

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

LANDS, INC. dba SPRINGSTONE  
LAKES MONTESSORI SCHOOL and  
SPRINGLANDS LLC

Petitioners,

vs.

THE EIGHTH JUDICIAL DISTRICT  
COURT OF THE STATE OF NEVADA  
ex rel. THE COUNTY OF CLARK, AND  
THE HONORABLE TARA CLARK  
NEWBERRY,

Respondent.

JASMIN LAUDIG, a minor, by and  
through her father, JOHN LAUDIG,

Real Party In Interest.

Electronically Filed  
May 24 2022 04:04 p.m.  
Elizabeth A. Brown  
Clerk of Supreme Court  
Supreme Court No. \_\_\_\_\_  
District Court Case No. \_\_\_\_\_  
A-20-808230-C

**PETITIONERS' APPENDIX VOLUME 3 of 4**

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### **Petitioner's Appendix Volume 1**

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## EXHIBIT H

**In the Matter Of:**

Laudig, Jasmin, et al. vs Lands, Inc., et al.

**JOHN KIM, M.D.**

*October 25, 2021*

*Job Number: 807886*

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DISTRICT COURT

CLARK COUNTY, NEVADA

JASMIN LAUDIG, a minor, by and  
through her father, JOHN LAUDIG,  
an individual,

Plaintiffs,

vs. Case No. A-20-808230-C  
Dept. No. 21

LANDS, INC. dba SPRINGSTONE LAKES  
MONTESSORI SCHOOL, a domestic  
corporation; SPRINGLANDS LLC, a  
domestic limited liability  
corporation; DOES 1 through 10;  
and ROE CORPORATIONS 1 through  
20, inclusive,

Defendants.

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ZOOM VIDEOCONFERENCE DEPOSITION OF JOHN KIM, M.D.

October 25, 2021  
1:02 p.m.

(All parties appearing via Zoom)

Reported by:  
Joanne C. Williams, RPR, CR, NV CCR No. 899

Job No. 807886

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APPEARANCES OF COUNSEL

On behalf of Plaintiff:  
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On behalf of Defendants:  
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1 (Reporter's statements pursuant to NRCP 30(b)(4)  
2 waived by counsel)

3 JOHN KIM, M.D.,  
4 having been first duly sworn, testified as follows:

5 EXAMINATION

6 BY MS. MERON:

7 Q. Good afternoon, Doctor. Can you please state  
8 and spell your first and last name for the record please.

9 A. John, J-o-h-n, Kim, K-i-m.

10 Q. Thank you. Have you ever had your deposition  
11 taken before?

12 A. Yes.

13 Q. Okay. So is it okay if I dispense with the  
14 normal admonitions given at the beginning of a  
15 deposition.

16 A. Yes.

17 Q. So what is your business address?

18 A. My business address is our office. I will get  
19 you the actual office. Sorry.

20 Q. That's okay.

21 A. 500 North Rainbow Boulevard, Suite 203.

22 Q. Thank you. And what is the current name of your  
23 business?

24 A. Envision, E-n-v-i-s-i-o-n, Healthcare.

25 Q. And what type of medicine do you practice?

1 A. Emergency medicine.

2 Q. Emergency medicine? Are you board certified in  
3 any type of particular practice?

4 A. Emergency medicine, board certified.

5 Q. Okay. Any additional ones?

6 A. No.

7 Q. All right. So did you speak with Jasmin  
8 Laudig's counsel prior to your deposition today?

9 A. No.

10 Q. No? Did you review medical records in  
11 preparation for your deposition this morning, or  
12 afternoon?

13 A. Yes.

14 Q. And did you review any other additional records  
15 in preparation?

16 A. No.

17 Q. No? Okay. So we are here today to discuss the  
18 medical care and treatment of Jasmin Laudig. Do you have  
19 an independent recollection of her treatment?

20 A. It was some time ago, so my recollection is a  
21 little bit vague.

22 Q. Are you comfortable with testifying based on  
23 your medical records?

24 A. Yes.

25 Q. So when did you first see Ms. Laudig?

1 A. The date of service was February 14th, 2017.

2 Q. And did you personally meet with her?

3 A. Yes.

4 Q. Did Ms. Laudig or one of her guardians that was  
5 present fill out any incident or intake form?

6 A. Not as far as I know, aside from standard  
7 triage.

8 Q. Standard triage. Okay. And then what was your  
9 understanding on February 14, 2017 as to why Ms. Laudig  
10 was coming to see you?

11 A. Injury to the face with laceration.

12 Q. Did you have any information as to how that  
13 injury was sustained?

14 A. From the records it appeared that it did happen  
15 at school. And then I think the mother provided some  
16 first aid and then came to the ER shortly thereafter.

17 Q. Okay. Did you receive information regarding the  
18 incident from Jasmin or from her mother?

19 A. I believe from her mother.

20 Q. Okay. And did her mother provide you with any  
21 other specific information as to how the injury occurred?

22 A. Aside from what's reported, no additional  
23 information.

24 Q. Okay. So at this initial visit what did  
25 Ms. Laudig, Jasmin, tell you about her symptoms?

1       A.    There was a laceration on the cheek. I have to  
2 go off the medical records here, but it was reported that  
3 it happened at preschool at about 5 p.m. And that's  
4 really about the only details I have and can recollect.

5       Q.    So on that medical record there is a faces pain  
6 score at 6. Can you provide more detail as to how that  
7 was calculated?

