

Electronically Filed  
Jan 10 2022 10:39 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court

# EXHIBIT A

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To: Amanda Reed  
(First View: Now)

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RE: Thursday 3 pm  
(Sent: 01/30/2019 07:10 AM)

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We will follow court orders here on out . For abby end of school day . Shawn has no school so 3 pm at Laurelyns.

Thank you

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On 01/30/2019 06:42 AM Amanda Reed wrote:

No Devin -it says the end of the school day. Shawn has soccer at 2:30. He will be at La's prior to the end of the school day.

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On 01/29/2019 10:44 PM Devin Reed wrote:

Just so you are not confused.

court orders say I get them on first and third Thursdays i will be dropping Shawn at las at 3pm on my Thursdays have a nice day. Somehow our weeks have not

# EXHIBIT B

**Patient:** Shawn Reed  
**Visit Date:** 12/21/2018

**minute clinic®**

**Patient Visit Receipt**

<b>Practitioner:</b>	MARTIN, TRACEY	<b>Federal Tax ID:</b>	20-5793559
<b>Clinic Address:</b>	4755 W Ann Rd	<b>POS Code:</b>	11
	North Las Vegas NV 89031	<b>Group NPI:</b>	1730266537

**General Patient Information**

<b>Patient:</b>	Shawn Reed	<b>Patient ID:</b>	E22493840
<b>Home Phone:</b>	702-235-7444 (home)	<b>Visit ID:</b>	349073520
<b>Patient DOB:</b>	7/3/2015	<b>Primary Care Provider:</b>	David Blank
<b>Patient Address:</b>	4416 CINDERWOOD CT		
	North Las Vegas NV 89032		

**Primary Insurance Information**

<b>Insurance:</b>	AETNA NAP-60054 13162	<b>Group Number:</b>	086387501000001
<b>Patient Insurance ID:</b>	xxxxxx0677	<b>Subscriber Name:</b>	REED,DEVIN B

Some of the services you received today may not be covered by your insurance or may be patient responsibility (cash pay). Those services that can be billed to your insurance will be submitted. Once your insurance company has notified us of your actual payment responsibility, you may 1) receive no further billing, or 2) receive a bill from MinuteClinic for the remaining amount due, or 3) receive a refund for any overpayment you made. For those services that are considered patient responsibility, payment is expected at time of service. If you have further questions, please contact our billing department at 866-389-ASAP (2727), Option 2.

Certain lab services are sent out to be performed and will be directly billed to you/your insurance by the outside lab.

**Detailed Charges**

99214: ESTABLISHED PATIENT EXTENDED VISIT x 1 \$129.0

0

*Diagnoses: J06.9, H66.001*

*Patient amt: \$0.00*

**Payment Summary**

No payment information could be found for the specified dates.

**We want your feedback!**

If you have opted in to complete a survey by providing us with your email address you will automatically receive an email to complete a brief Patient Experience Survey in 24 hours. It only takes a few minutes to complete. Please have this Patient Visit Receipt available when you take the survey. Thank you!

For information or questions regarding this visit, please contact MinuteClinic at 866-389-ASAP (2727). If you feel MinuteClinic has not addressed your concern, you may contact the Joint Commission via their website: [jointcommission.org](http://jointcommission.org).

# AFTER VISIT SUMMARY

Shawn Reed CSN: 349073520 DoB: 7/3/2015

**minute clinic**

12/21/2018 4:50 PM MinuteClinic NV2989

## Instructions from Tracey Martin, NP

Your personalized instructions can be found at the end of this document.



### Today's medication changes

- START taking:
  - amoxicillin 400 mg/5 mL suspension (AMOXIL)
  - ibuprofen 100 mg/5 mL suspension (ADVIL, MOTRIN)

Accurate as of 12/21/18 5:30 PM.  
Review your updated medication list below.



### Pick up these medications at CVS/pharmacy #2989 - NORTH LAS VEGAS, NV - 4755 WEST ANN RD. AT CORNER OF DECATUR

amoxicillin

Address: 4755 WEST ANN RD., NORTH LAS VEGAS NV 89031  
Phone: 702-396-2857



### Pick up these medications from any pharmacy

- You don't need a prescription for these medications
  - ibuprofen 100 mg/5 mL suspension

## Today's Visit

You saw Tracey Martin, NP on Friday December 21, 2018. The following issues were addressed: Upper respiratory infection, acute and Acute suppurative otitis media of right ear without spontaneous rupture of tympanic membrane, recurrence not specified.



