021)		

Dated this 21st day of July, 2021.

RESNICK & LOUIS, P.C.

/s/ Prescott T. Jones

Prescott T. Jones, Esq.
Nevada Bar No. 11617
8925 W. Russell Rd., Suite 220
Las Vegas, Nevada 89148
Attorneys for Appellant, Ton Vinh Lee

1	ORIGIN	IAL:	FILED IN OPEN COURT STEVEN D. GRIERSON CLERK OF THE COURT			
2	DISTRICT COURT		JAN 22 2019			
3	CLARK COUNTY, NEVADA					
4		B	Y,ALICE JACOBSØN, DEPUTY			
5	SVETLANA SINGLETARY, individually, as	CASE NO.:	A-12-656091-C			
6	the Representative of the Estate of REGINALD SINGLETARY, and as parent	DEPT. NO.:	XXX			
7	and legal guardian of GABRIEL L. SINGLETARY, a Minor,					
8	Plaintiff,	SPECIAL VER	RDICT FORM			
9	VS.					
10	TON VINH LEE, DDS, individually,					
11	FLORIDA TRAIVAI, DMD, individually, JAI PARK, DDS, individually, TON V. LEE,					
12	DDS, PROF. CORP., a Nevada Professional Corporation d/b/a					
13	SUMMERLIN SMILES, DOE SUMMERLIN SMILES EMPLOYEE, and					
14	DOES I through X and ROE CORPORATIONS I through X, inclusive,					
15	Defendants.					
16						
17	We the jury in the above-entitled ac	tion find the foll	owing special verdict on the			
18	Questions submitted to us:		-			
19		DS pogligont is	n his care and treatment of			
20		Do, negligent ii	n his care and treatment of			
21	Reginald Singletary?					
22	ANSWER: Yes No_					
23	If your answer to Question 1 is "no" please sign and return the General Verdict					
24	finding in favor of Dr. Lee. Question No. 2: Was negligence on the part of Ton Vinh Lee, DDS a cause of injury					
25						
26	to Reginald Singletary?	\				
27	ANSWER: Yes No_	V				
28						
	1					

1	If your answer to Question 2 is "no" please sign and return the General Verdict					
2	finding in favor of Dr. Lee.					
3	Question No. 3: Was Florida Traivai, DMD, negligent in her care and treatment of					
4	Reginald Singletary?					
5	ANSWER: Yes No					
6 7	If your answer to Question 3 is "no" please sign and return the General Verdict					
8	finding in favor of Dr. Traivai.					
9	Question No. 4: Was negligence on the part of Florida Traivai, DMD, a cause of injury					
10	to Reginald Singletary?					
11	ANSWER: Yes No					
12	If your answer to Question 4 is "no" please sign and return the General Verdict					
13	finding in favor of Dr. Traivai.					
14 15	Question No. 5: Was Jai Park, DDS, negligent in his care and treatment of Reginald					
16	Singletary?					
17	ANSWER: Yes No					
18	If your answer to Question 5 is "no" please sign and return the General Verdict					
19	finding in favor of Dr. Park.					
20	Question No. 6: Was negligence on the part of Jai Park, DDS, a cause of injury to					
21	Reginald Singletary?					
22	ANSWER: Yes No					
23 24	If your answer to Question 6 is "no" please sign and return the General Verdict					
2 4 25	finding in favor of Dr. Park.					
26	Question No. 7: Was Summerlin Smiles negligent in its care and treatment of					
27	Reginald Singletary?					
28	ANSWER: Yes No					
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4836-8365-9543.1

ANSWER

\$ 2,000,000.00

1	Question No. 13: What amount of damage, if any, do you find was sustained by Svetlana					
2	Singletary for past loss of probable support?					
3	ANSWER \$ 6000 -					
4	Question No. 14: What amount of damage, if any, do you find will be sustained by					
5	Svetlana Singletary for future loss of probable support?					
6 7	ANSWER \$300,000					
8	Question No. 15: What amount of damage, if any, do you find was sustained by Gabriel					
9	Singletary for past loss of probable support?					
10	ANSWER \$ 60,000 -					
11	Question No. 16: What amount of damage, if any, do you find will be sustained by Gabriel					
12						
13	ANSWER \$ 300,000					
14	Question No. 17: Was Reginald Singletary comparatively negligent?					
15	\					
16	ANSWER: Yes No					
17	If you answered "yes", please proceed to Question No. 18. If you answered "no"					
18	please proceed to Question No. 19.					
19	Question No. 18: If you answered "yes" to Question No. 17, was the comparative					
20	negligence of Reginald Singletary a cause of his injuries?					
21	ANSWER: Yes No					
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Question No. 19: Assuming that 100% represents the total negligence which was the cause of the Plaintiffs' damages, what percentage of this 100% is due to the comparative negligence of Reginald Singletary and what percentage of this 100% is due to the negligence of each of the Defendants?

Reginald Singletary		_%
Ton Vinh Lee, DDS		_%
Florida Traivai, DMD	50	_%
Jai Park, DDS	_0	_%
Summerlin Smiles	25	_%
TOTAL	100	_%

DATED this 22 day of January, 2014

FOREPERSON

Electronically Filed 05/13/2014 11:55:36 PM

JASON B. FRIEDMAN, ESQ.
Nevada State Bar No. 11799
STARK, FRIEDMAN & CHAPMAN, LLP
200 W. Sahara, #1401
Las Vegas, NV 89102

Attorneys for Defendants, TON VINH LEE, DDS and
TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES

DISTRICT COURT

CLARK COUNTY, NEVADA

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SVETLANA SINGLETARY, individually, as the Representative of the Estate of REGINALD SINGLETARY, and as parent and legal guardian of GABRIEL L.

13 | SINGLETARY, a Minor,

Plaintiff,

VS.

TON VINH LEE, DDS, individually, FLORIDA TRAIVAI, DMD, individually, JAI PARK, DDS, individually, TON V. LEE, DDS, PROF. CORP., a Nevada Professional Corporation d/b/a SUMMERLIN SMILES, DOE SUMMERLIN SMILES EMPLOYEE, and DOES I through X and ROE CORPORATIONS I through X, inclusive,

Defendants.

CASE NO.: A-12-656091-C

DEPT. NO.: XXX

DEFENDANT TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES' MOTION FOR JUDGMENT AS A MATTER OF LAW PURSUANT TO NRCP 50(b) OR, IN THE ALTERNATIVE, MOTION FOR REMITTITUR

DEFENDANT TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES' MOTION FOR JUDGMENT AS A MATTER OF LAW PURSUANT TO NRCP 50(b) OR, IN THE ALTERNATIVE, MOTION FOR REMITTITUR

Defendant, TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES, by and through its attorney of record Jason B. Friedman, Esq., of the Law Firm STARK, FRIEDMAN & CHAPMAN, LLP, hereby files this Motion for Judgment as a Matter of Law Pursuant to

NRCP 50(b) or, in the Alternative, Motion for Remittitur.

This Motion is based upon the papers and pleadings on file in this case, the trial transcripts, the Memorandum of Points and Authorities submitted herewith and upon such oral and documentary evidence that may be presented at the time of hearing on this matter.

Dated: May 13, 2014

STARK, FRIEDMAN & CHAPMAN

BY:
JASON B. FRIEDMAN, ESQ.
Nevada State Bar No. 11799
STARK, FRIEDMAN & CHAPMAN
200 W. Sahara #1401
Las Vegas, NV 89102

Attorneys for Defendants,
TON VINH LEE, DDS and TON V. LEE,
DDS, PROF. CORP. dba SUMMERLIN
SMILES

1 **NOTICE OF MOTION** ALL COUNSEL TO: 3 TO: **ALL PARTIES** Please take notice that the undersigned will bring DEFENDANT TON V. LEE, DDS, 4 PROF. CORP. dba SUMMERLIN SMILES' MOTION FOR JUDGMENT AS A MATTER OF LAW PURSUANT TO NRCP 50(b) OR, IN THE ALTERNATIVE, **MOTION FOR REMITTITUR** on for hearing in this Court, on the $\frac{2.6}{}$ day of _, 2014, at $\frac{9:00a}{}$.m. in Department XXX of this Court. June 8 9 10 Dated: May 13, 2014 STARK, FRIEDMAN & CHAPMAN 11 12 BY: 13 JASON B. KILLEDMAN, ESQ. Nevada State Bar No. 11799 14 STARK, FRIEDMAN & CHAPMAN 200 W. Sahara #1401 15 Las Vegas, NV 89102 16 Attorneys for Defendants, 17 TON VINH LEE, DDS and TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN 18 **SMILES** 19 20 21 22 23 24 25 26 27

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MEMORANDUM OF POINTS AND AUTHORITIES

I.

INTRODUCTION

Pursuant to Nevada *Rule of Civil Procedure* (NRCP) 50(b), TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES ("Summerlin Smiles" or "Defendant") respectfully requests that this Court enter an order granting Summerlin Smiles judgment as a matter of law notwithstanding the jury's verdict in favor of Plaintiffs. This is a renewed motion for judgment as a matter of law, as Summerlin Smiles moved during trial in this matter and at the close of Plaintiff's case in chief for a directed verdict pursuant to NRCP 41(b) (NRCP 50(a)) and the oral motion was denied. The bases of Defendant Summerlin Smiles' oral motion for judgment as a matter of law were that (1) Plaintiff's sole standard of care expert, Andrew Pallos, D.D.S. ("Dr. Pallos"), did not render a causation or standard of care opinion to the required standard of a reasonable degree of medical probability, and (2) that Plaintiff had failed to establish that a Summerlin Smiles employee had answered a phone call regarding follow-up treatment.

As the Court will recall, the Court was persuaded by Defendants' argument that Plaintiff had failed to offer admissible expert opinion "to a reasonable degree of medical probability," but did not grant the directed verdict because Plaintiff's Counsel incorrectly claimed that Dr. Pallos had offered opinions to the required standard. However, the trial transcript clearly shows that Plaintiffs' counsel misinterpreted and misrepresented Dr. Pallos' testimony.

At the time of the oral motions for directed verdict, there was some confusion as to which opinions of Dr. Pallos had been offered to a reasonable degree of medical probability. Dr. Pallos had formulated three main opinions regarding the standard of care: (1) informed consent, (2) use of antibiotics, and (3) follow-up with the patient. Dr. Pallos had also offered four "sub-opinions" regarding the main opinion of informed consent, described generally as: (1) telling the patient what will be done, (2) discussing alternative treatments, (3) communicating risks, and (4) obtaining written consent. Confusion arose as to whether Dr.

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27 28 Pallos had offered testimony to a reasonable degree of medical probability as to the three main opinions, or as to only three of the four "sub-opinions" of the informed consent opinion. The confusion apparently arose after Plaintiffs' Counsel examined Dr. Pallos regarding the fourth requirement of the "informed consent" opinion – obtaining written consent – and continued on with testimony regarding the three remaining "sub-opinions" regarding informed consent.

Now that the full transcript is available, the Court can see that Dr. Pallos rendered his opinion only on the issue of "informed consent" to a reasonable degree of medical probability. He did not offer any of his other opinions to that standard, including his main opinions regarding the prescription of antibiotics or follow-up care. Because the Court struck Dr. Pallos' opinions regarding "informed consent" as lacking foundation, those opinions are no longer valid. Thus, there are no remaining admissible opinions which have been given to a reasonable degree of medical probability. Plaintiff's most basic burden of proving her prima facie case requires that she offer admissible expert testimony regarding any breach of the standard of care. The law requires that Dr. Pallos' opinions regarding Summerlin Smiles and any alleged breach of the standard of care be rendered to a reasonable degree of medical probability. As Dr. Pallos did not render the required opinions, the question of Summerlin Smiles' negligence should never have gone to the jury and judgment as a matter of law in Summerlin Smiles' favor is required.

Further, testimony regarding the standard of care also relates to the issue of whether a Summerlin Smiles employee answered the telephone call from Plaintiff regarding follow-up Since no testimony was offered establishing Plaintiff's contact with any treatment. identifiable person or Summerlin Smiles employee, and even if it had, there was no testimony regarding the breach of the standard of care for "follow-up" to a reasonable degree of medical probability, Summerlin Smiles' renewed motion for judgment as a matter of law should be granted.

In the alternative, any noneconomic damages award against this Defendant should be reduced through remittitur to \$350,000 pursuant to the cap on non-economic damages found in NRS §41A.035.

II.

STATEMENT OF RELEVANT TESTIMONY

Dr. Pallos was presented at the time of trial as Plaintiff's only standard of care expert. Dr. Pallos initially testified that he had three criticisms of the dentists in this case when it came to standard of care:

Q: Dr. Pallos, I contacted you with regard to a review of this case, correct?

A: Yes.

Q: And you have had an opportunity to review all of the documents, case file, dental records, hospital records in this case?

A: Yes, I have.

Q: And after your review of all of the documents related to this case, did you formulate any opinions with regard to the standard of care?

A: Yes, I have.

Q: Okay. What are those opinions?

A: Okay. Am I free to speak now or – can I just go ahead?

Q: Yes.

A: Okay, In order to maintain our license, we are – our license – our relationship between the doctor and a patient is governed by what's called the standard of care. That's basically the legal concept. That standard of care is what we have to follow, and it's very excellent. It protects us, and it protects the patient, that we don't harm the patient.

One of the things required by the standard of care is that we obtain what's called an informed consent. Very important. That means I – before I cut you, before I do surgery, before I have permission to do those procedures that could harm you, I have to inform you of what I'm going to do. What else could be done instead of what I am proposing to

do that I consider to be in your best interest? What other methods are there? And what risks are associated with what I'm going to do? Okay?

Then I'm going to ask you, Do you still want to do this? That means I'm obtaining now your consent knowing that you could suffer because of this. And we become partners to make sure you don't suffer much or you recover well. That becomes at least 50 percent of my duty. And it's part of this informed consent.

I believe in this case that was not followed, and there was a failure in following the standard of care relative to this item called the informed consent, and I'm more than happy to discuss in detail what I mean by that.

Number 2, antibiotics are absolutely crucial if we determine that there had been an infection, there is an infection now, and – or there is a risk of infection. We have to either give the antibiotic, make that antibiotic accessible to that patient, or follow that patient like a dog on a bone to make sure that that person does not need the antibiotic. That, to me, in my opinion, that is the standard of care, and it was violated very much in this case to the very sad ending that we see that, in my opinion, was preventable.

Number 3, the follow-up is required, whether I choose to call the patient or I hire an employee who calls the patient on my behalf. Very important not to abandon, neglect, leave that patient. Especially if I give them drugs. Like Vicodin, that impairs their perception, impairs their judgment, and impairs their communication, and then I blame them for not calling me. That's not right. If I tell them, you don't have an emergency if you call me, and then I blame them for thinking that they don't have an emergency, that's unethical. It's unacceptable. It's a violation of the standard of care.

So that is my opinion in a nutshell regarding those three categories. And I'm happy to go over starting with No. 1 if you want.

See Reporter's Transcript of Jury Trial, attached hereto as **Exhibit A**, at 51:7-53:25.

At this point in the testimony, Dr. Pallos began to explain in detail his first opinion, that the standard of care was violated because there was no adequate informed consent:

Q: That's what I would like you to do. Let's start with No. 1 and get specific with regard to how the dentist in this case acted below the standard of care with regard to informed consent.

Ex. A, at 54:1-4.

Dr. Pallos used the complete series of intraoral films to explain to the jury what the condition of Mr. Singletary's mouth was, and specifically what the condition of Tooth No. 32 was. **Ex. A**, at 54:7-62:3. Dr. Pallos then testified that there were four (4) aspects of an informed consent discussion that are required by the standard of care:

Q: Dr. Pallos, now that you've kind of explained to us with regard to this tooth, which is Tooth No. 32, and the condition of that tooth, can you continue explaining to us how the dentist in this case acted below the standard of care with regard to informed consent.