8       A.    A faces pain score has a range of faces from  
9 crying to happy.

10      Q.    Okay.

11      A.    It's used on children to have a sense for how  
12 much discomfort they're in. On a scale of 6 it would be  
13 an unhappy face.

14      Q.    Okay. Was Ms. Laudig able to effectively  
15 communicate how she was injured or any symptoms?

16      A.    At the time, no. Her age at the time of injury  
17 was four. I didn't receive any detailed information from  
18 the patient herself.

19      Q.    Okay. And so was her mother, who was present at  
20 the time -- was she able to effectively communicate what  
21 Jasmin was experiencing and --

22      A.    Yes.

23      Q.    Experiencing. Okay. And then the faces pain  
24 scale, what was the location of that pain?

25      A.    I assume the location of injury.

1 Q. Okay. Just the location of injury? So you  
2 performed a physical examination on February 14th. Can  
3 you please walk me through the steps of this physical  
4 examination?

5 A. A physical examination involves entering the  
6 room, assessing the patient's condition based on activity  
7 and emotion and the interaction with the parent. Beyond  
8 that I'm examining for any other coexisting injury, which  
9 would include the head, the neck, the chest, the  
10 extremities, the abdomen, and then focusing on the  
11 injured location, which in this situation was the cheek  
12 area, where I would examine the injury itself and what  
13 had already been done and assess for suitability of  
14 repair techniques.

15 Q. So you had mentioned that you look at her entire  
16 physical state of being. Was there any other injuries  
17 that you noticed aside from the laceration of her cheek?

18 A. I did not note any other additional injuries at  
19 the time.

20 Q. Okay. So in regards to Jasmin's cheek, you had  
21 stated that the wound was shallow and reached the  
22 subcutaneous leather, or level. Can you please explain  
23 that diagnosis more?

24 A. It just implies that the wound was through the  
25 dermal layer and you could see the tissue underneath that

1 had not reached or injured the muscular layer beyond the  
2 subcutaneous fat.

3 Q. Okay. And that goes with your statement that  
4 the neurovascular tendon was intact?

5 A. Correct.

6 Q. That would be that muscular level layer that  
7 you're talking about? Okay.

8 A. Correct.

9 Q. So you also described the complexity as being a  
10 single-layer injury. How would it be more complex to  
11 reach a second layer? What layer would need to have been  
12 injured?

13 A. If -- in this location if the muscular layer was  
14 injured and there was additional -- or if the wound was  
15 so gaping that it required a subcutaneous stitch to bring  
16 the wound margins closer together, that's what I would  
17 consider a second layer. In this situation the tension  
18 on the wound wasn't to the point where it required repair  
19 of the underlying layer.

20 Q. Okay. So the mother previously applied  
21 Steri-Strips prior to Jasmin being brought into Summerlin  
22 Hospital. So do you have any opinion as to whether the  
23 Steri-Strips impacted the healing of the wound or  
24 impacted your belief that it was only a single layer?

25 A. No, I don't believe it had any impact

1    whatsoever.

2           Q.    Okay.  So --

3                   MS. BIVENS:  Objection.  Objection, speculation  
4    and foundation.

5                   MS. MERON:  Noted.

6    BY MS. MERON:

7           Q.    So you decided to move forward with treatment  
8    and to apply Dermabond, correct?

9           A.    Correct.

10          Q.    So what was the basis for treating with  
11   Dermabond versus any other wound closure treatments?

12          A.    At this age, on the face oftentimes standard  
13   repair techniques with suture end up requiring full  
14   sedation of the child, which includes putting in an IV  
15   and using IV sedation with the risk of sedation there as  
16   well.  With a wound that the margins can be put together  
17   well and as quickly as the face heals, Dermabond closures  
18   are -- generally have a very good outcome.

19          Q.    Would you have -- let me rephrase this.  Do you  
20   have any recollection of discussing stitches with  
21   plaintiff's mother?

22          A.    I do not.

23          Q.    You do not.  Okay.  Do you have any recollection  
24   of having any phone call conversations with plaintiff's  
25   father or plaintiff's mother in regards to how the

1 incident occurred?

2 A. I have no recollection of that.

3 Q. Okay. So was there any other elements that  
4 impacted your decision to treat with Dermabond aside  
5 from -- or can you please just explain again why you  
6 decided to treat with Dermabond versus stitches?

7 A. The process of placing stitches in a child this  
8 age, because they won't generally hold still and you  
9 can't really immobilize the face, will often require  
10 moderate sedation. And that tends to traumatize the  
11 child further.

12 With Dermabond most of the time no -- no  
13 sedation is required. And in most cases the patient --  
14 the child does -- also does not need to be restrained.  
15 As long as the wound margins can be pulled together  
16 without significant tension, the Dermabond will provide  
17 adequate closure and allow the face to heal, at which  
18 point the body will maintain the wound at that acceptable  
19 closure.

20 Q. Okay. Thank you. So following this Dermabond  
21 closure the record indicates that you recommended Jasmin  
22 to see a pediatrician, Michael Nyarko, within five to  
23 seven days. What was the basis for this recommendation?

24 A. The -- a follow-up recommendation is always  
25 given with any patient that comes in for any variety of



1 problems. But following up with a pediatrician would  
2 allow to assess for the healing of the wound, to assess  
3 for any infection and to assess if -- if any further  
4 revision or treatment needs to be performed on that  
5 wound.