Weight  
32 lb 14.4 oz (44th percentile)



Temperature (Oral)  
98.1 °F



Pulse  
99



Respiration  
15



Oxygen Saturation  
100%

Percentiles calculated using: CDC (Boys, 2-20 Years)




minute clinic

MyChart

MyChart is not available to patients under 18 years of age.



## Your Medication List as of 12/21/18 5:30 PM

 Always use your most recent med list.



START

**amoxicillin** 400 mg/5 mL suspension  
Commonly known as: AMOXIL

Take 8.4 mL (672 mg total) by mouth 2 (two) times a day for 10 days.



START

**ibuprofen** 100 mg/5 mL suspension  
Commonly known as: ADVIL, MOTRIN

Take 7.5 mL (150 mg total) by mouth every 6 (six) hours as needed for moderate pain or fever for up to 7 days. Not to exceed 2400 mg/day.

## Allergies as of 12/21/2018

No Known Allergies

Reviewed On: 12/21/2018 By: Tracey Martin, NP

## Medical History

No past medical history documented.

## Progress Notes

**Tracey Martin, NP at 12/21/2018 4:50 PM**

Status: Signed

### Subjective:

**Patient ID:** Shawn Reed is a 3 y.o. male.

### HPI

#### Cough

Chronicity: new

Onset: 1 day

Frequency: occurs intermittently

Associated symptoms: nasal congestion, post-nasal drip and malaise/fatigue. Negative for appetite change, ear pain, myalgias, fever, wheezing, nausea, sore throat, sinus pain, arthralgias, chest tightness, headaches, edema, sweats, rash, heartburn/regurgitation, paroxysmal nocturnal dyspnea, unintentional weight loss, epigastric pain and chest pain. Comments: (shortness of breath: chills, vomiting: rhinitis)

### Comments

Zarbees cough syrup.

Last edited by Tracey Martin, NP on 12/21/2018 5:17 PM. (History)

## Progress Notes (continued)

### ROS

Positive for: HENT, Respiratory

Negative for: Constitutional

Last edited by Tracey Martin, NP on 12/21/2018 5:17 PM. (History)

### Flu Offering:

Flu Offer Have you had your flu shot this season (August 2018-March 2019)? No, I recommend that we give you a seasonal influenza vaccine today: patient declines

### Social History

Tobacco Use

Smoking Status

Never Smoker

Smokeless Tobacco

Never Used

No past medical history on file.

No past surgical history on file.

No family history on file.

### Objective:

#### Physical Exam

Constitutional: Vital signs are normal. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear, pinna and canal normal. Tympanic membrane is abnormal.

Left Ear: External ear, pinna and canal normal.

Nose: Rhinorrhea and congestion present. Nasal discharge: **Allergic salute, red mucosa, clear discharge.**

Mouth/Throat: No oropharyngeal exudate or pharynx erythema. Pharynx abnormal: **Posterior pillars erythematous with abundant clear bubbly pnd.**

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple. Neck adenopathy present.

Cardiovascular: Regular rhythm, S1 normal and S2 normal.

Pulmonary/Chest: Effort normal and breath sounds normal. No nasal flaring or stridor. No respiratory distress. He has no wheezes. He has no rhonchi. He has no rales. He exhibits no retraction.

Neurological: He is alert.

Skin: Skin is warm and dry.

## Progress Notes (continued)

**Assessment/Plan:**    **URI**  
                                 **Right AOM**

Clinical presentation significant for bacterial infection. Antibiotics prescribed in accordance with MinuteClinic guidelines.

## Disposition Today

12/21/2018  
Disposition :            Home

## Non-Urgent Follow Up

12/21/2018  
Follow up with:       MinuteClinic  
Why:                    As needed (PRN)

## Instructions from Tracey Martin, NP

**Seek immediate emergency medical attention** if you experience severe or worsening abdominal pain, difficulty swallowing, stiff neck, shortness of breath, coughing or vomiting up blood, chest pain, increased fever, unexplained weight loss, or blood in stool.