A: It would be my pleasure. Thank you.

Okay. So the first thing regarding the requirement for an adequate minimum informed consent is that we tell the patient what we want to do because of what is the condition of that tooth. The condition of that tooth, according to the record, is that there's a periapical radial lucency around Tooth No. 32. That's No. 1. I just explained what that means.

Number 2, the pulp is dead. It's necrotic. So that also means the tooth is dead or necrotic, and the nerve is dead. Okay? We have to tell people – the person stuff like that.

There's also a periodontal infection around that tooth, and,

therefore, there's a chronic infection present. Okay? All of these things.

Now, the second component that's required is that we talk about an alternative method. Okay? Do you want to take out the tooth? Do I have any other choice? What's going to happen to me if I don't do what you say? All right. So that here means Dr. Traivai said, No, I don't see any alternative because if you don't take out this tooth, there's going to be pain, just like you had two months ago. There's going to be infection and spread of infection. Pain, infection, spread of infection. That will motivate you to get out the tooth. Okay. That would have satisfied requirement No. 1. This is the alternative. If you don't do it, here's what's going to happen.

Requirement No. 3 is I have to communicate with you what may happen if I do this so that we can get through it together and you'll end up better than you are now. Okay? And what's required there is that I tell about the risks if I do this surgery. And if I don't do anything and there is potential pain, infection, and spread of infection, you minimally have to say, you know, there's a chance that this infection will act up, you're going to have severe pain, you're going to have infection, and you're going to have spread of infection. That's No. 1. You have to tell them that.

Well, you have to prepare that person so they can figure out what will that feel like. So what that feels like the – pain is easy, okay, everyone knows. But infection means there will be swelling. Okay? And the swelling will not go down. It will grow. If that swelling grows, that's a very bad sign, and you need to contact me, or I will follow up with you and you have to tell me that because you have to take the antibiotic. I prefer that you take the antibiotic sooner. That's up to you or me, for us to decide. So we have these three requirements.

After that, the fourth requirement is all these things have to be written down, and you get to sign that you still want to do this. And this is – you're okay with that, and you're giving, now, your consent that you understand that – one of the things that I skipped, however you react to my information, I have to answer all your questions and calm you down, and – and answer all your questions again if you have more questions until I have answered all your

Once I've answered all your questions and you now feel that you can make a – an informed decision, that's the key, then you either sign this or we don't have a deal. Okay? So just by signing the paper and not understanding it is not considered the standard of care. It does not meet the standard of care. So they have to understand each of these points. We have to answer all his questions, and then he has to sign the thing saying I understand, I still – I want you to do that, please. So that's what's required.

Ex. A, at 62:10-65:11 (emphasis added).

questions.

According to Dr. Pallos' testimony, with regard to his first opinion about informed consent, there are three requirements regarding the substance of an informed consent conversation and a fourth requirement regarding the written acknowledgment of that conversation in order to comply with the standard of care. Plaintiff's Counsel first focused in on the fourth requirement that the informed consent acknowledgement be made in writing:

Q: So let's start with the fourth part of this. As far as the informed consent form itself, that was provided to Reginald Singletary when he went into the office on April 16th of 2011, do you have any opinion with regard to whether or not that informed consent form was not proper in any way?

A: Okay. There's a form that we all get some kind of version of

that form. It's supposed to contain at least these three ingredients: What I want to do, what's the procedure that I want to do, what are the alternatives to that procedure, and what are the risks if I do this. It has to contain that. And sometimes people get canned forms, you know, they're all over the place. And to me, these are a dime a dozen. And yes, it meets the standard in that sense. And so I don't have any objection about the form.

Ex. A, at 65:12-66:2 (emphasis added).

Dr. Pallos confirmed that he found no violation of the standard of care regarding his fourth point of the requirement of a written form:

Q: Dr. Pallos, I asked you if the form met the standard of care, and you opinion is that –

A: Yes.

Q: -- it did meet the standard of care --

A: Yes.

Q: -- correct?

Ex. A, 66:13-18.

After Dr. Pallos testified that the fourth requirement was met, he testified that the "three ingredients" for an adequate informed consent discussion were not met. This is the **only** point in the entirety of his testimony that Dr. Pallos renders an opinion to a reasonable degree of medical probability:

Q: Now, with regard to the other three parts of the informed consent discussion, in what way did Dr. Traivai's informed consent discussion not meet the standard of care? You've explained to us what's required. How did it not meet the standard of care?

A: Okay. By what happened in this case, by the behavior of this person, he was not prepared to know whether his infection was getting worse to the point where he needed urgent attention and life-saving

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antibiotics. In my opinion, they fell short of meeting the goal of explaining, listen, it's an infection, You could have another infection. Here's what it would feel like to have an infection, and – and, you know, we have to give you antibiotics for that.

So in my opinion, to a reasonable degree of medical certainty, or probability is the way it's – we have to phrase it, they fell below the standard of care in meeting this requirement of giving an effective informed consent. In all three of those points.

Ex. A, at 66:19-67:12 (emphasis added).

Dr. Pallos clearly offered his opinion that the three points of an informed consent discussion, his "three ingredients," were not met in this case. He used the number three to refer to the "three ingredients" in response to Counsel's question with regard to the "three parts of the informed consent discussion." He did not address the fourth aspect of his informed consent discussion (a written consent form) because he had previously testified that the written form met the standard of care. Therefore, it would not be included in his list of violations. After an objection by Defense Counsel, Plaintiff's Counsel continued her questioning by first acknowledging that Dr. Pallos had just rendered testimony solely regarding his informed consent opinion:

Q: Dr. Pallos, we were talking about the first opinion that you have with regard to informed consent and <u>how the dentist violated the standard of care with regard to the informed consent discussion.</u>

Ex. A, at 67:24:68:2.

At this point in his testimony, Dr. Pallos began to explain the basis for his informed consent discussion. **Ex. A**, at 68:3-69:3. After Dr. Pallos completed his explanation, Plaintiff's Counsel moved on to Dr. Pallos' second opinion (regarding antibiotics), making it even more clear that the previous testimony had only been about his first opinion regarding informed consent. **Ex. A**, at 69:12-17. Dr. Pallos rendered and explained his second opinion without testifying that it was within a reasonable degree of medical probability. **Ex. A**, at

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69:18-71:16. Dr. Pallos then moved on to an explanation of his third point about the standard of care (lack of follow-up). **Ex. A**, at 71:17-19. After an objection, Dr. Pallos explained his third criticism regarding the lack of follow-up, but did not render this opinion to a reasonable degree of medical probability either. **Ex. A**, at 72:24-73:18. Later in Dr. Pallos' testimony, following an objection from Defense Counsel that Dr. Pallos' opinion regarding informed consent lacked foundation, the Court struck that opinion. **Ex. A**, at 81:21-82:11, and 98:5-10. Dr. Pallos continued to testify at length regarding his opinions, but never once rendered either of his remaining two criticisms to a reasonable degree of medical probability. See **Ex. A**., generally.

III.

LEGAL ARGUMENT

A. LEGAL STANDARD FOR JUDGMENT AS A MATTER OF LAW

NRCP 50(b) states:

Renewing Motion for Judgment After Trial; Alternative Motion for New Trial. If, for any reason, the court does not grant a motion for judgment as a matter of law made at the close of all the evidence, the court is considered to have submitted the action to the jury subject to the court's later deciding the legal questions raised by the motion. The movant may renew its request for judgment as a matter of law by filing a motion no later than 10 days after service of written notice of entry of judgment and may alternatively request a new trial or join a motion for new trial under Rule 59.

Credibility of witnesses and weight of evidence are not before the court on a motion for a directed verdict. Bliss v. DePrang, 81 Nev. 599, 407 P.2d 726 (1965); Kline v. Robinson, 83 Nev. 244, 428 P.2d 190 (1967), overruled on other grounds. When a motion to dismiss is tendered at the close of the plaintiff's case-in-chief, the court is obliged to draw all permissible inferences for the plaintiff and is not to weigh the evidence at that juncture. This general rule applies whether the trier of fact is a court or a jury. Martin v. Ross, 96 Nev. 916, 620 P.2d 866 (1980). Although it is true that in reviewing the grant of a motion to dismiss, the plaintiff's evidence must be accepted as true and the court must draw all permissible inferences in his favor and not pass upon the credibility of the witnesses nor weigh the evidence, it is equally true that the plaintiff must present a prima facie case upon which the triers of fact can

grant relief. Griffin v. Rockwell Int'l, Inc., 96 Nev. 910, 620 P.2d 862 (1980); Nevada Indus. Dev., Inc. v. Benedetti, 103 Nev. 360, 741 P.2d 802 (1987).

A prima facie case for dental malpractice must include admissible expert testimony:

NRS 41A.100 Required evidence; exceptions; rebuttable presumption of negligence.

1. Liability for personal injury or death is not imposed upon any provider of medical care based on alleged negligence in the performance of that care unless evidence consisting of expert medical testimony, material from recognized medical texts or treatises or the regulations of the licensed medical facility wherein the alleged negligence occurred is presented to demonstrate the alleged deviation from the accepted standard of care in the specific circumstances of the case and to prove causation of the alleged personal injury or death[.]

As a general rule, a plaintiff must use expert testimony to establish malpractice. <u>Jain v. McFarland</u>, 109 Nev. 465, 851 P.2d 450, 1993 Nev. LEXIS 78 (1993). To prove malpractice, the plaintiff must first establish the accepted standard of medical care or practice, and then must show that the doctors' conduct departed from that standard and legally caused the injuries suffered. <u>Fernandez v. Admirand</u>, 108 Nev. 963, 968-969 (Nev. 1992).

To prevail in a malpractice action, the plaintiff must establish the following: (1) that the doctor's conduct departed from the accepted standard of medical care or practice; (2) that the doctor's conduct was both the actual and proximate cause of the plaintiff's injury; and (3) that the plaintiff suffered damages. See Prabhu v. Levine, 112 Nev. 1538 (Nev. 1996). Even where it has been established that the defendant's conduct has been one of the causes of plaintiff's injury, there remains the question of whether defendant will be legally responsible for the injury, the main consideration in such circumstances being foreseeability. Fernandez v. Admirand, 108 Nev. at 972 citing Sims v. General Telephone & Electric, 107 Nev. 516, 524-25, 815 P.2d 151, 156 (1991).

Since 1989, the Nevada Supreme Court has held that "a medical expert is expected to testify only to matters that conform to the reasonable degree of medical probability standard." Morsicato v. Sav-On Drug Stores, Inc., 121 Nev. 153, 158 (Nev. 2005) citing Brown v. Capanna, 105 Nev. 665, 671-72, 782 P.2d 1299, 1304 (1989). The Nevada Supreme Court in Morsicato went a step further and held that standard of care testimony must be stated to a

reasonable degree of medical probability. Morsicato, 121 Nev. at 158 (Nevada Supreme Court determined that the District Court abused its discretion in failing to strike medical expert's testimony when his medical opinions were never stated to a reasonable degree of medical probability)(emphasis added).

Plaintiff's medical expert, Dr. Pallos, never stated his medical opinions to a reasonable degree of medical probability, and as such, Plaintiff did not meet her burden of proof on her prima facie case. Therefore, Plaintiff's case should never have been submitted to the jury and a directed verdict at the close of Plaintiff's case was required as a matter of law.

B. BECAUSE PLAINTIFF DID NOT MEET THE BURDEN OF PROVING HER PRIMA FACIE CASE, A DIRECTED VERDICT AT THE CLOSE OF PLAINTIFF'S CASE WAS REQUIRED, AND JUDGMENT AS A MATTER OF LAW IS NOW THE PROPER REMEDY

At the close of Plaintiff's case in chief during trial, Defendants moved for a directed verdict based upon deficiencies in Plaintiff's case. Plaintiff did not meet the burden of proving her most basic prima facie case. According to NRS §41A.100, Plaintiff must present expert testimony that supports the allegation that Defendant breached the standard of care and that it was this breach that caused Plaintiff injury. According to the Nevada Supreme Court's holding in *Morsicato*, those opinions must be stated to a reasonable degree of medical probability. Dr. Pallos did not do so. Dr. Pallos stated one opinion to a reasonable degree of medical probability – that Dr. Traivai did not engage in three aspects of a proper informed consent discussion, or the "three ingredients" he refers to. However, that opinion was stricken by this Court as lacking foundation. Dr. Pallos' remaining two opinions regarding antibiotics and follow-up were not stated to a reasonable degree of medical probability. Therefore, according to *Morsicato*, Plaintiff failed to meet her burden of proof and a directed verdict was appropriate at that time. Now that a judgment has been entered in favor of the Plaintiff, judgment notwithstanding the verdict is a proper remedy, as the question of Summerlin Smiles' liability should not have been submitted to the jury.

Dr. Pallos was presented at the time of trial as Plaintiff's standard of care expert. He

initially testified that he had three criticisms of the dentists in this case with regard to the standard of care. **Exhibit A**, at 51:7-53:25. Dr. Pallos then began to explain in detail his first opinion, that the standard of care was violated because there was no adequate informed consent. **Ex. A**, at 54:1-4. In order to explain his testimony, Dr. Pallos left the witness stand and, using the complete series of intraoral films, explained to the jury what the condition of Mr. Singletary's mouth was, and specifically what the condition of Tooth No. 32 was. **Ex. A**, at 54:7-62:3. At this point, Dr. Pallos then testified that there were four (4) aspects of an informed consent discussion that are required by the standard of care. **Ex. A**, at 62:10-65:11. According to Dr. Pallos' testimony, with regard to his first opinion about informed consent, there are three requirements regarding the substance of an informed consent conversation and a fourth requirement regarding the written acknowledgment of that conversation in order to comply with the standard of care.

Plaintiff's Counsel first focused in on the fourth requirement that the informed consent acknowledgement be conformed to a writing. **Ex. A**, at 65:12-66:2. Plaintiff's Counsel reiterated that Dr. Pallos found no violation of the standard of care regarding his fourth point of the requirement of a written form. **Ex. A**, 66:13-18. After Dr. Pallos testified that the fourth requirement was met, he testified that the "three ingredients" for an adequate informed consent discussion were not met, and this is the only point in the entirety of his testimony that Dr. Pallos renders an opinion to a reasonable degree of medical probability. **Ex. A**, at 66:19-67:12.

Dr. Pallos was clearly rendering his opinion that three points of an informed consent discussion- his "three ingredients"- were not met in this case. He used the numeral "three" to refer to the "three ingredients." He did not address the fourth aspect of his informed consent discussion (a written informed consent form) because he had already testified that the form met the standard of care. After an objection by Defense Counsel, Plaintiff's Counsel continued her questioning by first acknowledging that Dr. Pallos had just rendered opinions solely regarding his informed consent opinion. Ex. A, at 67:24-68:2. After Dr. Pallos completed his explanation, Plaintiff's Counsel moved on to Dr. Pallos' second opinion, making it even

more clear that the previous testimony had only been about his first opinion regarding informed consent. **Ex. A**, at 69:12-17. Dr. Pallos testified at length regarding his opinions, but never offered his remaining two criticisms to a reasonable degree of medical probability.

After Plaintiff rested her case, the Defendants moved for a directed verdict under NRCP 41(b) (NRCP 50(a)). Following discussion between Counsel and the Court, it was determined that the issue was, in fact, whether or not Dr. Pallos had rendered his opinions to a reasonable degree of medical probability:

THE COURT: Okay. I'm going to give you a chance to argue, but here's what it says in Morsicato, "The medical opinion testimony related to the operation of equipment and not to any medical standard of care. However, the holding in Banks was not intended to modify or change in any way the requirement that medical expert testimony, regarding the standard of care and causation in a medical malpractice case, must be based on testimony made to a reasonable degree of medical probability. Since 1989, this court has held that 'a medical expert is expected to testify only to matters that conform to their reasonable degree of medical probability standard."