6 Q. Okay. And was there a specific reason the five  
7 to seven days time frame was recommended?

8 A. At that point the wound should be healing well.  
9 And the Dermabond should already be starting to lose  
10 basically its hold on the skin and start to peel. So  
11 it's a good time to take a look and assess for how the  
12 wound looks.

13 Q. Okay. So were you aware that Jasmin had seen  
14 any other physicians after her meeting with you?

15 A. No. I have no records of that.

16 Q. Okay. So you have not seen the records of  
17 Hankins & Sohn Plastic Surgery?

18 A. No.

19 Q. Okay. So within those records Dr. Hankins  
20 stated that the wound was quite deep. Based on your  
21 observations of plaintiff and your record that the wound  
22 was shallow, do you still agree that the wound was a  
23 shallow single layer?

24 A. The problem is it's a subjective description and  
25 so it is difficult to compare those.

1 Q. So it's a subjective opinion. Based on your  
2 subjective opinion, you stated it was a single layer and  
3 that the wound did not reach any muscular or tendons?

4 A. I did not believe that it reached any deeper  
5 layer.

6 Q. Okay. Than the subcutaneous layer. And then  
7 the records state that it was not a through-and-through  
8 wound, correct? It was just the first layer?

9 A. No. There was no intradermal injury, as far as  
10 I know.

11 Q. Okay. Do you mind if I go off record for one  
12 moment please?

13 A. I do? Who?

14 MS. MERON: I just need to go off record for one  
15 moment please.

16 (Off the record)

17 BY MS. MERON:

18 Q. Thank you for providing me with that time. Are  
19 you ready to be questioned further?

20 A. Yes.

21 Q. Okay So back to your treatment of plaintiff, you  
22 had stated that the reasoning you didn't proceed with  
23 stitching was because of her age. If age was not a  
24 factor, would stitching provide less scarring than  
25 Dermabond would potentially cause?

1       A.    Not necessarily.  It's just two different  
2 methods for closing a wound.  The scarring has other  
3 variables that would also affect the cosmetic result.

4       Q.    What other variables would attribute to  
5 scarring?

6       A.    Contusion of the area, the -- whether the wound  
7 margins are straight or jagged, adequate blood flow,  
8 infection, contamination.  Things like that affect wound  
9 healing.

10      Q.    And that would be the same whether Dermabond or  
11 stitches?

12      A.    Yes.

13      Q.    And then was there any additional treatment that  
14 plaintiff needed to complete at home to maintain the  
15 Dermabond or healing of her wound?

16      A.    My instructions will include avoidance of any  
17 ointments on the area, as that will cause deterioration  
18 of the adhesive and can end up causing the Dermabond to  
19 lose its integrity early.

20      Q.    Okay.

21      A.    And to basically keep it covered and not allow  
22 the child to pick at it.

23      Q.    Okay.  And then back to Dr. Hankins, so he saw  
24 plaintiff in November 2018.  So it had been over a year  
25 since she was treated with you.  And again he described

1 the wound as quite deep. Do you think anything could  
2 have occurred in that time period to cause the wound to  
3 appear quite deep or --

4 MS. BIVENS: Objection, speculation.

5 BY MS. MERON:

6 Q. You can still answer.

7 A. The patient was -- I am unaware of any aftercare  
8 that happened after my date of service. So this is all  
9 new information to me. She went to a plastic surgeon one  
10 year after the injury.

11 Q. Correct.

12 A. I'm not sure how the surgeon -- I mean, what  
13 criteria he uses to describe a wound as being quite deep  
14 given that a year following injury it should be  
15 completely healed. So that's a question you have to ask  
16 him, or her.

17 Q. Okay. And then they were seeing plaintiff to  
18 detach the layers from the bottom or beneath the scar  
19 from the scar. Do you see that as being a necessary  
20 remedy for the injury that you observed?

21 MS. BIVENS: Objection, speculation, lacks  
22 foundation.

23 BY MS. MERON:

24 Q. You can proceed.

25 A. That's another question you would have to ask

1 the surgeon because that's based on this -- their  
2 opinion.

3 MS. MERON: Okay. All right. Well, then I  
4 don't have any further questions, unless plaintiff's  
5 counsel does.

6 MS. BIVENS: If you could just give me one  
7 second.

8 EXAMINATION

9 BY MS. BIVENS:

10 Q. I just have one question. I just wanted to  
11 confirm, Doctor, that your treatment that you rendered to  
12 Jasmin, this was related to the injury she sustained at  
13 school when she fell?

14 A. Correct.

15 MS. BIVENS: That's all I have.

16 MS. MERON: Thank you, Dr. Kim.

17 THE WITNESS: Okay.

18 (Concluded at 1:24 p.m.)

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CERTIFICATE OF REPORTER

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I, Joanne C. Williams, CCR No. 899, certify as follows:

That I reported the deposition of the witness, JOHN KIM, M.D., at the date and time aforesaid.

That the witness appeared before me remotely.

That all counsel stipulated to swearing the witness in remotely.

That prior to being examined, the witness was by me duly sworn to testify to the truth, the whole truth and nothing but the truth.

That I thereafter transcribed my stenographic notes into typewriting and that the transcript of said deposition is a complete, true and accurate transcript of said stenographic notes.

That review of the transcript was not requested.

I further certify that I am not a relative or employee of any party involved in said action nor a person financially interested in the action.

Dated this 9th day of November, 2021.