If you are taking over-the-counter medication(s) follow the dosing instructions included in the packaging, unless otherwise instructed by your provider.

It is important to notify your primary care provider of all medications you are taking, including over-the-counter medications.

**Follow up PCP:** Follow up with your primary care provider if symptoms worsen within 7 days.  
**/mcpted2015/vs1**

### Upper Respiratory Infection (URI)

#### **What is an Upper Respiratory Infection?**

An Upper Respiratory Infection (URI), sometimes called a "cold," occurs when viruses attack the nose, throat and chest. A URI usually runs its course in 2-14 days, although most people feel better in about a week.

#### **Do I need antibiotics? What if my mucus is green?**

When germs that cause colds first infect the nose and sinuses, the nose makes clear mucus. This helps wash the germs from the nose and sinuses. After two or three days, the body's immune cells fight back, changing the mucus to a white or yellow color. As the bacteria that live in the nose grow back, they may also be found in the mucus, which changes the mucus to a greenish color. This is normal and does not mean you or your child needs antibiotics.



Antibiotics are needed only if your healthcare provider tells you that you have a **bacterial** infection. Your healthcare provider may prescribe other medicine or give tips to help with a cold's symptoms, but antibiotics are not needed to treat a cold or runny nose.

### **How do I prevent spreading a URI to others?**

To prevent spreading to others, try the following:

- Stay at home while you are sick
- Avoid close contact with others, such as hugging, kissing, or shaking hands
- Move away from people before coughing or sneezing
- Cough and sneeze into a tissue then throw it away, or cough and sneeze into your upper shirt sleeve, completely covering your mouth and nose
- Wash your hands after coughing, sneezing, or blowing your nose
- Disinfect frequently touched surfaces, and objects such as toys and doorknobs

### **How is a URI treated?**

There is no cure for the common cold. For relief, try

- Getting plenty of rest
- Drinking fluids
- Gargling with warm salt water and using cough drops or throat sprays
- Taking over-the-counter pain or cold medicines. However:
  - Do not give aspirin to children. And do not give cough medicine to children under four.
  - Over-the-counter medicines may help ease symptoms but will not make your cold go away faster.
  - ALWAYS read the label and use medications as directed.

### **What if I don't feel better?**

Follow up with your primary care provider if:

- Unusually severe cold symptoms or symptoms that last more than 10 days
- High fever (greater than 100.4°F)
- Ear pain or sinus type headache
- Cough that gets worse while other cold symptoms improve
- Flare-up of any chronic lung problem, such as asthma
- If you develop any of the following you should go to the nearest urgent care center or emergency room:
  - *shortness of breath, pain or pressure in the chest, high fever that doesn't get better with fever reducing medicine, confusion, fainting, severe vomiting, and/or severe facial pain.*

### **For more information, visit:**

- **U.S. National Library of Medicine:** <http://www.nlm.nih.gov/medlineplus/>
- **Centers for Disease Control:** <http://www.cdc.gov/getsmart/antibiotic-use/uri/>

Sources: <http://www.nlm.nih.gov/medlineplus/commoncold.html> and <http://www.cdc.gov/getsmart/antibiotic-use/URI/colds.html>

**Seek immediate emergency medical attention:** Seek immediate emergency medical attention for severe or worsening abdominal pain, difficulty swallowing, stiff neck, shortness of breath, coughing or vomiting up blood, chest pain, increased fever, unexplained weight loss, or blood in stool.

**If you are taking over-the counter medication(s):** If you are taking over-the counter medication(s) follow the dosing instructions included in the packaging, unless otherwise instructed by your provider

It is important to notify your primary care provider of all medications you are taking, including over-the-counter medications.

/mcpted2015/vs1

## Otitis Media

### Otitis Media

#### What is Otitis Media (OM)?

Otitis media is a viral or bacterial inflammation of the middle ear located behind your ear drum. It is common in children between the ages of 6 months and 3 years, but can occur at any age. It is most often seen during the winter months.