MS. PATIN: I just want to refer you back to the trial testimony. In the beginning, on page 47 beginning on line 15, we go through what his three main opinions are. It's the only time he makes reference to three points.

THE COURT: Do you have times on that or no?

MS PATIN: There's no times

MS GOODEY: We have the PDF, Your Honor.

THE COURT: Okay. Tell me what you're referring to.

MS. PATIN: On page 47 is when he goes through his three main points. So when I asked him with regard to the standard of care to a reasonable degree of medical probability, he says, with regard to

informed consent and those three points, those are the three point, my understanding, is what he was referring to.

THE COURT: Where's your question?

MS. PATIN: It was an objection. Oh, the question to the reasonable degree of medical probability?

THE COURT: Yep.

MS. PATIN: Sorry. It got stuck. I have to pull it up again.

THE COURT: It's fine. Actually, when he starts talking about his three primary opinions is on the bottom of page 49, and the question is: "And after your review of all of the documents related to this case, did you formulate any opinions with regard to the standard of" – "standard of care?" "Yes I have." "What are those opinions?" And he goes through his three opinions, and then you follow up on the three opinions. And the first one is informed consent, and he had four opinions as it related to that. And he stated those opinions to a reasonable degree of medical probability, but I've already found that he had no foundation for those opinions.

MS. PATIN: My understanding when he was testifying is that when he said in those three points, he's referring to his three main opinions not anything – he says informed consent, but he's referring – and those three points, meaning those three main opinions he had on the case. That was my understanding of his testimony.

THE COURT: But he specifically said in his answer as it relates to the informed consent. Just so you have that, I think the only time he talked about a reasonable degree of probability was in the middle of page 65. You guys have a copy of this too? Do you need it? She can email it to you too.

(Discussion was held off the record.)

THE COURT: So, Ms. Patin, I guess my – I'm waiting to see if you can find something that –

MS. PATIN: I mean, again, my understanding –

THE COURT: -- tell me that

MS. PATIN: -- my understanding when he testified to a reasonable degree of medical probability and he said in all three points, he's referring to his three main opinions in this case. We go through his three main opinions. Then we go through – we begin the first one where he gets off the stand. He explains everything to the jury, where he's looking at the tooth. We go through everything. He does talk about informed consent. We get down to the bottom, he talks about informed consent again on page 65, and then he says "in all three of those points." And my understanding when he testified to that, he was testifying to his three main opinions, not three points with regard to informed consent.

THE COURT: How do you deal with the fact that the answers says, "So in my opinion, to a reasonable degree of medical certainty, or probability is the way it's – we have to phrase it, they fell below the standard of care in meeting this requirement of giving an effective informed consent. In all three of those points"? You think the informed consent talks about one thing, but all three of those points refers to his three separate things?

MS. PATIN: That was my understanding of his testimony. Because we were talking about his three main points when we began the entire line of questioning as far as what his opinions are in the case.

MR. FRIEDMAN: Where are we exactly, Your Honor?

THE COURT Page 65

MR. VOGEL: What line?

THE COURT: Fourteen through 18

MR. VOGEL: Got it. Given the context there, Your Honor, and the fact that he discusses three points with respect to informed consent, I think it's quite clear he was talking about informed consent only.

MS. PATIN: He actually discusses four points with regard to informed consent, not three, which is why I –

THE COURT: He does and you started on the fourth.

MS. PATIN: Which is – so he – he discusses four points, which is why I understood those – in all three of those points to be his three main opinions. He doesn't discuss three points, he discusses four, so …

THE COURT: I think it's weak, but I think that it might be enough to get you past 41(a). I don't know that I have a choice. I mean, if I grant a 41(a), I know it's going to get appealed. The cases say I have to give every reasonable inference in favor of the nonmoving party. I mean –

MR. VOGEL: Your Honor, the testimony –

THE COURT: -- the fact that there are four points as it related to the informed consent, he says – I mean, this is the only time, I think, in the deposition he talked about reasonable degree of probability. He talks about three points.

MS. PATIN: And it's the exact same three points that are identified in his expert report.

THE COURT: Well, we don't know what three points it's referring to. That's the confusion.

MR. FRIEDMAN: Your Honor, maybe we should take some time and brief this issue because, obviously, it's very important. And I'm trying to pull it up on this screen right here.

MR. LEMONS: Your Honor, just it – that last paragraph of that

answer has been isolated. But the answer itself is all about informed consent.

THE COURT: It is.

MR LEMONS: It's all about explaining to the patient enough so that the patient would be informed and know what – that entire answer is that. It has nothing to do with the other issues despite an interpretation begin given to it, the – the actual literal words don't say that.

THE COURT: The problem is he talks about four points as it related to informed consent, and he has three points that are his primary criticisms.

MS. PATIN: And then the other issue, it doesn't say and in all three of those points. It's a completely different sentence referring to in all of those three points. Or in all three of those points.

THE COURT: Yeah, I think I'm going to deny a 41(a) for now.

Exhibit A, at 177:7-183:17.

The entire determination of Defendants' NRCP 41(b) (NRCP 50(a)) oral motions rested on the interpretation of what Dr. Pallos meant when he was testifying to "three" points — whether he was referring to his three main criticisms or whether he was solely referring to his three (of four) opinions regarding informed consent. Plaintiff's interpretation, despite the plain, literal language used by Dr. Pallos, was that Dr. Pallos was referring to his three main criticisms when he rendered an opinion to a reasonable degree of medical probability. However, now that the entire transcript is available and one can look to what Dr. Pallos actually testified to, it is clear that Plaintiff's interpretation was incorrect. Dr. Pallos was not referring to his three main criticisms, but rather to what he termed the "three ingredients" that need to be included in an informed consent discussion; the "three ingredients" that he determined were not present in this case. This is made clear by both Dr. Pallos' plain language and the fact that, in the context of the testimony in question, he was testifying about informed

1 | C 2 | T 3 | C 4 | C

consent. Plaintiff's counsel was specifically questioning Dr. Pallos on informed consent only. The call of Plaintiff's question was with regard to the "three points of the informed consent discussion" that Dr. Pallos felt fell below the standard. When he concluded his informed consent opinions, Plaintiff's counsel moved on to a discussion of Dr. Pallos' second main opinion, then his third.

Should the Court continue to accept Plaintiff's Counsel's interpretation, the Court would allow Plaintiff to add in testimony that Dr. Pallos did not give. In short, Plaintiff failed to extract the required testimony from her expert regarding the reasonable degree of medical probability. While the law requires the Court to give every reasonable inference to a nonmoving party, adding in testimony that was not given is not reasonable. Plaintiff should not be permitted to add testimony that Dr. Pallos did not give in front of the jury, and it would be improper to infer that Dr. Pallos testified to more than he actually did, even in the face of a request for judgment as a matter of law.

The fact of the matter is that Defendants' oral Motion for a Directed Verdict was defeated because of Plaintiff's Counsel's erroneous interpretation of Dr. Pallos' testimony. Now that the testimony is available in its entirety, it is clear that Dr. Pallos' testimony did not meet the required standard of *Morsicato*. Dr. Pallos did not render his opinions to a reasonable degree of medical probability. He was not talking about his three main criticisms when he uttered those words; he was talking about the "three ingredients" of informed consent only. It would be a grave miscarriage of justice to allow an improper verdict to stand when the very reason that the question of Defendants' liability was submitted to the jury at all was because Plaintiff argued testimony that was not offered. Plaintiff did not meet her burden of proof under NRS §41A.100. Therefore, a directed verdict at the close of Plaintiff's case was appropriate. Viewing the evidence in the light most favorable to the nonmoving party, it is clear that Plaintiff did not meet her burden of proving her prima facie case. Dr. Pallos' testimony did not satisfy the requirement of *Morsicato* and NRS §41A.100, and Defendant is therefore entitled to judgment notwithstanding the verdict.

C. IN THE ALTERNATIVE, NONECONOMIC DAMAGES SHOULD BE REDUCED TO \$350,000 PURSUANT TO NRS §41A.035

If this Court denies Defendant's Motion for Judgment as a Matter of Law, then, in the alternative, Plaintiff's noneconomic damage award against Summerlin Smiles must be reduced by remittitur to \$350,000 pursuant to the damages cap found in NRS §41A.035.

NRS §41A.035 states:

NRS 41A.035 Limitation on amount of award for noneconomic damages. In an action for injury or death against a provider of health care based upon professional negligence, the injured plaintiff may recover noneconomic damages, but the amount of noneconomic damages awarded in such an action must not exceed \$350,000.

After jury trial in this matter, the jury awarded noneconomic damages to Plaintiff Svetlana Singletary in the amount of \$625,000.00 and noneconomic damages to Plaintiff Gabriel Singletary in the amount of \$2,125,000.00. Pursuant to a prior Order of this Court, both Plaintiffs are capped at \$350,000 of noneconomic damages from each Defendant. Therefore, the \$2,125,000.00 in noneconomic damages awarded to Plaintiff Gabriel Singletary must be reduced by remittitur to \$700,000, or a capped amount of \$350,000 against this Defendant.

CONCLUSION

Based upon the foregoing, Defendant Summerlin Smiles respectfully requests that this Honorable Court enter judgment notwithstanding the verdict in its favor.

IV.

Dated: May 13, 2014 STARK, FRIEDMAN & CHAPMAN

BY: _____

JASON B. FRIEDMAN, ESQ.
Nevada State Bar No. 11799
STARK, FRIEDMAN & CHAPMAN
200 W. Sahara #1401
Las Vegas, NV 89102
Attorneys for Defendants,
TON VINH LEE, DDS and TON V. LEE

TON VINH LEE, DDS and TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES

CERTIFICATE OF SERVICE Singletary v. Lee, D.D.S., et al.

Case No. A-12-656091-C

Pursuant to N.R.C.P. 5(b), I certify that I am an employee of STARK, FRIEDMAN & CHAPMAN, LLP and that on May 13, 2014, I caused the above and foregoing documents entitled: DEFENDANT TON V. LEE, DDS, PROF. CORP. dba SUMMERLIN SMILES' MOTION FOR JUDGMENT AS A MATTER OF LAW PURSUANT TO NRCP 50(b) OR, IN THE ALTERNATIVE, MOTION FOR REMITTITUR to be served as follows: X by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Santa Ana, California; and/or

Pursuant to EDCR 7.26, to be sent via facsimile; to be hand-delivered to the attorney listed below at the address indicated below; and/or via electronic mail to the attorneys listed below:

Lloyd W. Baker, Esq.	(702) 369-4949; (702) 360-3234 Fax
Ingrid Patin, Esq.	Attorneys for Plaintiff, SVETLANA
BAKER LAW OFFICES	SINGLETARY, individually, as the
500 South Eighth Street	Representative of the Estate of REGINALD
Las Vegas, Nevada 89101	SINGLETARY, and as parent and legal
	guardian of GABRIEL L. SINGLETARY, a
	Minor
S. Brent Vogel, Esq.	Attorneys for Defendant, FLORIDA
Amanda J. Brookhyser, Esq.	TRAIVAI, D.M.D.

LEWIS, BRISBOIS, BISGAARD & SMITH, LLP

6385 S. Rainbow Blvd., Suite 600 Las Vegas, Nevada 89118

EXHIBIT A

1	CASE NO. A-12-656091	
2	DEPT. NO. 30	
3	DOCKET U	
4	DISTRICT COURT	
5	CLARK COUNTY, NEVADA	
6	* * * *	
7	SVETLANA SINGLETARY,) individually, as the)	
8	representative of the Estate) of REGINALD SINGLETARY, and as)	
9	parent and legal guardian of) GABRIEL L. SINGLETARY, a)	
10	minor,)	
11	Plaintiffs,) vs.	
12	TON VINH LEE, DDS,)	
13	· · · · · · · · · · · · · · · · · · ·	
14	DDS, individually, TON V. LEE,) DDS, PRO. CORP., a Nevada)	
15		
16	· · · · · · · · · · · · · · · · · · ·	
17	CORPORATIONS I through X,) inclusive,	
18) Defendant.	
19	`	
20	REPORTER'S TRANSCRIPT OF JURY TRIAL	
21	BEFORE THE HONORABLE JERRY A. WIESE, II	
22	DEPARTMENT XXX	
23	DATED THURSDAY, JANUARY 16, 2014	
24	REPORTED BY: KRISTY L. CLARK, RPR, NV CCR #708,	
25	CA CSR #13529	

1	APPEARANCES:
2	For the Plaintiff:
3	BAKER LAW OFFICES BY: INGRID M. PATIN, ESQ.
4	500 South Eighth Street Las Vegas, Nevada 89101
5	(702) 360-4949 ingrid@bakerattorneys.net
6	
7	For the Defendant Florida Traivai, DMD:
8	LEWIS BRISBOIS BISGAARD & SMITH LLP BY: S. BRENT VOGEL, ESQ.
9	6385 South Rainbow Boulevard Suite 600
10	Las Vegas, Nevada 89118 (702) 893-3383
11	
12	For the Defendant Ton Vinh Lee, DDS and Summerlin Smiles:
13	FORD WALKER HAGGERTY & BEHAR
14	BY: JASON B. FRIEDMAN, ESQ. 3960 Howard Hughes Parkway
15	Suite 500 Las Vegas, Nevada 89102
16	(702) 990-3580 jfriedman@fwhb.com
17	
18	For the Defendant Jai Park, DDS:
19	LEMONS, GRUNDY & EISENBERG BY: EDWARD J. LEMONS, ESQ.
20	6005 Plumas Street Third Floor
21	Reno, Nevada 89519 (775) 786-6868
22	rgv@lge.net
23	
24	* * * * *
25	

1	INDEX	
2	WITNESS:	PAGE
3	JOHN BUEHLER	
4	Direct Examination by Ms. Patin	5
5	Cross-Examination by Ms. Brookhyser	16
6	Redirect Examination by Ms. Patin	20
7		
8	ANDREW PALLOS, M.D.	
9	Direct Examination by Ms. Patin	41
10	Cross-Examination by Mr. Friedman	106
11	Cross-Examination by Mr. Vogel	118
12	Cross-Examination by Mr. Lemons	135
13	Redirect Examination by Ms. Patin	136
14	Recross-Examination by Mr. Friedman	150
15		
16		
17		
18	INDEX TO EXHIBITS	
19	NUMBER DESCRIPTION	PAGE
20	5 Photograph	57
21		
22		
23		
24		
25		