Joanne C. Williams, RPR, CR, CCR No. 899

## ERRATA SHEET

1  
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3  
4 I declare under penalty of perjury that I have read the  
5 foregoing \_\_\_\_\_ pages of my testimony, taken  
6 on \_\_\_\_\_ (date) at  
7 \_\_\_\_\_ (city), \_\_\_\_\_ (state),  
8  
9 and that the same is a true record of the testimony given  
10 by me at the time and place herein  
11 above set forth, with the following exceptions:

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## EXHIBIT I



**REQ-**  
**09412880**

**Status**  
Pending  
Payment

**Requestor**  
Alverson Taylor  
& Sanders  
Contact: Walter  
Monge  
6605 Grand  
Montecito  
Parkway, Suite  
200  
Las Vegas, NV  
89149  
Phone: (702)  
384-7000  
Fax: (702) 385-  
7000  
wmonge@alversonsaylor.com

**Provider**  
Shadow  
Emergency  
Physicians  
Attention: Valley  
Hospital Medical  
Center  
1000 River Road  
Suite 100  
Conshohocken,  
PA 19428-2437  
Phone: 800-355-  
2470  
External ID: VSD

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Request More Info
Cancel
Paid by Credit Card
Paid by Check
Modify/Add Records
Reply To Issue
Print Invoice
Print Request
Contact ChartSwap
Fax Invoice
Back to List

Created	Due	Fulfilled	Purchased	Shipped	Issue	
12/15/2020	<b>Date</b>	1/4/2021			Reported	
1:15	2/15/2021	9:52				
PM		AM				

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#### Demographics

**First** Jasmin  
**Last** Laudig  
**DOB** 06/20/2012  
**Internal**  
**Reference**  
**Account**  
**Location**  
**Shipping**  
**Address**

#### Request Details

**Record** Medical and  
**Type** Billing  
**Purpose** Legal  
**Pages** 15  
**Scope** From  
provided  
date range  
**Start**  
**Date** 01/13/2017  
**End Date** 12/15/2020  
**Uploaded** Salime  
**By** Assaf

#### Comments

**Internal** Documents mai  
**Note** led.  
**(S.A.)**  
1/4/2021  
9:55 AM

Add Note  
Send Requestor Note

#### Request History

12/15/2020	Walter	created
1:15 PM	Monge	
12/15/2020	Walter	StatusChanged
1:15 PM	Monge	Changed from 12/15/2020
12/15/2020	Walter	Status_c Chan
1:15 PM	Monge	PreNew to New
12/15/2020	Walter	StatusChanged
1:15 PM	Monge	Changed from 12/15/2020

#### Payment Info

**Date Purchased**  
**Payment**  
**Method**  
**Check Number**  
**Check Amount**

#### Services

KW  
26672  
RTE  
OK

<b>Check Date</b>		<b>Mail Delivery</b>	<b>\$0.00</b>
<b>Current</b>	<b>\$0.00</b>	<b>Affidavit</b>	<b>\$5.00</b>
<b>Balance</b>		<b>Custodian Fee</b>	<b>\$9.00</b>
		<b>Total</b>	<b>\$14.00</b>

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#### Documents and Records

<b>VSD-JASMIN LAUDIG-AFFD.pdf</b>			
Records	01/04/2021		View   Delete
<b>CS-09412880-NOTARY.pdf</b>			
Records	12/16/2020	Last Viewed: P Yorgey (12/31/20)	View   Delete
<b>shadow_emergency_02.pdf</b>			
Signed	12/15/2020		View
Authorization Form			

#### Fax History

12/16/2020 1:36 AM	Moumita Saha	Queue__c Char a0n0M00000BF a0n3000000A40
12/16/2020 1:36 AM	Moumita Saha	Queue__c Char Himadri S. to ! Affidavit/Subpoe
12/16/2020 11:33 AM	Sean McDermott	Status__c Chan New to Pending
12/16/2020 11:34 AM	Sean McDermott	Queue__c Char a0n3000000A40 a0n3y00000FUI
12/16/2020 11:34 AM	Sean McDermott	Queue__c Char Affidavit/Subpoe Pending Notary AttorneyQuestor
12/28/2020 7:23 AM	Saranny Granger	Queue__c Char a0n3y00000FUI a0n3y000009I8i
12/28/2020 7:23 AM	Saranny Granger	Queue__c Char Pending Notary AttorneyQuestor Supervisor sent
1/4/2021 9:52 AM	Salime Assaf	Other_Fee__c ( from 0 to 5
1/4/2021 9:52 AM	Salime Assaf	Date_Records_ Changed from 1/4/2021
1/4/2021 9:52 AM	Salime Assaf	StatusChanged Changed from 1/4/2021
1/4/2021 9:52 AM	Salime Assaf	Status__c Chan Pending Review Payment
1/4/2021 9:54 AM	Salime Assaf	Number_of_Pag Changed from 1
1/4/2021 9:54 AM	Salime Assaf	Custodian_Fee_ from .6 to 9

[Faint, mostly illegible text, possibly a list or table of data, spanning the upper half of the page.]