#### What causes OM?

Otitis media is often diagnosed after you or your child has had a cold or allergies. Other risk factors include:

- Exposure to cigarette smoke • Daycare attendance
- Recent antibiotic use • Facial abnormalities, such as a cleft palate
- Problems with the Eustachian tube (a small passageway that connects the middle ear to the top of the throat)

#### What are the signs/symptoms of otitis media?

- Rapid onset of ear pain • pulling on ears for younger children
- Fever • Nose congestion
- Headache • Lethargy (listlessness)
- Irritability (increased fussiness) • Difficulty sleeping
- Cough • Decreased appetite (poor feeding)
- Vomiting and/or diarrhea • Full sensation in the ear or ear "popping"
- Dizziness • Hearing loss

#### How is otitis media treated?

Treatment depends on several factors – age, symptoms, and physical exam. If an antibiotic is prescribed, make sure to take all the pills even if feeling better. In some cases, you may be given a prescription to fill at a later date if symptoms do not improve. This is called a Wait and See prescription. Fill the prescription if your symptoms don't improve in a day or two.

#### What are the warning signs I should watch for?

If any of the following symptoms develop, seek immediate medical attention at an emergency room:

- Temperature over 103.9°F • Severe ear pain without relief
- Inability to fully open the jaw • Stiff neck
- Unable to drink or hold fluids down

#### What if I don't feel better?

If you have filled your prescription, and you or your child still does not feel better, you should follow-up with your primary care provider in 48-72 hours. If you were given a Wait and See Prescription, fill the prescription and take as indicated.

Other remedies that may help reduce the symptoms include:

1. **Apply warm compresses to your ear.** Heat will help decrease the pain.
2. **Elevate the head of the bed.** This helps reduce ear pressure from building up. Raise the head of the crib for infants or use pillows for older children and adults.
3. **Consider using nasal saline spray.** For both adults and children, squirt two to four sprays into each nostril 3-4 times a day. This helps thin nasal secretions and reduces ear pressure.
4. **Distraction often provides relief.** Try playing a game or watching a movie to redirect your attention.
5. **Hold or rock children that are having ear pain.** This helps to soothe and comfort the child.
6. **Try over-the-counter pain relievers.** Acetaminophen (Tylenol®) or ibuprofen (Motrin® or Advil®) are safe medicines to use. Follow the directions printed on the box.

#### How can I decrease the risk of developing recurrent otitis media?

There are several ways to diminish the risk factors for otitis media including the following:

- Feed a child upright if bottle fed
- Avoid pacifier use after 10 months of age
- Limit exposure to large groups of children when possible
- Practice careful hand washing technique
- Avoid exposure to cigarette smoke. If you smoke, quit.
- Keep immunizations up-to-date, including influenza (Flu) and pneumococcal (Prevna/Pneumovax)

Sources: *National Institutes of Health, [www.nih.gov](http://www.nih.gov), American Academy of Pediatrics, [www.aap.org](http://www.aap.org)*

**[www.minuteclinic.com](http://www.minuteclinic.com) 1.866.389.ASAP (2727)**

**Rev. 4/**

## Keep Your Child Healthy and Safe: 18 Months - 4 Years Old

Regular visits to the pediatrician are a smart way to help keep children healthy. During well-child visits, the doctor will administer any vaccinations that are due, check your child's growth and development as well as perform screening tests. Here are some other ways to help keep your child safe.

**CAR SEATS:** The back seat of the car is the safest place for your child. Never put your child's rear-facing car seat in the front seat of a car that has a passenger air bag.

**OUTDOOR SAFETY:** Make sure your child stays within fences or gates unless an adult is watching closely. Keep children away from moving machinery, lawn mowers, garage doors, alleys and streets.



Patient: SHAWN REED, Sex: M  
Date of Service: 01/31/2019 (Log# 709404)  
Date of Birth: 07/03/2015 (3 years)  
Patient ID: 3220002



CareNow  
8300 Cheyenne Ave  
#106  
Las Vegas, NV 89129-2177  
702-656-0911

## Patient Clinical Summary

Patient: SHAWN REED, Sex: M (ID# 3220002)  
Date of Birth: 07/03/2015  
Log# 709404 (Room# Exam Room 7)

You were seen at CareNow (24703CHEY) on Thursday, January 31, 2019.