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and have the witness read it. And I -- I -- I --
   I'm -- I am just assuming that that is not going to be
   attempted, because it would be improper. But instead
   of raising it, I couldn't do it in three words in front
 4
5
   of the jury.
 6
             THE COURT: It would be a violation of the
   exclusionary rule. I would agree.
 7
8
             MR. LEMONS: All right. Thank you, Your
 9
   Honor.
10
             THE COURT: Anything else?
             MS. PATIN: I think we're ready.
11
             THE COURT: Okay.
12
13
             THE MARSHAL: All rise for the presence of
14
   the jury.
                  (The following proceedings were held in
15
                   the presence of the jury.)
16
17
             THE COURT: Go ahead and be seated. Welcome
   back, folks. We're back on the record, Case No.
18
19
   A656091. Do the parties stipulate to the presence of
20
   the jury?
21
             MR. VOGEL: Yes, Your Honor.
22
             MR. FRIEDMAN: Yes, Your Honor.
23
             MR. LEMONS: Yes, Your Honor.
24
             MS. PATIN: Yes, Your Honor.
25
                         Thank you. Plaintiffs may call
             THE COURT:
```

1	their next witness.	
2	MS. PATIN: Dr. Andrew Pallos.	
3	THE MARSHAL: Just watch your step.	
4	THE COURT: Good morning, Doctor. We're	
5	going to ask you to step up on the witness stand, if	
6	you would, remain standing, and raise your right hand,	
7	please.	
8	THE CLERK: You do solemnly swear the	
9	testimony you're about to give in this action shall be	
10	the truth, the whole truth, and nothing but the truth,	
11	so help you God.	
12	THE WITNESS: I do.	
13	THE CLERK: Please state your name and spell	
14	4 it for the record, please.	
15	THE WITNESS: Andrew Pallos, P-a-1-1-o-s.	
16	THE COURT: Thank you, Doctor. Try to talk	
17	into the microphone so everybody can hear you.	
18	THE WITNESS: Hello. Okay.	
19		
20	DIRECT EXAMINATION	
21	BY MS. PATIN:	
22	Q. All right. Good morning, Dr. Pallos.	
23	A. Good morning.	
24	Q. Will you please give us a little bit about	
25	your educational background, the dental school you	

- 1 going to strike the last -- the part of the last answer
- 2 | that dealt with the doctor's private practice and his
- 3 | individual practice. That's not relevant. We're here
- 4 to talk about standard of care. Okay?
- 5 So go on from there.
- 6 BY MS. PATIN:
- Q. Dr. Pallos, I contacted you with regard to a review of this case, correct?
- 9 | A. Yes.
- Q. And have you had an opportunity to review all of the documents, case file, dental records, hospital records in this case?
- 13 A. Yes, I have.
- Q. And after your review of all of the documents related to this case, did you formulate any opinions with regard to the standard of care?
- 17 A. Yes, I have.
- 18 Q. Okay. What are those opinions?
- A. Okay. Am I free to speak now or -- can I just go ahead?
- 21 Q. Yes.
- A. Okay. In order to maintain our license, we
- 23 are -- our license -- our relationship between the
- 24 doctor and a patient is governed by what's called the
- 25 standard of care. That's basically the legal concept.

That standard of care is what we have to follow, and it's very excellent. It protects us, and it protects the patient, that we don't harm the patient.

One of the things required by the standard of care is that we obtain what's called an informed consent. Very important. That means I — before I cut you, before I do surgery, before I have permission to do those procedures that could harm you, I have to inform you of what I'm going to do. What else could be done instead of what I am proposing to do that I consider to be in your best interest? What other methods are there? And what risks are associated with what I'm going to do? Okay?

Then I'm going to ask you, Do you still want to do this? That means I'm obtaining now your consent knowing that you could suffer because of this. And we become partners to make sure you don't suffer much or you recover well. That becomes at least 50 percent of my duty. And it's part of this informed consent.

I believe in this case that was not followed, and there was a failure in following the standard of care relative to this item called the informed consent, and I'm more than happy to discuss in detail what I mean by that.

Number 2, antibiotics are absolutely crucial

if we determine that there has been an infection, there is an infection now, and — or there is a risk of infection. We have to either give that antibiotic, make that antibiotic accessible to that patient, or follow that patient like a dog on bone to make sure that that person does not need the antibiotic, if we choose not to prescribe that antibiotic. That, to me, in my opinion, that is the standard of care, and it was violated very much in this case to the very sad ending that we see that, in my opinion, was preventible.

Number 3, the follow-up is required, whether I choose to call the patient or I hire an employee who calls the patient on my behalf. Very important not to abandon, neglect, leave that patient. Especially if I give them drugs. Like Vicodin, that impairs their perception, impairs their judgment, and impairs their communication, and then I blame them for not calling me. That's not right. If I tell them, You don't have an emergency if you call me, and then I blame them for thinking that they don't have an emergency, that's unethical. It's unacceptable. It's a violation of the standard of care.

So that is my opinion in a nutshell regarding those three categories. And I'm happy to go over starting with No. 1 if you want.

- Q. That's what I would like you to do. Let's start with No. 1 and get specific with regard to how the dentist in this case acted below the standard of care with regard to informed consent.
- A. Okay. Excellent. Going to take a quick drink.

Okay. According to the Nevada statute that was shared with me during my deposition, an informed consent, this is where I inform you and you choose to give me your consent to do a surgical procedure. The first thing required is that I tell you what the procedure is that I'm about to do or want to do, which is — can I be specific now regarding this patient, Singletary, and the tooth number?

Q. Yes.

A. Okay. This is a case involving a tooth that was extracted. So the procedure that was proposed in this case is called an extraction. We're going to remove that tooth because that tooth has acted up on you before, and in my opinion, right now, that tooth is necrotic. Necrotic means it's infected to the point where it has destroyed part of the inside of the tooth. Okay?

And I'm going to give you what Dr. Traivai in this case would have had to say to this patient based

- 1 on my understanding of her own testimony. So she found
- 2 this tooth to have what's called a periapical lesion on
- 3 the radiograph, and I can explain to you, if you want
- 4 me to, what that is.
- 5 Q. Could you, please.
- 6 A. Right now?
- 7 Q. Yes.
- 8 A. Oh, can you put up the X ray?
- 9 Q. Yes.
- 10 A. Okay.
- 11 Q. If you take a look at the binder right behind
- 12 you, the large binder on that back table.
- 13 A. The small one?
- 14 Q. The large one.
- 15 A. What am I doing?
- Q. If you turn to Exhibit 5, you'll see the
- 17 radiology films from Summerlin Smiles.
- 18 A. Okay. Do you want me to hold that up or --
- 19 Q. Well, if you'll direct me as to which film
- 20 you relied upon with regard to your expert opinion in
- 21 | this case --
- 22 A. Well, no --
- Q. -- and which one assists you?
- 24 A. -- I was explaining --
- Q. Yes, and which would assist you in your

```
testimony here today.
 2
             Okay. Are you able to put up the complete
   set of -- of the X rays, like on this page?
             MS. PATIN: Your Honor, permission to publish
 4
5
   104-S from the Summerlin Smiles radiology films.
             MR. VOGEL: I don't have any objection to it
 6
   as long as it's noted for the record this isn't the
 7
   actual film. This was a photocopy.
9
             THE COURT: Are we admitting it?
10
             MS. PATIN: The actual -- sorry?
             THE COURT: I mean, are we admitting
11
   Exhibit 5 or no?
12
13
             MR. FRIEDMAN: I'm -- can we approach, Your
   Honor?
14
15
             THE COURT: Come on up, yeah.
16
                   (A discussion was held at the bench,
                   not reported.)
17
             THE COURT: All right. So if I understand
18
19
   correctly, we're going to -- parties agree to admit
20
   Exhibit 5, but only page 104-S; is that correct?
21
             MS. PATIN: Yes, Your Honor.
22
             MR. FRIEDMAN: Yes, Your Honor.
23
             MR. LEMONS: Yes, Your Honor.
24
             THE COURT: All right. 104-S is admitted.
25
   So if you want to put it up to help him explain his
```

```
testimony, that's fine.
 2
                   (Plaintiff's Exhibit 5 was admitted into
                   evidence.)
 3
   BY MS. PATIN:
 4
 5
             Would you mind flipping to the computer
 6
   screen.
 7
             Is this the one for the jury?
             Yes. So you'll be able to see the actual
 8
        Q.
   film on your screen --
10
             Can you turn that?
        Α.
             -- and the jury can also see the film on
11
        Q.
12
   their screen.
             Oh, okay. That's good. Who just did that?
13
        Α.
14
             She's just rotating it so that you can see it
        Q.
15
   better.
16
             Do you recognize this photograph?
             Yeah. It's the same as this.
17
        Α.
             Is this -- is this -- what is this a
18
   depiction of that we're looking at here?
19
20
             Okay. This is called a complete series of
   intraoral films. That means it's -- intraoral means in
   the mouth, means you have to have single films in the
22
   mouth to show each tooth, and it's the best way to
23
24
   diagnose teeth individually.
25
             So this is a -- periapical is when you show
```

```
the roots. Apex means the tip of the root. So
   periapical means around the root, and you can see the
 3
   whole root.
             So, for example -- can you guys see if I --
 4
   oh, look at that. Okay. I pointed -- there's an arrow
 5
   where I pointed, and that shows the roots. So that's
   called a periapical film. And --
 7
8
             Can you enlarge that film just for discussion
   purposes?
10
             MS. GOODEY: It won't.
             THE WITNESS: Oh, okay. Okay. If you -- if
11
   you could see it thoroughly, then around the tip --
12
13
   should I go -- may I go there and show them?
14
             THE COURT: If that will help you.
15
             THE WITNESS: Yeah. This may be a little
16
   hard for you, but put up with me for a second.
17
             This is the root -- can you guys hear me
   okay?
18
19
             JURORS:
                      Yes.
20
             THE WITNESS: This is the root. If you look
21
   carefully around the root, there is a dark outline.
22
   That's the periodontal ligament. That's where the
23
   tooth attaches to bone. And in between the two,
   there's a ligament. Okay? That ligament, you can
24
25
   follow it all the way around the roots. Okay?
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When there is a periapical radial lucency,
that periodontal ligament gets blown away. And that's
what we call -- and -- and it creates kind of a dark
spot. So let's look up here. See, like right here,
there's a little attachment. And then suddenly, it
just -- you don't even know where it is because it
becomes so wide, the ligament is gone. Okay? It's
blown away. That's what we call a periapical radial
lucency. It means that -- all that means is the X ray
looks dark. It's not really brilliant.

So around this tooth, there's such a radial lucency. And it's the same as this tooth. And then there's another tooth over here. And these teeth have been broken off at the root. So they've been there, you know, dead for a long time, who knows how long, to the point where it's destroyed the bone around it.

Okay?

Now, the tooth that we're interested in is this one (witness indicating) No. 32. This is the one that was extracted, and this is — the whole debate is about this one tooth. Okay?

Now, Dr. Traivai said this tooth was necrotic. Okay? That means that inside the tooth -- see this dark area inside the tooth? It looks like a crown shape inside and there's this little dark area in

the middle of the root? What's in the middle of the root is a canal, and it's called a root canal. And in that canal, the tooth gets fed, and this is called the pulp which is inside this chamber. The tooth gets fed with blood vessels and nerves, and -- and when there's 5 a pain, it's because that nerve acts up and it hurts. Because it's encased in this hard casing, and it's trying to swell up. It's like if you hit your thumb, it can swell up. But a tooth can't so it hurts even more. For the tooth to die, it has to be attacked by bacteria to the point where it totally destroys the nerves and the blood vessels that live inside that tooth that make it live. So that tooth is dead.

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So she says that the pulp is necrotic. means the pulp is dead. That means the tooth is dead. It's virtually not alive, not being fed by -- every time your heart beats, blood goes through that tooth, but now, it's dead. It doesn't get any of that.

Okay. Often the tooth will react with pain. Like, if you hit it, it will hurt a lot. touching it sometimes. That would be an acute kind of thing where you would use the word "abscess," "acute abscess." And that means around the edge of the root there's -- there's an acute infection. Acute means seriously active to where it's doing a lot.

This up here, these are infections, but
they're not acute. They're chronic. They've been
there months, months, probably years, you know. We
don't know how long they've been there. Could have
been many years. Okay?

So here this tooth where you cannot see the end, Dr. Traivai diagnosed that as being a dead tooth.

Okay? And infected around -- all around the tooth with a -- periodontal infection.

Now I have used two terms per -- periapical infection is around the apex of the root of the tooth. Periodontal means just around the tooth. Okay?

Periodontal. Peri means around. Dontal means tooth.

It's an infection around the tooth, and that is a chronic infection.

So this patient had a chronic infection in the opinion of the doctor who treated or at least got the consent. Okay? So she had to tell him this. You know, your tooth is dead. Your pulp is necrotic. You have a periodontal infection. You have a chronic infection. There exists that infection. Okay. So that's No. 1 she had to tell him this.

Number 2, are there alternatives to taking out the tooth --

MR. FRIEDMAN: Objection, Your Honor.

1 | There's no question pending.

THE WITNESS: I'm still answering No. 1, the

3 question about how the -- the informed consent --

MR. VOGEL: Your Honor, the witness should not be arguing.

THE COURT: Let's let the attorney ask you another question. Okay?

THE WITNESS: Sure.

9 BY MS. PATIN:

- Q. Dr. Pallos, now that you've kind of explained to us with regard to this tooth, which is Tooth No. 32, and the condition of that tooth, can you continue explaining to us how the dentist in this case acted below the standard of care with regard to informed consent.
 - A. It would be my pleasure. Thank you.

Okay. So the first thing regarding the requirement for an adequate minimum informed consent is that we tell the patient what we want to do because of what is the condition of that tooth. The condition of that tooth, according to the record, is that there's a periapical radial lucency around Tooth No. 32. That's No. 1. I just explained what that means.

So that also means the tooth is dead or necrotic, and

Number 2, the pulp is dead. It's necrotic.

the nerve is dead. Okay? We have to tell people -the person stuff like that.

There's also a periodontal infection around that tooth, and, therefore, there's a chronic infection present. Okay? All of these things.

Now, the second component that's required is that we talk about an alternative method. Okay? Do you want to take out the tooth? Do I have any other choice? What's going to happen to me if I don't do what you say? All right. So that here means Dr. Traivai said, No, I don't see any alternative because if you don't take out this tooth, there's going to be pain, just like you had two months ago. There's going to be infection and spread of infection. Pain, infection, spread of infection. That will motivate you to get out the tooth. Okay. That would have satisfied requirement No. 2. This is the alternative. If you don't do it, here's what's going to happen.

Requirement No. 3 is I have to communicate with you what may happen if I do this so that we can get through it together and you'll end up better than you are now. Okay? And what's required there is that I tell about the risks if I do this surgery. And if I don't do anything and there's potential pain, infection, and spread of infection, you minimally have

to say, you know, there's a chance that this infection will act up, you're going to have severe pain, you're going to have infection, and you're going to have spread of infection. That's No. 1. You have to tell them that.

Well, you have to prepare that person so they can figure out what will that feel like. So what that feels like the -- pain is easy, okay, everyone knows. But infection means there will be swelling. Okay? And the swelling will not go down. It will grow. If that swelling grows, that's a very bad sign, and you need to contact me, or I will follow up with you and you have to tell me that because you have to take the antibiotic. I prefer that you take the antibiotic sooner. That's up to you or me, for us to decide. So we have these three requirements.

After that, the fourth requirement is all these things have to be written down, and you get to sign that you still want to do this. And this is — you're okay with that, and you're giving, now, your consent that you understand that — one of the things that I skipped, however you react to my information, I have to answer all your questions and calm you down, and — and answer all your questions again if you have more questions until I have answered all your

1 questions.

Once I've answered all your questions and you now feel that you can make a — an informed decision, that's the key, then you either sign this or we don't have a deal. Okay? So just by signing the paper and not understanding it is not considered the standard of care. It does not meet the standard of care. So they have to understand each of these points. We have to answer all of his questions, and then he has to sign the thing saying I understand, I still — I want you to do that, please. So that's what's required.