JAN11'21AM11:42 MAIL

SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Admitting: ED,Staff Physician

Admit: 2/14/2017  
Disch: Disch Time:  
FIN: SHM0000013825690  
Attending: ED,Staff Physician

**Nursing Triage Notes**

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

**ED Triage RFV/Problems Entered On: 2/14/2017 3:37 PST**  
**Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D**

**Reason for Visit/Medical History ED**  
*Reviewed Past Medical HX with Patient : Yes*

Lovera RN, Rachel D - 2/14/2017 3:37 PST  
(As Of: 2/14/2017 03:37:31 PST)

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

**ED Abuse/Neglect Peds Entered On: 2/14/2017 3:37 PST**  
**Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D**

**Abuse/Neglect Assessment**  
*Threatened/Physically Hurt in past year : No*  
*ED DV Harm or Neglect Question : No*  
*Abuse and Neglect Types : None*

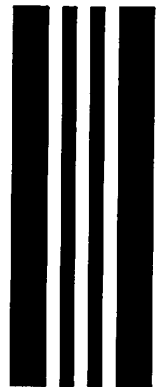
Lovera RN, Rachel D - 2/14/2017 3:37 PST

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)



**DOC#: 170534031751(CL)**

**VSD82 - Summerlin Hospital Medical Center**





**DOC#: 170534031751(CL)**

SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Admitting: ED,Staff Physician

Admit: 2/14/2017  
Disch: Disch Time:  
FIN: SHM0000013825690  
Attending: ED,Staff Physician

**Nursing Triage Notes**

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

ED Triage RFV/Problems Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

**Reason for Visit/Medical History ED**  
*Reviewed Past Medical HX with Patient : Yes*

Lovera RN, Rachel D - 2/14/2017 3:37 PST  
(As Of: 2/14/2017 03:37:31 PST)

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

ED Abuse/Neglect Peds Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

**Abuse/Neglect Assessment**  
*Threatened/Physically Hurt in past year : No*  
*ED DV Harm or Neglect Question : No*  
*Abuse and Neglect Types : None*

Lovera RN, Rachel D - 2/14/2017 3:37 PST

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: ED,Staff Physician

Admit: 2/14/2017  
Disch:

FIN: SHM0000013825690

**Nursing Triage Notes**

ED Triage General/Screening Peds Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

**General/Screenings Peds**

*Suicidal Risk Assessment* : No suicidal risk indicators identified  
*Document Fall Risk Screening* : Pass  
*Immunizations Current* : Yes  
*Clinical Trial Participant – MU* : None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

---

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	2/14/2017 03:36 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Lovera RN,Rachel D (2/14/2017 03:36 PST)
SIGN INFORMATION:	Lovera RN,Rachel D (2/14/2017 03:36 PST)

ED Languages Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

**Languages**

*Preferred Languages* : N/A due to age or patient condition  
*Parent/Guardian/Surrogate Preferred Languages* : English

Lovera RN, Rachel D - 2/14/2017 3:36 PST

---

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	2/14/2017 03:36 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Lovera RN,Rachel D (2/14/2017 03:36 PST)
SIGN INFORMATION:	Lovera RN,Rachel D (2/14/2017 03:36 PST)

ED Social History Entered On: 2/14/2017 3:36 PST  
Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

**Social History**

*Smoking History--MU* : Never smoker  
*Tobacco Use Screening* : Yes  
*Cultural Practices to be honored?* : No  
*Is Blood Transfusion Acceptable to Patient* : Yes

Print Date/Time 2/14/2017 04:08 PST

Medical Record

Page 2 of 3

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: ED,Staff Physician

Admit: 2/14/2017  
Disch:  
FIN: SHM0000013825690

**Nursing Triage Notes**

Social History

Lovera RN, Rachel D - 2/14/2017 3:36 PST

(As Of: 2/14/2017 03:36:57 PST)

**Tobacco Use Screening**

*Tobacco Use Last 30 Days* : No tobacco use of any form

Lovera RN, Rachel D - 2/14/2017 3:36 PST

---

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	2/14/2017 03:16 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Rocco RN,Carrie (2/14/2017 03:16 PST)
SIGN INFORMATION:	Rocco RN,Carrie (2/14/2017 03:16 PST)

ED Triage Primary Pain Assessment Entered On: 2/14/2017 3:16 PST  
Performed On: 2/14/2017 3:16 PST by Rocco RN, Carrie

**Primary Pain**

*FACES Pain Scale Score* : 6 = Hurts even more

Rocco RN, Carrie - 2/14/2017 3:16 PST

---

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	2/14/2017 03:15 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Rocco RN,Carrie (2/14/2017 03:15 PST)
SIGN INFORMATION:	Rocco RN,Carrie (2/14/2017 03:15 PST)

ED Triage Vitals Entered On: 2/14/2017 3:15 PST  
Performed On: 2/14/2017 3:15 PST by Rocco RN, Carrie

**ED Vitals**

*Peripheral Pulse Rate* : 85 bpm  
*Apical Heart Rate* : 85 bpm  
*O2 Therapy* : Room air  
*SpO2* : 99 %  
*Temperature* : 36.6 DegC  
*Temperature Convert C to F* : 97.9 DegF  
*Temperature Method* : Temporal Artery

Rocco RN, Carrie - 2/14/2017 3:15 PST

SHM- Summerlin Hospital Medical Center  
657 Town Center Drive  
Las Vegas, NV 89144-6367

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Admitting: Kim, John J MD

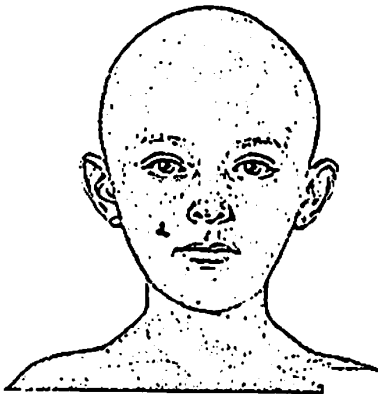
Admit: 2/14/2017  
Disch: 2/14/2017 Disch Time: 05:55 PST  
FIN: SHM0000013825690  
Attending: Kim, John J MD