Your Diagnoses for today's visit are:

- 1. Streptococcal pharyngitis
- 2. Viral infection, unspecified

You have been Prescribed the following medications. Please take as instructed.

### Medication Orders:

- Prescribed: fluticasone 50mcg/actuation 1 squirt in the nostrils Twice A Day as directed #16 Refills(0).  
Prescribed at 5:29 PM on 01/31/2019  
Prescription attempted to be sent electronically  
Prescription sent to Walgreens Drug Store 04854 Phone: 7026561221 4771 W CRAIG RD NORTH LAS VEGAS
- Prescribed: amoxicillin 200mg/5 mL 5 mL(s) by mouth Three Times A Day for 10 Days #150 Refills(0).  
Prescribed at 5:29 PM on 01/31/2019  
Prescription attempted to be sent electronically  
Prescription sent to Walgreens Drug Store 04854 Phone: 7026561221 4771 W CRAIG RD NORTH LAS VEGAS

### Recommendations/Plan:

- Please return to the clinic in 3 day(s) if not better. Call or return to this clinic sooner if your condition worsens or if you have any concerns.
- Rest and fluids. Treat temp greater than 100F by alternating tylenol and ibuprofen. Cough may develop and be persistent. Use full course of antibiotics. Positive strep test, but negative for flu.

Thank you for allowing us to serve you today.

Please call this clinic at 702-656-0911 if your condition changes or you have any concerns.

You were discharged by Robert Lang, DO on 1/31/2019 5:34:28 PM.



Patient: SHAWN REED, Sex: M  
Date of Service: 01/31/2019 (Log# 709404)  
Date of Birth: 07/03/2015 (3 years)  
Patient ID: 3220002



CareNow  
8300 Cheyenne Ave  
#106  
Las Vegas, NV 89129-2177  
702-656-0911

## Patient Clinical Summary

Race: N/A

Ethnicity: N/A

Preferred Language: N/A

### Your Reason for visiting us:

- The patient presents with a chief complaint of constant fever since approximately Thu, Jan 31, 2019. The patient also reports chills and fatigue as abnormal symptoms related to the complaint.

### Your Vital Signs recorded during this visit were:

- Main vitals: Vital signs obtained 01/31/2019 4:54 PM  
Temperature: 101.6 °F (Tympanic [L]), Pulse: 125 BPM, Respirations: 26/min, O2 saturation: 98%, Weight: 14.51 KG  
First entered 01/31/2019 16:54 by Hase RMA, Jade

### Your Social History recorded includes:

### Procedures performed during visit:

- PO Acetaminophen (Tylenol) (Children's)  
Dose: 7 mL of 160mg/5mL suspension, Form: suspension, Route: oral, Expiration date: 10/31/2019, Manufacturer lot #: 17K007.  
NDC #: 0904-1985-16. GIVEN PO AT 454 PM, J.HASE.  
Ordered 01/31/2019 17:09 by Lang, Robert  
Completed 01/31/2019 16:55 by Hase RMA, Jade

### Lab tests performed during visit:

- Labs:  
Strep A Ag - rapid  
Results
  - Streptococcus type A antigens by immunoassay with direct optical observation: Positive (Abnormal)
  - j.hase 523 pm  
Ordered 01/31/2019 17:31 by Lang, Robert  
Completed 01/31/2019 17:23 by Hase RMA, Jade  
Reviewed 01/31/2019 17:31 by Lang, Robert
- Flu A & B Ag assay - machine read  
Results
  - Influenza A antigens, by fluorescence-based chemistry swabs with objective and differentiated reader: Negative (Normal)
  - Influenza B antigens, by fluorescence-based chemistry swabs with objective and differentiated reader: Negative (Normal)
  - j.hase 523 pm  
Ordered 01/31/2019 17:31 by Lang, Robert  
Completed 01/31/2019 17:23 by Hase RMA, Jade  
Reviewed 01/31/2019 17:31 by Lang, Robert

### Your Symptoms during this visit:

The following symptoms were marked as negative/normal: cough, nausea, vomiting.