- Q. So let's start with the fourth part of this. As far as the informed consent form itself that was provided to Reginald Singletary when he went into the office on April 16th of 2011, do you have any opinion with regard to whether or not that informed consent form was not proper in any way?
- A. Okay. There's a form that we all get some kind of version of that form. It's supposed to contain at least these three ingredients: What I want to do, what's the procedure that I want to do, what are the alternatives to that procedure, and what are the risks if I do this. It has to contain that. And sometimes people get canned forms, you know, they're all over the place. And to me, these are a dime a dozen. And yes,

- 1 it meets the standard in that sense. And so I don't 2 have any objection about the form.
- I'm very strong that that form, if you
- 4 | just -- it's just like downloading something on the
- 5 Internet, and it says, you know, if you want this, you
- 6 have to agree to these terms.
- 7 MR. VOGEL: Your Honor, I'd like to object.
- 8 The question was did the form meet the standard of
- 9 care. He's now editorializing on --
- 10 THE COURT: Sustained.
- MR. VOGEL: Thank you.
- 12 BY MS. PATIN:
- Q. Dr. Pallos, I asked you if the form met the standard of care, and your opinion is that --
- 15 A. Yes.
- 16 Q. -- it did meet the standard of care --
- 17 | A. Yes.
- 18 | Q. -- correct?
- Now, with regard to the other three parts of
- 20 the informed consent discussion, in what way did
- 21 Dr. Traivai's informed consent discussion not meet the
- 22 | standard of care? You've explained to us what's
- 23 required. How did it not meet the standard of care?
- 24 A. Okay. By what happened in this case, by the
- 25 behavior of this person, he was not prepared to know

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whether his infection was getting worse to the point
   where he needed urgent attention and life-saving
   antibiotics. In my opinion, they fell short of meeting
   the goal of explaining, listen, it's an infection.
   could have another infection. Here's what it would
 5
   feel like to have an infection, and -- and, you know,
   we have to give you antibiotics for that.
 7
             So in my opinion, to a reasonable degree of
 8
   medical certainty, or probability is the way it's -- we
10
   have to phrase it, they fell below the standard of care
11
   in meeting this requirement of giving an effective
12
   informed consent. In all three of those points.
13
             MR. VOGEL: Your Honor, may I voir dire the
   witness on the basis for that opinion?
14
15
             MS. PATIN: He'll have an opportunity to
16
   cross-examine the witness.
17
             MR. VOGEL: Your Honor, this is a key --
             THE COURT: Come on up for a minute, guys.
18
19
                   (A discussion was held at the bench,
20
                   not reported.)
21
             THE COURT: Overruled for now.
22
   address it on cross.
23
   BY MS. PATIN:
24
             Dr. Pallos, we were talking about the first
        Q.
25
   opinion that you have with regard to informed consent
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and how the dentist violated the standard of care with regard to the informed consent discussion.

What is your knowledge with regard to the informed consent discussion? Did you have an opportunity to review Dr. Traivai's deposition testimony in this case?

- A. Yes, I reviewed the deposition testimony, and she said she talked to him.
- Q. And do you base your opinion with regard to the fact that the dentist fell below the standard of care with regard to informed consent on what your understanding was of the discussion from Dr. Traivai's deposition testimony?
- 14 A. No. I don't know what was in that 15 discussion.
 - Q. What's the basis for your opinion with regard to the standard of care regarding informed consent?
 - A. The basis for my opinion is that that person was getting worse and worse and believed that he did not have an emergency.
 - Q. And what do you base that on?
 - A. I base that on his behavior which I base on the description from Svetlana that he had tremendous pain on Monday and that they called the office, and that the swelling got worse and spread, and that the --

- 1 the swelling spread more by Tuesday and by Wednesday,
- 2 and the pain got worse not better, and he trusted that
- 3 | he did not have an emergency.
- 4 THE COURT: All right. I'm going to
- 5 reconsider my last decision, and I'm going to let
- 6 Mr. Vogel voir dire him on this issue.
- 7 MR. VOGEL: And, Your Honor, I don't think I
- 8 need anything else. I think that was adequate right
- 9 | there.
- 10 THE COURT: All right.
- 11 BY MS. PATIN:
- 12 Q. With regard to your second opinion,
- 13 Dr. Pallos, that they failed to alert this patient to
- 14 his potential need for infection fighting antibiotics
- 15 | in case of increasing pain and swelling, how did the
- 16 dentist act below the standard of care with regard to
- 17 your second point or second opinion in that case?
- 18 A. The second point is that no antibiotics,
- 19 evidently, were offered, according to the record; that
- 20 they didn't believe the antibiotics were necessary.
- 21 And that totally contradicts the diagnosis that was
- 22 | made by the doctor. And that's the reason I also
- 23 believe that she did not explain to him what she knew
- 24 to be true about an infection in that tooth at the time
- 25 of the extraction. And I covered what she said.

So the discussion about antibiotics I believe was not had and certainly was not had to the point where they gave him a choice.

See, the standard of care gives us freedom. We can say, Take this prescription now, or, Take this prescription if this and this happens. What they did is they gave him Vicodin, extra strength. That's the strongest over-the-counter antibiotic — anti — I mean narcotic. When you give somebody a narcotic and you don't give them an antibiotic, you are now Velcroed to that patient because that patient, his perception has been altered, his judgment is impaired, and his communication has been impaired and is very questionable.

So from then on, to rely on that person to alert you that he's getting worse is outrageous. And this whole thing is outrageous not to offer antibiotics, not to prescribe antibiotics, and not to follow up to make sure that he doesn't need antibiotics.

MR. LEMONS: Your Honor, I would object and move to strike that answer as not addressing the standard of care.

THE WITNESS: And that, in my opinion, is the standard of care.

THE COURT: Hold on, hold on, hold on. You

2 don't get to keep arguing over his objection. Okay?

THE WITNESS: I'm sorry. I apologize.

4 THE COURT: I'm going to overrule it for now.

5 BY MS. PATIN:

- Q. With regard to your third point --
- A. Can I say something about the previous or not?
- 9 THE COURT: No. You can wait till there's 10 another question.
- 11 THE WITNESS: Okay. Thank you.
- 12 BY MS. PATIN:
- Q. Is there any other basis for your second point or second opinion in this case?
- 15 A. Well, I just wanted to make clear that this
 16 is entirely about the standard of care, in my opinion.
- Q. With regard to Point No. 3, how did the dentist act below the standard of care with regard to your Point No. 3?
- A. Well, Point No. 3 is the requirement to
 follow up that is part of our license requirement, so
 that we make sure this person gets the damage we
 create when we do a surgery, that they can recover and
 they are recovering and not getting worse and dying.

 This is our responsibility, to keep our patients alive.

- 1 It was not done here. Dr. Traivai never called.
- 2 Dr. Park never called. None of the staff called.
- 3 MR. VOGEL: I'm going to object, Your Honor.
- 4 Again, this isn't standard of care testimony. This is
- 5 | just his opinion on preference.
- 6 MR. LEMONS: Agreed. Join.
- 7 MR. FRIEDMAN: Join.
- 8 THE COURT: Overruled.
- 9 THE WITNESS: I think that's ridiculous that
- 10 this is not a standard of care --
- THE COURT: There's not a question, Doctor.
- 12 THE WITNESS: Okay. Sorry.
- 13 BY MS. PATIN:
- 14 Q. You can continue answering the question.
- 15 A. All right. I'm sorry. You know, I accept
- 16 | very few cases --
- 17 THE COURT: You don't get to argue with the
- 18 attorneys, Doctor.
- 19 THE WITNESS: I --
- 20 THE COURT: Answer the questions, please.
- 21 THE WITNESS: Okay. All right. I apologize.
- 22 | So that's my opinion.
- 23 BY MS. PATIN:
- 24 Q. With regard to when Svetlana Singletary
- 25 called on behalf of Reginald Singletary to report the

significant postsurgical symptoms and your opinion with regard to the fact that he was denied timely care and given incorrect advice and assurances that caused him to delay seeking care elsewhere, how did the dentist act below the standard of care with regard to those opinions?

- A. Well, okay. The whole idea is if if I call or my wife calls and says, you know, he's getting worse, he's not getting better, and to be told you don't have an emergency, you don't need to see a doctor, and this thing will get better on its own, wait four, five days and you and you trust that information, then instead of getting better, you keep getting worse and die, that is not a good way to take care of people. In my opinion, it's outrageously outside the standard of care to treat people like that, and that's what happened, based on my understanding, in this case.
- Q. In your opinion, Dr. Pallos, was Dr. Traivai, as well as Dr. Park, treating dentists in this case?
 - A. Yes, both of them treated the patient.
- Q. And what do you base that opinion on?
- A. The -- the testimony and the record that obviously Dr. Traivai was treating the patient, and Dr. Park said, I extracted the tooth. So he did

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1 actually the work. He's -- he was actually the
   treating dentist in this case and just as responsible
   as Dr. Traivai.
             In what way was Dr. Park also as responsible
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 5
   as Dr. Traivai?
             Because as soon as he picked up --
 6
 7
             MR. LEMONS: Objection, Your Honor. If this
8
   is going to touch on matters related to previously
   discussed issues --
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             THE COURT: It's his opinion.
11
             MR. LEMONS: Okay.
12
             THE COURT: I'm going to allow it for now.
13
   You can address on cross.
14
             MR. LEMONS: All right. Thank you, Your
15
   Honor.
16
             THE WITNESS: Could you repeat it?
17
             MS. PATIN: Actually, I don't remember my
   question exactly.
18
19
             THE COURT: Question was: "In what way was
20
  Dr. Park also as responsible as Dr. Traivai?"
21
             THE WITNESS: Okay. As a dentist, if I pick
22
   up an instrument, and I -- and I touch the patient and
   I treat the patient and I do the actual procedure to
23
   which that patient agreed, I become a treating doctor
24
   at that moment, and I am as much or more his dentist at
25
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that moment than the person who asked for my help.
   treated that patient. As far as that patient is
   concerned, I'm his doctor, and there's no other option
   here. You know, you become responsible. That's what
 4
   the standard of care is. As soon as you insert
 5
   yourself and become a treating dentist, you are now
   governed by the same standard to which we are all held
 8
   liable every day.
   BY MS. PATIN:
10
             Dr. Pallos, in your opinion, was there
   appropriate follow-up care by the dentists in this
11
12
   case?
             My whole Point No. 3 was that they lacked in
13
        Α.
   the follow-up care. Not only did they lack, which is
14
15
   one thing, but they misinformed this patient to where
16
   he trusted that he did not have an emergency as a
   result of a phone call interaction with one of the
17
   staff who represents all the dentists.
18
19
             MR. VOGEL: Your Honor, can we approach
20
   again?
21
                        Come on up.
22
                   (A discussion was held at the bench,
23
                   not reported.)
24
                         Go ahead.
             THE COURT:
25
   /////
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1 BY MS. PATIN:

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7

- Q. Dr. Pallos, based upon the standard of care, in your opinion, who was responsible for appropriate follow-up care of a dental patient who's undergone a dental procedure?
 - A. Could you repeat that last part.
 - Q. Based upon the standard of care, in your opinion, who was responsible for the appropriate follow-up care of a dental patient that's undergone a dental procedure?
- A. Okay. Any dentist who has a license who treats a patient is responsible for follow-up care and to make sure that patient recovers and does not die.

 That person should survive the surgery to which he consented.
- Q. Are there any regulations of Summerlin Smiles that were breached by Dr. Traivai? Or regulations, office protocols of Summerlin Smiles that were breached by Dr. Traivai?
- MR. VOGEL: Object to foundation.
- 21 THE COURT: Sustained.
- 22 BY MS. PATIN:
- Q. Dr. Pallos, have you had an opportunity to review the Summerlin Smiles' dental records?
- 25 A. Yes.

- 1 MS. PATIN: Would you mind switching to the
- 2 **ELMO?**
- 3 BY MS. PATIN:
- Q. And we're taking a look at the clinical notes
- 5 from the dental records, correct?
- 6 A. Yes.
- 7 Q. And these are for Reginald Singletary,
- 8 | correct?
- 9 | A. Yes.
- Q. Taking a look at April 16th of 2011, that's the date of the extraction; is that correct?
- 12 | A. Yes.
- Q. How was that extraction described? Is it described as a routine extraction, simple extraction?
- 15 A. It says "routine extraction."
- Q. And would you agree that this was a routine extraction?
- A. Well, in the sense of the definition of routine is that you do it like this over and over.
- 20 It's almost mechanical. This was not routine in that
- 21 sense because the -- the treating doctor, the first
- 22 treating doctor asked for help from the second treating
- 23 doctor. So it's totally not routine, I assume. That
- 24 | would be very unusual routine.
- Q. But it's identified as a routine extraction

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on the clinical notes, correct?
 1
 2
             And also as an extraction without
   complications. And that, to me, has a different
   meaning.
 4
             When you take a look at this document here,
 5
   with regard to coding of the actual extraction, for
   April 16th of 2011, do you recognize the dental code
   that's used there?
 9
             Yes, D7210 for a surgical extraction.
10
             Do you believe that it was appropriate for
        Q.
11
   this to be coded as a surgical extraction and
12
   identified as a routine extraction in the actual
13
   clinical notes?
             MR. VOGEL: Object. Relevance, Your Honor.
14
15
   It's not an issue in this case.
16
             MR. FRIEDMAN:
                            Join.
17
             MR. LEMONS:
                          Join.
18
             THE COURT: Can you tell me how it is?
19
             MS. PATIN: It's -- may we approach?
20
             THE COURT:
                         Sure. Come on up. Told you you
21
   folks were going to get used to the white noise.
22
                   (A discussion was held at the bench,
23
                   not reported.)
24
             THE COURT: Objection's sustained.
25
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BY MS. PATIN:

- Q. Dr. Pallos, based on your review of the records in this case and the case file that was provided to you, including Dr. Lee's answers to interrogatories, what was the office protocol with regard to answering of patient calls and patient complaints?
- A. Dr. Lee stated, to my recollection, that every staff member is trained to when they receive a phone call, to refer that phone call to the dentist if it's related to a clinical issue to a dentist for the dentist to handle or to refer the patient to urgent care or emergency emergency room.
- Q. And is it your understanding there was a violation of this office policy or procedure with regard to Reginald Singletary?
- A. Well, if the testimony that I understand is correct and believe, then instead of referring to the doctor or to the emergency room or to an urgent care center, the opposite was done, which was to assure the patient that this problem would resolve, go away within four, five days. And absolutely a violation of this policy.
- Q. And was that violation below the standard of care?

- A. Absolutely. I already testified strongly to that. That's the worst type because not only was it a violation of referral, but actually giving an assurance to somebody who was looking for am I having a problem or not because, most people at that point, they do not know whether they have a problem or not. So to be told you don't have an emergency, and then to be then to be blamed to believe that he has an emergency, that's not right, and that's below the standard of care.
- Q. Based upon your opinion with regard to informed consent, and taking a look at the informed consent form that was signed by Reginald Singletary and Dr. Traivai I apologize. I know the print's small is it your opinion that Reginald Singletary was uninformed and unprepared to insist on getting attention when needed?

MR. VOGEL: Object. Foundation.

18 THE COURT: Why don't you rephrase it.

19 BY MS. PATIN:

- Q. Dr. Pallos, you prepared an expert report in this case?
- 22 A. I did.
- Q. And as part of your opinion, you provided
 expert testimony with regard to informed consent or the
 lack of thorough informed consent, correct?