**ED Physician Record**

DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
PERFORM INFORMATION:  
SIGN INFORMATION:

ED Physician Record  
2/14/2017 05:33 PST  
Auth (Verified)  
Kim, John J MD (2/14/2017 05:38 PST)  
Kim, John J MD (2/14/2017 05:38 PST)

Attachment(s):  
2/14/2017 05:33 PST



**Injury of face**

Patient: LAUDIG, JASMIN PERA MRN: SHM4882575 FIN: SHM0000013825690  
Age: 4 years Sex: Female DOB: 06/02/12  
Associated Diagnoses: Laceration of cheek, right  
Author: Kim, John J MD

**Basic Information**

Time seen: Date & time 02/14/17 05:34:00, Provider Assignment  
Kim, John J MD assigned at 02/14/2017 04:21

History source: Patient.

History limitation: None.

Additional information: Chief Complaint from Nursing Triage Note : Chief Complaint  
02/14/17 03:17 PST Chief Complaint Fell at 1700 at preschool. Hit right cheek on the ground.  
Cleaned and steri strips applied. .

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim, John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

**ED Physician Record**

**History of Present Illness**

The patient presents with facial injury. The onset was 12 hours ago. The course/duration of symptoms is constant. Type of injury: fall, laceration and direct blow. The location where the incident occurred was at school. Prior episodes: none.

Fell at home and hit her cheek on the ground. Patient had a laceration to the right cheek which her mother put Steri-Strips over. Concerned about adequacy of closure..

**Review of Systems**

Constitutional symptoms: Negative except as documented in HPI.  
Skin symptoms: Negative except as documented in HPI.  
ENMT symptoms: Negative except as documented in HPI.  
Respiratory symptoms: Negative except as documented in HPI, No shortness of breath,  
Cardiovascular symptoms: Negative except as documented in HPI, No chest pain,  
Gastrointestinal symptoms: Negative except as documented in HPI, No abdominal pain,  
Genitourinary symptoms: Negative except as documented in HPI.  
Musculoskeletal symptoms: Negative except as documented in HPI.  
Neurologic symptoms: Negative except as documented in HPI.  
Psychiatric symptoms: Negative except as documented in HPI.  
Additional review of systems information: All other systems reviewed and otherwise negative.

**Health Status**

**Allergies:**

Allergic Reactions (Selected)

No Known Allergies, Per nurse's notes.

**Medications:** Review/Insert Medication List (Selected)

, Per nurse's notes.

**Immunizations:** Per nurse's notes.

**Past Medical/ Family/ Social History**

**Medical history**

Reviewed as documented in chart.

**Medical history:** Include medical history

No active or resolved past medical history items have been selected or recorded., PMH/Problems ST  
No problems documented.

, Reviewed as documented in chart.

**Surgical history:**

No active procedure history items have been selected or recorded..

**Family history:**

No family history items have been selected or recorded., Reviewed as documented in chart.

**Social history:** Drug use: Denies.

**Social history:** Social History ST

**Social & Psychosocial Habits**

**Tobacco**

02/14/2017 Smoking History: Never smoker.

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim, John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

**ED Physician Record**

Problem list: Per nurse's notes.

**Physical Examination**

**Vital Signs**  
Vital Signs (ST)

<u>Vital Signs (24 hrs)</u>	<u>Last Charted</u>	<u>Minimum</u>	<u>Maximum</u>
Temp	36.6 (FEB 14 03:15)	36.6 (FEB 14 03:15)	36.6 (FEB 14 03:15)
Apical Heart Rate	85 (FEB 14 03:15)	85 (FEB 14 03:15)	85 (FEB 14 03:15)
SpO2	99 (FEB 14 03:15)	99 (FEB 14 03:15)	99 (FEB 14 03:15)
	Room air	Room air	Room air

**Measurements**

02/14/17 03:17 PST	Height Method	Measured
	BSA Measured	0.5 m2
	Body Mass Index Measured	92.63 kg/m2
02/14/17 03:17 PST	Height	46 cm
	Weight	19.6 kg
	Daily Weight kg	19.6 kg
	Weight Method	Measured
	Weight Method	Measured

**Basic Oxygen Information**

02/14/17 03:15 PST	Oxygen Therapy	Room air
	SpO2	99 %

Physician Interpretation of pulse oximetry: Normal.

**General:** Alert, no acute distress.

**Skin:** steri strips removed. patient has an irregular wound of r cheek, shallow..

**Eye:** Extraocular movements are intact.

**Ears, nose, mouth and throat:** Oral mucosa moist.

**Cardiovascular**

**Respiratory:** Respirations are non-labored.

**Gastrointestinal:** Soft.

**Musculoskeletal:** No deformity.

**Neurological:** Alert and oriented to person, place, time, and situation, No focal neurological deficit observed.

**Lymphatics**

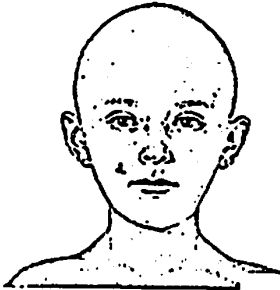
**Psychiatric:** Cooperative, appropriate mood & affect.