The following symptoms were marked as positive/abnormal:

Patient: SHAWN REED, Sex: M  
Date of Service: 01/31/2019 (Log# 709404)  
Date of Birth: 07/03/2015 (3 years)  
Patient ID: 3220002

CareNow  
Urgent Care

CareNow  
8300 Cheyenne Ave  
#106  
Las Vegas, NV 89129-2177  
702-656-0911

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## Patient Clinical Summary

- Fever (see *Reason for visit*)
- Change in appetite
- Chills
- Fatigue
- Sweats
- Nose discharge

## Practice: Desert Valley Pediatrics, LLP

Physician: David Blank, MD

Patient: ABIGAIL REED

Date of birth: 04/06/2013

Today's Date: 02/15/2019

### Summary for visit on 02/11/2019

Visit information:

Date/time: 02/11/2019 @ 03:19 PM

Location: Southern Hills

Appointment type: SICKVISIT, EST

Accompanied by: Mother

You were seen in our office today for:

Vaginal discharge

We discussed the following additional details about the reason for your visit:

Fever: None; Onset: 2 days ; Quality: Worsening

she was with father this weekend and she went camping this weekend and got door caught in motorhome door

she has been very tired and achey since getting home, and complains of her pain with urinating and her vagina itching, mom noted some white discharge

seen last monday for an ear infection and put on amoxicillin

no fever today

We recorded the following vital signs and measurements:

Blood Pressure: 116 / 76 (>95% / >95%) @15:20

Pulse Oximetry: 99 %

Pulse: 98 bpm

Temp (oral): 99.2F / 37.3c

Weight: 51lb / 23.13kg (81 %ile)

Height: 46.5 in / 118.1 cm (79 %ile)

BMI: 16.6 (79 %ile)

Your identified problems/diagnoses today were:

## Left Otitis Media

vaginal yeast infection, secondary to antibiotic use

no evidence of UTI

thumb abrasion with no evidence of fracture or dislocation

DX 1: B37.3 Candidiasis of vulva and vagina

DX 2: H66.002 Acute suppurative otitis media w/o spontaneous rupture of ear drum, left ear

DX 3: S60.311A Abrasion of right thumb, initial encounter

We discussed patient/caregiver instructions for this visit:

You were seen today for an ear infection, also known as "otitis media." Ear infections are common in children and are the result of virus or bacteria growing in fluid in the middle ear. You should make your child comfortable with acetaminophen, ibuprofen, pain relief ear drops or simply a warm washcloth to the ear. You may or may not have been given antibiotics for the ear infection, depending on multiple factors. Recent studies have shown that ear infections may resolve on their own without the need for antibiotics. If you did receive antibiotics, it is important to finish the medicine as prescribed. Call our office if your child is not improving in 2-3 days, acts ill or you have other concerns. More information may be available at:

<http://www.healthychildren.org/English/tips-tools/Symptom-Checker/Pages/Ear-Infection-Questions.aspx>

## Medications

amoxicillin-pot clavulanate Suspension, Reconstituted, Oral 400-57 mg/5 mL

Dispense: 200 (two hundred) milliliter

Take 10 mL by mouth twice a day for 10 days

(10 mL = 800 mg)

Start date: 02/11/2019

End date: 02/21/2019

Refills: 0

Substitutions Permitted

Prescription order

nystatin Cream 100,000 unit/gram

Dispense: 30 (thirty) gram

Apply topically to rash three times per day for 7 days

Start date: 02/11/2019

End date: 02/18/2019

Refills: 0

Substitutions Permitted

Pharmacist Note: Please dispense 2 15 gram tubes- patient spends time in 2 different homes

Prescription order



## Diagnostic Tests

- URINE: UA dipstick

LEU:neg

NIT:neg

URO:3.5

PRO:neg

pH:7.0

BLO:neg

SG:1.010

KET:neg

BIL:neg

GLU:neg

COLOR:yellow

We discussed your care plan goals:

- pediatric preventive health management

The following people were involved in your visit today:

Rendering Provider: Terence McAllister, MD

Assisted By: Samantha Vizcaino

Finalized By: Terence McAllister, MD 02/12/2019 08:15 AM

# EXHIBIT C