- 1 A. Yes.
- Q. And what was your opinion with regard to
 whether or not Reginald Singletary was informed or
 prepared as far as getting attention that was needed
 once he developed complications following the wisdom
 tooth extraction?
- MR. VOGEL: Object to foundation. Asked and answered.
- 9 THE COURT: I'm going to allow it.
- 10 BY MS. PATIN:
- 11 Q. You can answer, Dr. Pallos.
- 12 THE COURT: Go ahead.
- THE WITNESS: Yeah, but would you mind repeating it.
- THE COURT: "... what was your opinion with regard to whether or not Reginald Singletary was informed or prepared as far as getting attention that was needed once he developed complications following the wisdom tooth extraction?"
- THE WITNESS: Thank you.
- My opinion is that if Dr. Traivai had told
 him all the things that I know she knew about the
 condition of the tooth that she was about to extract
 and the potential risks and alerted him that this is
 potentially very serious and I believe it might have

- 1 overcome the assurances on the telephone from an
- 2 employee that totally contradicted that information.
- 3 | That's my basis for my opinion, and that is my opinion,
- 4 that it was below the standard of care to not confront
- 5 people and get him to understand that.
- 6 MR. VOGEL: Your Honor --
- 7 BY MS. PATIN:
- 8 Q. Do you believe --
- 9 MR. VOGEL: Your Honor, we move to strike as
- 10 | without foundation.
- 11 THE COURT: Sustained.
- 12 Ladies and gentlemen, I'm going to have to
- 13 | instruct you to disregard that last answer.
- 14 BY MS. PATIN:
- 15 Q. Do you place any blame on Reginald Singletary
- 16 | for how he responded to the advice he received from
- 17 | Summerlin Smiles?
- 18 A. How he responded to what?
- 19 Q. Sorry. Do you place any blame on Reginald
- 20 | Singletary for how he responded to the advice he
- 21 received from the dentists from Summerlin Smiles?
- 22 A. I don't blame him at all. First of all, he
- 23 was given Vicodin, extra strength. Number 2, he knew
- 24 that something was wrong by Monday morning, and he did
- 25 exactly what he knew he was told, which is call the

- 1 office. And I don't blame him one bit for doing that.
 2 He did that.
- Q. In your opinion, and based upon the standard of care, is it the responsibility of the treating dentist to manage the follow-up care of a patient after a wisdom tooth extraction?
 - A. After any surgery, of course, including wisdom tooth extraction. I've said that, yes.
 - Q. In your opinion, and based upon the standard of care, is it the responsibility of the treating dentist to ensure that proper instructions are given to the patient by their staff?
 - A. Absolutely.
- Q. In your opinion, based upon the standard of care, is it the responsibility of the owner of the clinic to ensure that proper instructions are given to the patient by the staff?
- 18 | A. Yes.

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- Q. Based upon your review of the case file, are you aware as to whether or not Dr. Lee, Dr. Park, and Dr. Traivai were informed of the telephone call on April 18th of 2011?
- A. Am I aware whether they were informed about the phone call?
 - Q. Yes.

A. I'm not aware that they were informed.

- Q. Does this lessen their responsibility for follow-up care, in your opinion and based upon the standard of care?
- A. It certainly makes it more difficult for them to follow the standard of care, and what's left is all the other options. Let me say there are many options to fulfill the standard of care. I've named at least six in my deposition. And the fewer of these work, the higher the risk that something is not going to come out right. And this was a big loss, in my opinion, that they were not informed that this patient called and had a problem.

And so, yes, it's still our job to follow up, and it's our job to make sure our -- our employees don't mistreat people. So we're still -- we're still on the line for this. We can't just say, oh, I have an incompetent employee; therefore, I'm not responsible for the outcome in this case. That is absolutely outrageous and against the standard of care, in my opinion.

Q. Dr. Pallos, did you review the other two expert reports in this case, the two experts that were identified by defendants, Dr. Ardary and as well as Dr. Leavitt?

- 1 A. Those two, yeah. And two more besides that,
- 2 yes.

- Q. Let's take a look at Dr. Leavitt's opinion.
- 4 A. Okay.
- Q. There is a small binder behind you. And if you turn to exhibit -- in the small binder, if you turn to Exhibit E.
- Is that the report of Dr. Leavitt that you reviewed in this case?
- 10 A. Yes, it is.
- Q. Okay. And do you have any criticism of
 Dr. Leavitt's report or his opinions with regard to the
 standard of care?
- 14 A. Do you want to refer to something specific 15 or --
- 16 Q. I can.
- 17 A. Okay.

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- Q. Do you agree with the opinion that Dr. Park didn't become a treating dentist by providing assistance with the extraction on April 16th of 2011?
 - A. Yes, the argument here is that Dr. Park just provided assistance to the real treating doctor, but there's no such thing. If you -- if -- if -- if the doctor treats the patient, it's not advice. It's not consultation. It's not assistance. It's treatment.

He rendered treatment. And I totally disagree with that. There's no such category.

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- Do you agree with the opinion of Dr. Leavitt that Dr. Park was not responsible for the discharge prescription and instructions?
- As soon as he became the dentist and actually did the major work, he did the work here, he was as responsible as Dr. Traivai. And yes, he was fully responsible for any follow-up in that case.
- Dr. Leavitt also puts in his expert report that it's not common to prescribe antibiotics post extraction without some other complicating factor. 12

Do you agree with this opinion of Dr. Leavitt?

Well, in -- in this case, we know that the tooth was necrotic. The tooth had a periapical radial lucency. We know that the tooth had a periodontal infection that was chronic at the time. And, therefore, there is a preexisting infection and cause, very important cause to be aware of that and to give antibiotics.

So I disagree that in this case, he would look for other additional complicating factors. not required. That is already a very, very important factor that's valid in and of itself, in my opinion.

- Q. Would you agree that increased pain and swelling in the face, jaw, and neck are complicating factors requiring antibiotics post extraction?
- Okay. Increasing pain, instead of decreasing 4 Α. pain, that's the crucial thing. The first couple of 5 days, really, you can't tell much because the trauma from the surgery will create pain and swelling, and -and that's inflammation, and you don't know at that 8 point. But after -- according to their handout, after 48 hours, for sure, you should be getting better. 10 The patient should decrease the pain and the swelling. 11 Instead of increasing, it should decrease. And --12
 - Q. Yes. Did you also have an opportunity to review Dr. Ardary's expert report?
 - A. Yes, I reviewed that.

Did I answer that?

- Q. Okay. I believe that's in front of you as well as Exhibit C. Do you recognize that as the report that you reviewed from Dr. Ardary in this case or Ardary?
- 21 A. Yes, it is.

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Q. And I'm taking a look at his opinions
beginning on page 2. Do you have any criticism or
opinion with regard to Dr. Ardary's report and opinions
in this case?

- 1 A. Well, may I quote from this to -- to --
- 2 Q. Yes.

A. Okay. He -- Dr. Ardary, he says, "Infections are known to occur with or without medical or dental intervention."

Okay. What that means is he wants to say
that infections — this infection may be unrelated to
dental intervention. Has nothing to do with the fact
that he just had a surgical operation. And I
understand he — he has nowhere else to go, but I
totally disagree with this.

- Q. Any other opinions contained within the report that you disagree with?
- A. He states, "Usually, there are many factors that may lead to infection, none of which may be caused by the clinician."

Again, theoretically, that's absolutely true. But in this case, it's so ridiculous because it's so obvious what happened here. There was an extraction and there was a preexisting infection and that infection took off. And it was the dentist's responsibility to make sure that didn't happen. And antibiotics are the way to — to resolve infections.

I think that goes to -- those two sentences I quoted goes to the heart of what he said with which I

- 1 totally have to disagree.
- Q. Dr. Ardary, in his report, also makes a

 Comment that "The procedure was noted to be routine and without complications."
 - A. Yes.

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- Q. Do you agree with that statement contained within Dr. Ardary's report?
- A. I already explained the routine part I don't gree with, but the without complications seems to be true. Dr. Park said it took him about a minute.
 - Q. Dr. Ardary also states that "appropriate consent was given." Is that something else that you disagree with as far as Dr. Ardary's opinion in this case?
 - A. I think I made --
- MR. VOGEL: I'm going to object. It lacks
 foundation for that opinion.
- 18 THE COURT: Sustained.
- MS. PATIN: With regard to the question that
- 20 | I just asked?
- 21 THE COURT: Yep.
- 22 BY MS. PATIN:
- Q. Dr. Ardary also states within his report that "Mr. Singletary most likely developed infection from an unusually virulent organism which was not part of his

1 normal flora."

Do you agree with this opinion of Dr. Ardary?

A. Well, okay, that's a theoretical point that such an infection may exist. But he had enough virulent infection in his mouth to make it a very direct correlation. We don't have to invent, you know, out of the blue virulent infections in this case.

I disagree that that's relevant. It's possible, yes.

- Q. Do you agree that "Cleaning of teeth, improved oral hygiene, and extraction of symptomatic teeth will cure or prevent infection" as Dr. Ardary states?
- A. Well, infections that are chronic will be cured by those things, especially the clean the surgical cleanup, like extraction of those two broken teeth that I showed you. They will clean up, yes. I agree with that statement.
- Q. What about with regard to Tooth No. 32? Do you agree that cleaning of teeth, improved oral hygiene, and extraction of Tooth No. 32 would cure or prevent infection?
- A. Well, that was certainly the intention and should be, and it should have done that, and it would have done that if he had just had proper care.

Q. Do you agree with Dr. Ardary's opinion that "Occurrence of such infections does not imply that there was a breach in the standard of care or that the care received was below the standard of the community"?

- A. Oh, I that's a theoretical statement. And I always have to say yes, everything's possible. But it's not relevant, in my opinion, because we have in front of us a very dramatic occurrence that it's obvious to me, it's outrageously obvious, what happened here.
- Q. Going back to the statement by Dr. Ardary that "Mr. Singletary most likely developed infection from an unusually virulent organism which was not part of his normal flora," can you explain to us what what that means, "virulent organism which was not part of his normal flora"?
- A. Okay. The flora -- in our mouth, we have bacteria, and although the sum total of those bacteria, the word "flora" is used to describe those bacteria that normally exist in a healthy -- quote/unquote, healthy mouth.

Like, Mr. Singletary's mouth could be considered healthy or average, even though he had broken teeth and chronic infections. So part of his so-called normal flora would also include what we call

1 virulent or potentially virulent, means very toxic
2 microorganisms.

And he's saying that also it could be that it doesn't exist in the normal flora. And theoretically that's obviously true also. But it's theoretical.

It's not relevant. It doesn't, to me, mean anything to — relevant to this case.

- Q. Are there any other criticisms that you have of Dr. Ardary's report or his opinions contained within his report?
- 11 A. No.

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Q. Dr. Ardary and our expert, Dr. Marzouk, both state that "The infection that Reginald developed is rare."

Do you agree that it is a rare infection?

- A. Well, it's very, very rare that it got out of hand like that, and that's good for all of us. It's good for our profession. If that's what they mean, I totally agree with that. Should be even more rare because it's preventible.
 - Q. It's preventible using what?
- 22 A. Antibiotics.
- Q. Do you believe that, as Dr. Ardary puts,
 "This type of severe infection is rare in occurrence
 and is not something that could be predicted, foreseen,

- 1 or prevented by any clinician"?
- 2 A. In my opinion, that's totally ridiculous.
- Q. Why is that?
- 4 A. Well, because, as I said, if that person who
- 5 answered the phone would have invited Mr. Singletary
- 6 into the office and said, Let us take a look, there was
- 7 plenty of time to reverse that infection. On Monday,
- 8 there was plenty of time. On -- on Saturday, after it
- 9 was done, there was plenty of time. On Tuesday,
- 10 probably it was still relatively possible. By
- 11 | Wednesday, he probably needed IV antibiotics. And by
- 12 | Thursday, you know what happened, you know. But there
- 13 was a window of opportunity that we as dentists must
- 14 pursue and be totally aware of, and not --
- 15 MR. VOGEL: Your Honor, I object as not
- 16 responsive to the question. He's going on.
- MR. FRIEDMAN: It's beyond his expertise.
- 18 MR. LEMONS: Join.
- 19 THE COURT: It's not beyond the question. He
- 20 was asked what his opinion was, and then he was asked
- 21 to explain his opinions, so I think he's explaining.
- 22 | It's overruled.
- 23 BY MS. PATIN:
- Q. You can continue.
- 25 A. May I finish?

1 Q. Yes.

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- A. I just want to say, this is totally my

 3 experience. Okay. I'm not making this up. I'm not

 4 here to blow smoke. Thank you.
 - Q. And --
 - MR. FRIEDMAN: Objection, Your Honor. Move to strike as nonresponsive.
- 8 THE COURT: Sustained.
- 9 MS. PATIN: Would you mind repeating the 10 prior question. I apologize.
- THE COURT: You asked: "Do you believe that,

 as Dr. Ardary puts, 'This type of severe infection is

 rare in occurrence and is not something that could be

 predicted, foreseen, or prevented by any clinician'?"
- He said that was ridiculous. You said why.

 He explained it, and then we had some objections.
- 17 BY MS. PATIN:
- Q. Dr. Pallos, I know you were interrupted while you were explaining to me as to why it's not something that could be -- or why it is something that could be predicted, foreseen, or prevented by a clinician.
- Did you have any additional opinion or

 comment with regard to why this type of infection could

 be predicted, foreseen, or prevented by a clinician?
- MR. VOGEL: I object as relevant -- on

1 relevance ground. It has nothing to do with the 2 standard of care.

MS. PATIN: It's in his expert report.

THE COURT: Overruled.

THE WITNESS: Can you say the words again.

BY MS. PATIN:

- Q. Dr. Ardary, in his expert report on behalf of the defendant, stated that "This type of severe infection is rare in occurrence and is not something that could be predicted foreseen, or prevented by a clinician."
 - A. Okay.
- Q. And I was asking you to explain how it could be something that or you were stating how it could be something that is predicted, foreseen, or prevented by a clinician when we were interrupted, and I was asking you to explain that.
- A. If we start assuming that we cannot predict, foresee, or prevent infections, we would have an excuse to mismanage every case. It's absolutely unwise and against the standard of care, certainly against everything I was taught, to assume that I can't prevent an infection, that I can't help somebody, that they're doomed, and I can't help them. This is against what what our job is. Our job is to prevent problems and to

- 1 save teeth and to save lives. That's our job. And -2 and to now say it's unrelated to anything we did, I
 3 just think it's a shame.
- Q. Based upon your review of the records in this case, the deposition testimony that you've reviewed as well, the entire case file itself, is it your opinion that a physical exam could have been done on Reginald Singletary on April 18th of 2011 had he been called into the office to determine whether or not antibiotics would be prescribed at that point?
- 11 A. Could a physical exam have been done? You're 12 asking that?
 - Q. Yes. A physical --

- 14 A. Yes, it could have been done.
- Q. And had a physical exam been performed, can you opine as to whether or not antibiotics would have been prescribed?
- A. I would hope absolutely antibiotics would have been prescribed because this patient was getting worse, not better.
- MS. PATIN: No further questions at this time.
- THE COURT: All right. Told you, folks,
 we're going to take a little bit later lunch. I was
 planning on about 12:45, but I think this is a good

breaking point. So I'm going to go ahead and give you your lunch now. It's 12:30. We're still going to take an hour and a half today just because I have to be somewhere from 1:00 to 2:00. So I'm going to have you come back at 2:00 o'clock. All right.

During our break, you're instructed not to talk with each other or with anyone else, about any subject or issue connected with this trial. You are not to read, watch, or listen to any report of or commentary on the trial by any person connected with this case or by any medium of information, including, without limitation, newspapers, television, the Internet, or radio. You are not to conduct any research on your own, which means you cannot talk with others, Tweet others, text others, Google issues, or conduct any other kind of book or computer research with regard to any issue, party, witness, or attorney, involved in this case. You're not to form or express any opinion on any subject connected with this trial until the case is finally submitted to you.

See you back at 2:00.

(The following proceedings were held outside the presence of the jury.)

THE COURT: You can go too, Doctor. Just

25 come back before 2:00 o'clock.