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim, John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

ED Physician Record



**Medical Decision Making**

Orders Review/Insert Order Profile (Selected)

Inpatient Orders

*Ordered*

ED Reassessment:

Vital Signs Mobile:

*Canceled*

ED Triage Mobile:

*Completed*

ED Nursing Exam: .

**Procedure**

**Laceration repair**

**Confirmed:** Time-out taken prior to procedure.

**Consent:** Patient, Has given verbal consent.

**Description/ repair**

Laceration 1 cm in length. Face: right, cheek.

Shape: Irregular.

Depth: subcutaneous.

Details: clean.

Neurovascular/ tendon exam: intact.

Preparation: sterile field established, H2O2.

Irrigation: minimal, with saline.

Debridement: none.

Skin closure: Dermabond.

Complexity: single layer.

No Anesthesia.

**Post procedure exam:** Circulation, motor, sensory examination intact, Bleeding controlled.

**Complications:** None.

**Patient tolerated:** Well.

**Performed by:** Self.

**Total time:** 30 minutes.

**Impression and Plan**

Laceration of cheek, right - ICD10-CM S01.411A,

Print Date/Time 2/19/2017 23:27 PST

Medical Record

Page 4 of 9



SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim, John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

**ED Physician Record**

**Plan**

**Condition:** Stable.

**Patient was given the following educational materials:** LACERATION, Face (Dermabond).

**Follow up with:** Michael Nyarko, PED Within 5-7 days.

**Counseled:** Family.

**Disposition:** Launch Disposition Order

**Admit/Transfer/Discharge:**

Discharge Request (Order): 02/14/17 05:38 PST, Home Routine.

*Electronically Signed By: Kim, John*

*On: 02.14.2017 05:38 PST*

**Nursing Triage Notes**

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	2/14/2017 03:37 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Lovera RN, Rachel D (2/14/2017 03:37 PST)
SIGN INFORMATION:	Lovera RN, Rachel D (2/14/2017 03:37 PST)

**ED Triage RFV/Problems Entered On: 2/14/2017 3:37 PST**  
**Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D**

**Reason for Visit/Medical History ED**

*Reviewed Past Medical HX with Patient :* Yes

Lovera RN, Rachel D - 2/14/2017 3:37 PST  
(As Of: 2/14/2017 03:37:31 PST)

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim,John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

**Nursing Triage Notes**

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

ED Abuse/Neglect Peds Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

**Abuse/Neglect Assessment**

Threatened/Physically Hurt in past year : No  
ED DV Harm or Neglect Question : No  
Abuse and Neglect Types : None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:37 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:37 PST)

ED Triage General/Screening Peds Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:37 PST by Lovera RN, Rachel D

**General/Screenings Peds**

Suicidal Risk Assessment : No suicidal risk indicators identified  
Document Fall Risk Screening : Pass  
Immunizations Current : Yes  
Clinical Trial Participant -- MU : None

Lovera RN, Rachel D - 2/14/2017 3:37 PST

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:36 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Lovera RN,Rachel D (2/14/2017 03:36 PST)  
SIGN INFORMATION: Lovera RN,Rachel D (2/14/2017 03:36 PST)

ED Languages Entered On: 2/14/2017 3:37 PST  
Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim, John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

**Nursing Triage Notes**

**Languages**

*Preferred Languages :* N/A due to age or patient condition  
*Parent/Guardian/Surrogate Preferred Languages :* English

Lovera RN, Rachel D - 2/14/2017 3:36 PST

---

DOCUMENT NAME:	Triage Note
SERVICE DATE/TIME:	2/14/2017 03:36 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Lovera RN, Rachel D (2/14/2017 03:36 PST)
SIGN INFORMATION:	Lovera RN, Rachel D (2/14/2017 03:36 PST)

ED Social History Entered On: 2/14/2017 3:36 PST  
Performed On: 2/14/2017 3:36 PST by Lovera RN, Rachel D

**Social History**

*Smoking History--MU :* Never smoker  
*Tobacco Use Screening :* Yes  
*Cultural Practices to be honored? :* No  
*Is Blood Transfusion Acceptable to Patient :* Yes

Lovera RN, Rachel D - 2/14/2017 3:36 PST

**Social History**

(As Of: 2/14/2017 03:36:57 PST)

**Tobacco Use Screening**

*Tobacco Use Last 30 Days :* No tobacco use of any form

Lovera RN, Rachel D - 2/14/2017 3:36 PST

---

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
MRN: SHM4882575  
DOB/Sex: 6/2/2012 / Female  
Attending: Kim, John J MD

Admit: 2/14/2017  
Disch: 2/14/2017  
FIN: SHM0000013825690

**Nursing Triage Notes**

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:16 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Rocco RN, Carrie (2/14/2017 03:16 PST)  
SIGN INFORMATION: Rocco RN, Carrie (2/14/2017 03:16 PST)

ED Triage Primary Pain Assessment Entered On: 2/14/2017 3:16 PST  
Performed On: 2/14/2017 3:16 PST by Rocco RN, Carrie

**Primary Pain**

FACES Pain Scale Score : 6 = Hurts even more

Rocco RN, Carrie - 2/14/2017 3:16 PST

DOCUMENT NAME: Triage Note  
SERVICE DATE/TIME: 2/14/2017 03:15 PST  
RESULT STATUS: Auth (Verified)  
PERFORM INFORMATION: Rocco RN, Carrie (2/14/2017 03:15 PST)  
SIGN INFORMATION: Rocco RN, Carrie (2/14/2017 03:15 PST)