1 THE WITNESS: May I leave that? 2 THE COURT: That's fine. 3 All right. We're outside the presence of the jury. You need to make a record on anything? 4 MR. VOGEL: Your Honor, if I understand 5 correctly, you've stricken his opinion with respect to 6 the informed consent issue; is that accurate? 7 I think I can rule as a matter of 8 THE COURT: law that there's no foundation for his opinion -- his 10 informed consent opinion, yes. MR. VOGEL: All right. That's the only 11 opinion that was offered at the time of his deposition. 12 13 In fact, for the first time today, he completely contradicted his deposition testimony. I ask that it 14 not be considered with respect to our motion for 15 16 summary judgment because at his deposition -- I'm reading from page 53, starting at line 6. 17 18 "Let me ask you this: Is it your opinion that the defendants fell below the standard of 19 care by not giving him a prophylactic 20 21 prescription for antibiotics? 22 "ANSWER: No." 23 That's one of the potential things they could 24 have done, so he had no criticism there, which he's 25 changed today.

1 And on page 56, starting at line 4: "So you're not saying that anyone in this 2 3 case was below the standard of care for not giving a prescription for antibiotics before or 4 on the day of the extraction, correct? 5 6 "Yes." 7 He completely changed his testimony here 8 today. So on that basis, Your Honor, I ask the summary judgment be granted with respect to that issue which 10 would only leave the issue with respect to the phone call and whether or not Dr. Traivai is responsible for 11 12 the actions of the employee on the phone call. 13 THE COURT: What about his general opinion that follow-up was required? 14 15 MR. VOGEL: Well, that -- well, we can go to 16 that. 17 THE COURT: Because one of the things he said today was whether or not the doctor makes a phone call 18 or somebody on his behalf makes a phone call --19 20 MR. VOGEL: No. 21 THE COURT: -- somebody should be following 22 up with the patient. 23 MR. VOGEL: Let me find that testimony as well, because he's testified that the follow-up plan 24 25 that was in place met the standard of care.

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             MR. LEMONS: And if we could supplement that,
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   Your Honor, just by what I advised the Court before he
   testified that he said that what the problem was is
   that there wasn't a -- an assurance that follow-up was
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   obstructed by an incompetent employee. And he said --
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   actually, he came close to admitting to that today
   where he said we can't do our -- we can't comply with
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   the standard of care if we're not told.
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             THE COURT: He didn't say that today, though.
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             MR. LEMONS: He said makes it harder, what
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   you don't know.
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             THE COURT: He did.
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             MR. VOGEL: So then on page 57:
             "QUESTION: The plan. I understand that's
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        your opinion, but the plan itself met the
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        standard of care on behalf of Dr. Traivai, the
        plan for follow-up.
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             "I agree with that. On behalf of
18
        Summerlin Smiles, I agree with that.
19
             "On behalf of Dr. Park?
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21
             "Yes."
22
             So he agreed the follow-up plan was fine.
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   His only criticism had to do with the phone call.
                                                       That
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   was it.
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                         Your Honor, with regard -- with
             MS. PATIN:
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regard to the testimony that's been presented at the time of the deposition, as well as the testimony that's been presented at the time of trial, the expert report that was provided, the affidavit that was provided, defendants will have an opportunity to cross-examine Dr. Pallos on all of that.

Just because certain questions were asked and answered at the time of deposition, certain questions were asked and answered at the time of trial, it goes to what his understanding was of the question and his response to that question. And that's why defendants will have an opportunity to cross-examine him, and the credibility will be determined of this expert by the jury.

But the opinions that he testified to today are included within his expert report and expert affidavit, and some of which are also included in his deposition testimony, all of which have been provided to defendants.

THE COURT: Sounds like there's some testimony that's contrary to what he testified to in his deposition.

MS. PATIN: Which they can address at the time of cross-examination.

MR. VOGEL: The point is we shouldn't have

1 to. That's why we have summary judgment motions.

That's why usually you're allowed to depose experts in a timely manner which she prevented us from doing, and we had to do it a week before trial.

MS. PATIN: We're not going --

MR. VOGEL: Had this been done, Judge, the summary judgment would have been heard a long time ago, and she wouldn't have been able to muddy it up here at trial. That's why I'm asking, based on the motion for summary judgment and the testimony that's contained in there and the testimony that he gave today with respect to his opinion on the informed consent, which is the only one he had at the time of deposition, I ask that summary judgment be granted on that basis.

MR. LEMONS: And, Your Honor, counsel keeps referring to other things, like attached to the complaint and given a long time ago. At his deposition he said, These are my opinions. He — he had other materials available to him but said that he would — kind of rethought it and today was going to give all his opinions. And he — that was on January 3rd.

MR. VOGEL: Less than two weeks ago. And he was asked at the end of the deposition, Is that all of the opinions you intend to offer in this case? And I asked him, Is there anything else you'd like to add so

as to not be misunderstood? And then I asked him, Have you had a full and fair opportunity to express all of yours opinions? He said yes to each of those questions.

MS. PATIN: Which were his opinions based on the questions that were asked by counsel at the time of his deposition.

THE COURT: All right, guys. I think the whole informed consent issue that he's testified to today, I think he actually kind of buried himself and said he had no foundation for it. So that issue is going to be gone. I don't know how you want to deal with that as far as instructing the jury. We'll have to deal with that later.

But I think I'm going to allow -- I'm just going to have you cross on the rest of them. something that was addressed in his report, even though he said something contrary in his deposition, it's something that you're on notice of. I'm going to allow it to go forward on those issues, so you can cross him and bring it up -- bring up the contradictions. how he deals with them.

MS. PATIN: Thank you, Your Honor.

THE COURT: Anything else outside the

25 presence?

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             MR. VOGEL: I don't think so.
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             MS. PATIN: The motion with regard to
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   sanctions to make --
             THE COURT: I haven't looked at it yet.
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             MS. PATIN: No, to make a copy of it.
             THE COURT: That's fine. You can make a copy
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   so they have a copy, and just drop a copy in my
8
   chambers, and I'll try to look at it during lunch some
 9
   time.
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             MR. VOGEL: What's the basis of the motion?
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             MS. PATIN: It's a motion for sanctions
12
   against defendant Dr. Lee and Summerlin Smiles, and
13
   then Dr. Lee personally pursuant to NRCP 37 and
   NRS 47.250.
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             MS. GOODEY: It should say 240. I think
   that's probably a typo. That's my fault.
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             THE COURT: Make a copy during lunch and give
   it to the other side, and we'll address it later on.
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   Come back -- come back at 2:00.
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             MS. PATIN: Thank you, Your Honor.
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             MR. VOGEL: Thank you, Your Honor.
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             THE COURT: Off the record.
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                   (A lunch recess was taken.)
24
             THE MARSHAL: All rise for the presence of
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   the jury.
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(The following proceedings were held in
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                   the presence of the jury.)
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             THE COURT:
                         Go ahead and be seated. Welcome
   back, folks. We're back on the record in Case
   No. A656091.
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             Do the parties stipulate to the presence of
   the jury?
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             MR. VOGEL: Yes, Your Honor.
             MS. PATIN: Yes, Your Honor.
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                            Yes, Your Honor.
             MR. FRIEDMAN:
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             MR. LEMONS: Yes, Your Honor.
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             THE COURT: Hope you enjoyed your long lunch.
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   It doesn't happen often in here. Appreciate you guys
   bearing with me because I needed a long lunch today.
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             So who do we have on the stand?
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             MS. PATIN: Dr. Pallos.
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             THE COURT: Dr. Pallos, is he still -- still
   around, right?
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             MS. PATIN: He is. He's just waiting in the
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   room out there.
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             THE COURT: Bring him back in. Are we going
22
   to do Mr. Friedman first?
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             MR. FRIEDMAN: Yes, Your Honor.
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             THE COURT: Good afternoon, Doctor.
                                                   I'm not
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   going to have you resworn again. Just be reminded
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1	you're still under oath. All right. Thank you.
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3	CROSS-EXAMINATION
4	BY MR. FRIEDMAN:
5	Q. Good afternoon, Doctor. My name's Jason
6	Friedman. I represent Dr. Lee in this matter.
7	You testified earlier that you're not a
8	dental specialist, correct?
9	A. Yes.
10	Q. A general dentist is not a recognized
11	specialty in dentistry, true?
12	A. That's what I said.
13	Q. And what is an oral and maxillofacial
14	surgeon?
15	A. A specialist in dentistry. A certain
16	category.
L 7	Q. How is an oral and maxillofacial surgeon
18	different than a general dentist?
19	A. He's limited to only oral surgery procedures,
20	as I said, and works on extraction of teeth and
21	rearranging the maxillofacial complex basically.
22	Q. How many years of extra training is required
23	to go from being a general dentist to an oral and
24	maxillofacial surgeon?
25	A. I'm not sure anymore. Maybe four.

- Q. Are all oral and maxillofacial surgeons medical doctors as well?
- 3 A. No.
- Q. So an oral and maxillofacial surgeon who is also a medical doctor has even more training than the typical oral surgeon; is that true?
- 7 | A. Yes.
- Q. Third molars are also called wisdom teeth,
 9 correct?
- 10 | A. Yes.
- Q. And you would agree that third molar extractions are a large part of the specialty of oral surgery, correct?
- 14 A. Typically.
- Q. And this case involves the extraction of Tooth No. 32, correct?
- 17 A. Absolutely.
- Q. And Tooth No. 32 is a third molar or wisdom tooth, correct?
- 20 A. Still correct.
- Q. And where is Tooth No. 32 located in the mouth?
- 23 A. On the lower right, the last tooth.
- Q. Down at the jaw angle?
- A. Yes. The very back.

- 1 Q. What is the jaw angle?
- A. The jaw angle is the angle of the jaw, the mandible, the lower jaw.
 - Q. And would you consider it to be down about here, Doctor, way in the lower part, in the corner, kind of the corner where the jaw meets towards the chin?
 - A. The jaw comes to an angle, maybe?
- 9 Q. Excuse me?

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- 10 A. The jaw comes to an angle? Exactly.
- Q. Thank you.
- 12 A. Yeah, you're welcome.
- Q. You reviewed Plaintiff Svetlana Singletary's deposition transcript in this case, correct?
- 15 A. I did.
- Q. And you saw that in her deposition, she alleges that she called Summerlin Smiles on April 18th, 2011, less than two days after the extraction of the third molar in this matter, correct?
- 20 A. Yes.
- Q. And isn't it true that you base your understanding of Mr. Singletary's condition at the time of the alleged phone call on the deposition of one person, Plaintiff Svetlana Singletary?
- 25 A. That is true.

1 And plaintiff testified at her deposition Q. that a woman answered the phone when she called Summerlin Smiles on April 18, 2011, true? 4 Α. That is true. 5 And plaintiff did not ask the woman what her Q. position was, correct? Probably correct. You know, I could look it 7 8 up if it's important. I'll see if I can refresh -- refresh your 9 10 recollection. 11 Thank you very much. Α. This is from plaintiff's deposition, page 85, 12 Q. 13 line 17. 14 "When you spoke with the female" --15 MS. PATIN: Just one moment. 16 MR. FRIEDMAN: Uh-huh. 17 MS. PATIN: You said page 85? MR. FRIEDMAN: Page 85 of plaintiff's 18 19 deposition. 20 BY MR. FRIEDMAN: 21 Doctor, page 85 22 MS. PATIN: No objection, Your Honor. 23 MR. FRIEDMAN: I'm sorry. 24 THE COURT: Thank you. 25 Go ahead.

BY MR. FRIEDMAN:

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- Q. Page 85, line 17 of the plaintiff's deposition.
 - A. When you say plaintiff, who do you mean?
 - Q. Ms. Singletary.
- A. Okay.
- Q. And you did review her deposition transcript.
- 8 A. I did.
- 9 Q. Okay. Thank you.

"QUESTION: When you spoke with the female, did you ask her what her position was at the office?

13 "ANSWER: I didn't. I did not."

And plaintiff also testified at her deposition that she didn't know whether the person who answered the phone was a dentist or a receptionist or what their position was or even if they had a position, correct?

- A. Yes, she had no idea.
- Q. Isn't it true that you have reviewed all the documents and evidence in this case, and nowhere in those materials is there any evidence that whoever answered the phone was actually an employee of Summerlin Smiles?
- A. I have no knowledge beyond what we have

established.

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Thank you. Q.

And you are merely assuming that a phone call occurred and the phone was answered at Summerlin Smiles, correct?

- I'm trusting the testimony of Svetlana Singletary.
 - So that's your assumption, correct?
- If that's what you want to call the 9 10 assumption, yes.
 - Okay. Isn't it true that you can't state to Q. a reasonable probability that whoever answered the phone was an employee of Summerlin Smiles or Dr. Lee?
- I have no knowledge who that person was. 14 Α.
- 15 So that's a correct statement? Q.
- 16 Α. That is correct.
- 17 And if you assumed that rather than someone Q. answering the phone on April 18, 2011, plaintiff instead reached the answering machine and the answering 19 machine gives an emergency pager number, that would comply with the standard of care, in your opinion, correct?
- 23 I said that in my deposition. A.
- 24 And you agree with that today, correct? Q.
- 25 It's a whole different assumption. Α.

- 1 Q. You recall that in plaintiff's deposition,
- 2 she testified that she told whoever it was that
- 3 answered the phone on April 18, 2011, that
- 4 Mr. Singletary had a tooth extraction Saturday, and
- 5 he's in a lot of pain. His neck is swollen, his cheek
- 6 is swollen, can we come in, correct?
- 7 A. Can I assume you're reading from the
- 8 deposition? Because I don't know word for word. If
- 9 you want me to look it up or --
- 10 Q. That's all right.
- 11 A. In general, I agree with that.
- 12 Q. I will -- I can read it if you need me to --
- 13 A. I would just like you to reference it
- 14 exactly, then we don't have any argument.
- 15 Q. Sure.
- 16 A. So whatever it says, I trusted that.
- 17 Q. Okay. Perfect. And you reviewed it.
- 18 A. But I can stipulate to the whole thing.
- 19 Q. Okay. You stipulate to the deposition
- 20 testimony that you reviewed?
- 21 A. I do. So if you're going to read it to me,
- 22 the answer's going to be yes.
- Q. Do you recall in plaintiff's deposition
- 24 wherein she testified that the person who answered the
- 25 phone left her with the impression that the symptoms

she had described were normal after wisdom tooth 2 extraction, and that it should get better the following 3 day. Are you quoting exactly now? 4 Α. I can read it to you. 5 Q. Yeah, please read it to me. 6 Α. 7 Okay. It's on page 41, line 23, to page 42, Q. line 3. 8 9 MS. PATIN: No objection. 10 BY MR. FRIEDMAN: 11 "QUESTION: All right. So after the phone Q. call, what were you thinking?" 12 13 Plaintiff answered: "What was I thinking? That it might have 14 15 been the normal process after the wisdom tooth 16 extraction and that it should get better tomorrow or and -- or the day after." 17 18 That refreshes your recollection, Doctor? Absolutely. 19 Α. 20 Q. Okay. 21 I'm fine with that. And plaintiff's alleged phone call occurred 22 23 less than 48 hours after the extraction, didn't it? 24 Yes, it did. A. 25 But contrary to plaintiff's impression that Q.

- 1 the symptoms would get better the next day, the
 2 symptoms actually got worse the next day, correct?
 - A. Can you read that part to me?
 - Q. Sure. I'll read it again.
- A. Just read them to me. I would be happy to acknowledge.
- Q. Okay. Well, this is just a -- a question for you, Doctor.
- 9 A. Okay.

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- Q. Isn't it true that contrary to plaintiff's impression that she formed after the alleged phone call that the symptoms would get better the next day, the symptoms actually got worse the next day?
- 14 A. Yes, I have testified to that.
- Q. Mr. Singletary was more swollen on the 19th than the 18th, correct?
- 17 A. That is what I said and understood.
- Q. And that's a correct statement.
- 19 A. Yeah.
- Q. In fact, according to the plaintiff's
 deposition that you reviewed, on the day after her
 alleged phone call to Summerlin Smiles on the 19th -the alleged phone call on the 18th, the following day,
 the 19th, the swelling in the patient's neck got a
 little bigger and began to move to the other side of

1 his neck. 2 You want to read to me? I acknowledge I 3 remember something like that, yes. Okay. Page 84, line 21. Q. 4 5 MS. PATIN: No objection. BY MR. FRIEDMAN: 7 "QUESTION: Uh-huh. I think you said earlier that the swelling had either grown or 8 9 kind of moved across his neck. 10 "Did I get that right?" 11 "ANSWER:" -- plaintiff's answer: "It moved. It got a little bigger. 12 started -- before it was more on the side and 13 14 started going on this side. "And when did you first notice that? 15 "ANSWER: That Tuesday." 16 17 Which you understand to be the 19th, correct, 18 Doctor? 19 I do. And I acknowledge that. Α. 20 Based on your review of the plaintiff's Q. deposition and the materials in this case, is your 22 understanding that plaintiff did not call Summerlin 23 Smiles with this information, correct? 24 You mean did she call again on the 19th? Α. 25 Q. And so --

- It's my understanding she did not. 1 Α.
- 2 It's your understanding that she did not Q. report that the swelling had gotten bigger from the 3 18th to the 19th and had migrated from one part of the 4 5 neck to the other, correct?
 - That is correct. Α.

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- And it's also your understanding that Mr. Singletary did not call Summerlin Smiles with this information, correct?
 - That is correct. Α.
- And it's your belief that Mr. Singletary was Q. doing quite worse the day after that, on April 20th, correct?
 - Than the 19th, yes. Α.
- 15 And even though plaintiff was left with the Q. impression after her alleged phone call to Summerlin 16 Smiles on April 18 that the symptoms should get better 17 the following day or the day after, the symptoms 18 continued to get worse, correct? 19
- 20 That is correct. And they were waiting for Α. the four, five days.
- And you understand that neither plaintiff nor 23 Mr. Singletary ever called Summerlin Smiles, or any healthcare provider for that matter, on the 19th or the 24 25 20th, even though the symptoms did not get better as

```
plaintiff was impressed that they would, correct?
 2
             MS. PATIN: Objection, Your Honor.
 3
   Cumulative. This has already been testified -- may we
   approach?
 4
 5
             THE COURT:
                          Sure.
                                 Come on up.
 6
                   (A discussion was held at the bench,
 7
                   not reported.)
             THE COURT: Overruled.
 8
   BY MR. FRIEDMAN:
10
             Do you have the question in mind, Doctor?
        Q.
11
             No.
        Α.
                  Sorry.
12
             That's all right.
        Q.
13
             You understand that neither plaintiff nor
14
   Mr. Singletary called Summerlin Smiles, or any
15
   healthcare provider for that matter, on the 19th or the
   20th, even though the symptoms did not get better but
16
   had gotten progressively worse.
17
18
             That is correct.
        Α.
19
             As far as your retention on this case, you
        Q.
20
   were referred this case by another dentist in
   Las Vegas, correct?
22
             Indirectly.
        Α.
23
             He told you he didn't want the case, correct?
        Q.
24
             Something like that. That's what I remember.
        Α.
25
                             Thank you.
                                         I don't have
             MR. FRIEDMAN:
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anything further.
 1
 2
                            Thank you very much.
              THE WITNESS:
              THE COURT:
 3
                          Mr. Vogel.
             MR. VOGEL: Thank you, Your Honor.
 4
 5
 6
                       CROSS-EXAMINATION
   BY MR. VOGEL:
 7
             Good afternoon, Dr. Pallos.
 8
        Q.
 9
             Hi.
        Α.
10
             Now, Doctor, one of the first things that
        Q.
11
   kind of struck me, one of the first things you said
12
   when you sat down here and started testifying today is
13
   you indicated you like money.
             And it's my understanding you charge $600 per
14
   hour for your testimony; is that correct?
15
16
              Today, I do, yes.
        A.
17
             And isn't it true that you testify on behalf
        Q.
   of the plaintiff or the patient 95 percent of the time?
18
             As far as the -- the things that go to court,
19
        Α.
20
   yes.
21
             That's what you testified in your deposition,
22
   correct?
23
              That is correct.
        A.
             And isn't it also true --
24
        Q.
25
              You're talking about testimony in court
        Α.
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- 1 and -- and at deposition. That's -- that was the
- 2 | subject, right.
- 3 Q. Correct. Is there --
- A. Yeah, that's what I'm saying. I agree totally with what you said.
- Q. Is there some other arena that you testify in other than in deposition and in court?
- A. No. I was thinking of case reviews, which are, you know, much broader.
- 10 Q. I'm talking about your testimony.
- 11 A. I hear you.
- 12 Q. So 95 percent on -- 95 percent on behalf of 13 the patient or the plaintiff.
- 14 A. Absolutely. And it may be 100 actually.
- Q. It may be 100 percent?
- 16 A. Yeah.
- Q. And it's also my understanding you haven't
- 18 testified against a doctor in your area, Laguna Niguel;
- 19 is that correct?
- 20 A. That is correct.
- Q. But you're willing to come here and testify against a doctor in Las Vegas.
- A. Absolutely.
- Q. And you're not licensed in Nevada, correct?
- 25 A. That's what I said.

- Q. And you don't have any academic appointments at any dental schools?
 - A. That's what I said.
- Q. You've never treated a patient with Ludwig's angina, correct?
- 6 A. That is what I said.
- Q. It's my understanding you actually disagree with the diagnosis in this case, that Mr. Singletary had severe periodontitis.
- Your opinion is that it was only mild to moderate, correct?
- 12 A. No, that was not it. I disagreed with the 13 generalized idea.
- Q. Doctor, you remember having --
- 15 A. It was --

- Q. Doctor, do you remember having your
 deposition taken back just less than two weeks ago,
 January 3rd?
- 19 A. I do.
- MR. VOGEL: Your Honor, we don't have the original, to my knowledge. We have a certified copy and I believe an agreement that we can use a certified copy.
- MS. PATIN: Yes.
- MR. VOGEL: Can I publish this and approach

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1
   the witness?
 2
             THE COURT:
                          That's fine.
                         Thank you.
 3
             MR. VOGEL:
             THE COURT: You want it stamped?
 4
 5
             MR. VOGEL:
                          Thank you.
 6
                            And you're correct in what
             THE WITNESS:
   you're saying, that I said it --
 8
             MR. VOGEL: I don't have a question for you
 9
   yet.
10
             THE WITNESS:
                            Okay.
11
             MS. PATIN: Your Honor, just a clarification
   with regard to publication of the deposition.
12
13
   entire deposition going to be published to the jury?
14
             THE COURT:
                          No.
15
             MR. VOGEL:
                          No.
16
   BY MR. VOGEL:
17
        Q.
             Doctor, if you could, please turn to page 29.
18
             Are you on page 29?
19
             Oh, yes, I'm there.
        A.
20
             Okay. Reading, starting on line 23. My
        Q.
21
   question to you is, Did I read this accurately?
22
             Okay?
23
             Wait, wait. You're line 23?
        A.
24
             Line 23. And my question to you is: Did I
        Q.
25
   read these lines correctly?
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1
             "In my opinion, it would be much better
 2
        called localized generalized mild to moderate
 3
        periodontitis with localized areas of severe
        periodontitis."
 4
 5
             Did I read that correctly?
 6
             May I -- may I say that --
        A.
 7
             No, sir. My question is: Did I read that
        Q.
8
   correctly?
             That you read correctly --
 9
        Α.
10
             Thank you.
        Q.
11
             -- but I made a correction to that --
        Α.
12
             I understand that.
        Q.
13
        A.
             -- on the errata sheet.
14
        Q.
             Doctor -- Doctor --
15
             THE COURT: You'll have a chance when --
             THE WITNESS: Oh, okay.
16
17
             THE COURT: -- Ms. Patin stands up again.
             THE WITNESS: Thank you so much.
18
19
   BY MR. VOGEL:
             Now, it's also my understanding it's your
20
        Q.
   opinion that the extraction of Tooth No. 32 was
22
   appropriate, correct?
23
             It is my opinion.
24
             It was for optimal oral health? You agree
25
   with that?
```

- 1 A. I did agree with that. I do.
- Q. And you also agreed that the records support that the extraction procedure itself as well as the need for the extraction were within the standard of care, correct?
- 6 A. Yes.

8

- Q. You also agreed that the occurrence of infections does not imply there's a breach of the standard of care, correct?
- A. Say that again, please.
- 11 Q. You agree the occurrence of --
- 12 A. I'm having trouble hearing you, sir.
- 13 Q. I'll move the microphone closer.
- MR. VOGEL: Can everyone hear me?
- 15 BY MR. VOGEL:
- Q. Doctor, you agree the occurrence of infections does not imply there's a breach of the standard of care, correct?
- A. You mean the fact that there is an existing infection does not violate the standard of care?
- 21 That's what you're asking?
- Q. I'm reading basically right out of your deposition testimony, sir.
- 24 A. Oh, okay. Where are you reading?
- 25 Q. All right. Let's go to page 32.

1 Are you on page 32? 2 Α. Yes. 3 My question to you is: Did I read this correctly? Beginning at line 10: 4 5 "Let me continue, and it will be more 6 clear. 7 "'The occurrence of such infections does not imply there's a breach of the standard of 8 9 care or that the care received was below the 10 standard of care within the community.' 11 "I think that is true." Did I read that correctly? 12 13 Yes, you read that excellently. Α. Okay. Now, it's also your opinion that you 14 Q. do not believe Mr. Singletary had an acute infection at 15 16 the time of the extraction, correct? 17 I may have said that at the time, yes. Α. 18 And you agree with that, correct? 19 Well, I reviewed other -- you know, the Α. testimony again, and I found significant testimony to 20 21 contradict that opinion, so 22 Well, Doctor, did you see anything in the 23 records that contradicts that opinion? 24 A. Yes. 25 You had all the records at the time of your Q.

- 1 deposition, did you not?
- 2 A. Yes, I did.
- Q. Doctor, I believe it's your testimony you

 4 spent, I believe -- I think six or eight hours

 5 preparing for your deposition, correct?
 - A. I sure did.

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18

19

- Q. And somehow between January 3rd and today, you've come up with new opinions?
- 9 A. I -- I've come up with clarification.
- Q. Doctor, it doesn't sound like a clarification to me. It sounds like you changed your opinion.
- A. The clarification is that what you read is -is exactly what I believed. And I found that the
 doctor believed something different. So I -- so I did,
 today, present that to the jury.
 - Q. So, Doctor, based on your review of the records, the dental chart, the X rays, you don't believe he had an acute infection on the date of the procedure April 16, 2011, do you?
 - A. That is what I said in my deposition.
- 21 Q. Thank you.
- Mr. Friedman just went over the progression of Mr. Singletary's condition with you in the days after April 18th, 2011.
- 25 Are you aware of the changes that occurred

- 1 each day?
- A. Only from what I read in the testimony that was just read to us.
- Q. Are you aware that on April 20th, he started having difficulty speaking?
- A. I believe that's true. And it may have been before that also.
- Q. Are you aware that he had difficulty
 9 swallowing that day?
- 10 A. Yes. And it may be even prior.
- 12 that day?
- 13 A. Yes.
- 14 Q. Are you --
- 15 A. You're talking about Thursday now?
- Q. No. I'm talking about Wednesday, April 20th.
- 17 A. Okay. If you want to read it to me, then
- 18 I'll acknowledge if that's what it said, absolutely.
- 19 So I just don't recollect specifically. If you want me 20 to look it up, I can.
- Q. No, sir. I'm asking -- I assume you came
 here prepared to testify about this case; is that fair?
- A. To the best of my recollection, I do.
- Q. You would agree that his condition in the days following the extraction is an important key in

1 this case, correct?

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- 2 A. That is correct.
- Q. All right. So on April 19th, he had more swelling than he did the day before, correct?
 - A. I think we've established that, yes.
 - Q. Right. Then on the 20th, we've got at least -- maybe before, but certainly on the 20th, we've got difficulty swallowing, correct?
 - A. Okay. I'm going to grant that to you if you can read it to me. It's not a problem. It's just that some testify that the swallowing difficulty happened earlier and some some of the records say it happened later. To me, it's not important. If you want to know precisely, just read it to me, and I'll do exactly what I did.
- 16 Q. I'm just going on -- I'm asking your 17 understanding of the chart.
- 18 A. Okay.
- 19 Q. So --
- 20 A. That is my understanding.
- Q. Okay. Were you aware that according to the testimony in this case by Ms. Singletary, that by the evening of April 20th, he started vomiting?
- A. Okay. I know he was vomiting. Was that -25 you're talking Wednesday night?

- 1 Q. I'm talking about Wednesday night.
- 2 A. I believe it was Wednesday during the night.
- Q. All right. And then on Thursday, were you aware that in the morning, he was continue -- well,

5 strike that.

9

Were you aware that on the morning of the 7 21st, he had -- Mr. Singletary advised his wife that he 8 didn't sleep the night before?

- A. That may well have happened.
- 10 Q. But were you aware of that?
- A. I don't recall specifically what night. I believe it was that night, and he hardly slept. He was 13 vomiting. He was very, very sick.
- 14 Q. Very sick. Coughing?
- 15 A. Possibly with vomiting.
- Q. Coughing so much that he thought he broke his ribs?
- 18 A. I don't recall that. If you read it to me,
- 19 I'll -- I'll acknowledge it.
- 20 Q. You don't recall any testimony --
- 21 A. That he broke his ribs? No.
- Q. You don't recall any testimony, evidence in this case that he broke his that he thought he had broken his ribs on the morning of the 21st?
- A. As I sit here right now, I don't remember the

- 1 | rib fractures, no.
- Q. Okay. Do you know what time Mr. Singletary finally called 911 on --
- A. I don't know precisely what time he called
- 5 911. I'm just glad he did.
- Q. Have you reviewed the text messages that
- 7 Ms. Singletary produced in this case?
- 8 A. I haven't seen those.
- 9 Q. Were you aware that those indicate that it
- 10 wasn't until approximately 5:45 in the evening that 911
- 11 was called?
- 12 A. I was not aware.
- 13 Q. So it's your -- your understanding here today
- 14 that Mr. Singletary didn't call anybody on the 19th as
- 15 the swelling increased, correct?
- 16 A. That is correct.
- 17 Q. He didn't call anybody on the 21st, as the
- 18 | swelling increased, the pain increased, with difficulty
- 19 | swallowing, difficulty eating, difficulty speaking
- 20 | increased, correct?
- 21 A. Are you referring to the 21st now or the
- 22 | 20th?
- Q. No, I'm talking about the 20th now.
- 24 A. I heard you say 21st.
- 25 Q. Well, I meant --

- 1 A. Maybe you can read it back.
- Q. My apologies. My apologies. I meant the 3 20th.
- 4 A. Okay. That's Wednesday.
- 5 Q. That's Wednesday.
- A. Yeah. I -- I -- that's my understanding, yes.
- 8 Q. And no one called.

And then on the 21st, when he thinks he's broken his ribs, he's now vomiting, he didn't sleep the night before; is that your understanding?

- 12 | A. Yes.
- Q. And you don't hold the patient responsible at all for his own health in that situation; is that your testimony?
- 16 A. That was my testimony, yes.
- Q. It's my understanding you have no issue or problem with the post-op instructions that were given to Mr. Singletary in this case; is that correct?
- 20 A. The written ones, that is correct.
- Q. Okay. You feel those were the proper instructions to be given to someone after an extraction?
- 24 A. Yes, they were sufficient.
- Q. And you also believe that the post-op plan