ED Triage Vitals Entered On: 2/14/2017 3:15 PST  
Performed On: 2/14/2017 3:15 PST by Rocco RN, Carrie

**ED Vitals**

Peripheral Pulse Rate : 85 bpm  
Apical Heart Rate : 85 bpm  
O2 Therapy : Room air  
SpO2 : 99 %  
Temperature : 36.6 DegC  
Temperature Convert C to F : 97.9 DegF  
Temperature Method : Temporal Artery

Rocco RN, Carrie - 2/14/2017 3:15 PST

SHM- Summerlin Hospital Medical Center

Patient: LAUDIG, JASMIN PERA  
 MRN: SHM4882575  
 DOB/Sex: 6/2/2012 / Female  
 Attending: Kim,John J MD

Admit: 2/14/2017  
 Disch: 2/14/2017  
 FIN: SHM0000013825690

Orders			
Order: Discharge Request			
Order Date/Time: 2/14/2017 05:38 PST			
Signed Date/Time: 2/14/2017 05:38 PST			
Order Status: Discontinued	Department Status: Discontinued	Catalog Type: Admit/Transfer/Discharge	Activity Type: Admit/Transfer/Discharge TransMedRec
End-state Date/Time: 2/15/2017 06:02 PST		End-state Reason:	
Ordering Physician: Kim,John J MD		Consulting Physician:	
Entered By: Kim,John J MD on 2/14/2017 05:38 PST			
Order Details: 2/14/17 5:38:00 AM PST, Home Routine			
Order Comment:			

SHADOW EMERG PHYSICIANS, PLLC  
PO BOX 13917  
PHILADELPHIA, PA 19101-3917

VSD

**STATEMENT OF ACCOUNT** (0 )

Page 1

Statement Date: 01/07/21

**TAX ID#** 75-2807737  
221904-0000013825690-06  
#BWNJFDB  
#00000VSD73435665#  
JOHN M LAUDIG  
1302 SURREY DOWNS LN  
LAS VEGAS, NV 89135

Account Number: VSD13825690  
Patient Name: JASMIN P LAUDIG

**Amount You Owe: \$0.00**

**Services provided at:**

**SUMMERLIN HOSPITAL MEDICAL CENTER - 657 TOWN CENTER DRIVE - LAS VEGAS NV 89144-6367**

Date of Service	CPT Code	Description	Provider	Charges	Payments or Adjustments	Explanation	Amount You Owe
02/14/2017	99282	EMERG INJURY EVAL & MGMT-LVL 2	DR. KIM	\$541.00	\$541.00	1,2	\$0.00
02/14/2017	94760	NON-INVASIVE PULSE OXIMETRY	DR. KIM	\$66.00	\$66.00	1	\$0.00
02/14/2017	99053	SRVCS REQSTD 10PM - 8AM IN ER	DR. KIM	\$47.00	\$47.00	1	\$0.00
02/14/2017	12011	WOUND REP 0-2.5CM FACE ETC	DR. KIM	\$869.00	\$869.00	1,2	\$0.00

1. INSURANCE CONTRACTUAL ALLOWANCE
2. INSURANCE PAYMENT

**Total Charges:** \$1,523.00  
**Current Patient Responsibility:** \$0.00

**Insurance Information:**

Insurance 1: HEALTH PLAN OF NEVADA-HPN - HEALTH PLAN OF NEVA

**CERTIFICATE OF RECORDS CUSTODIAN**  
**RE: SHADOW EMERGENCY PHYSICIANS**

Commonwealth of Pennsylvania

(To be Completed whether records are attached or IF there are NO records)

STATE OF ~~NEVADA~~ )  
 ) ss.  
COUNTY OF ~~CLARK~~ )

County of Montgomery

NOW COMES the undersigned who, after being first duly sworn, deposes and says:

1. That the deponent is an employee of **SHADOW EMERGENCY PHYSICIANS**, and in such capacity, is the custodian of records for that office, entity, and/or institution.
2. That this deponent was served with a request and an Authorization for the Release of Protected Health Information pertaining to **Jasmin Laudig, DOB: 06/02/2012**.

**PLACE AN "X" BELOW IF PROVIDING RECORDS**

☒ **RECORDS ATTACHED**

3. That this deponent has examined the original of those records/information/files and has made a true and exact copy of them, and that the production of same attached hereto is true and complete.
4. That the original of those records was made at or near the time of the acts, events, conditions, or circumstances recited therein by or from information transmitted by a person with knowledge in the course of a regularly conducted activity of the deponent or the office (or entity) in which the deponent is engaged.

**OR, IN THE EVENT NO RECORDS WERE FOUND PLACE AN "X" BELOW:**

☐ **NO RECORDS FOUND**

DATED this 16th day of December, 2020.


Sign Name:

Sean McDermott

Print Name:

Sean McDermott

SUBSCRIBED and SWORN to before me  
this 21 day of December, 2020.

  
NOTARY PUBLIC in and for said County and State

Commonwealth of Pennsylvania - Notary Seal  
Paul M. Yorgy, Notary Public  
Montgomery County  
My commission expires September 2, 2022  
Commission number 1285522  
Member, Pennsylvania Association of Notaries

## EXHIBIT J



## ALVERSON TAYLOR & SANDERS

J. BRUCE ALVERSON  
ERIC TAYLOR  
LEANN SANDERS  
KURT R. BONDS  
JONATHAN B. OWENS  
KARIE N. WILSON  
COURTNEY CHRISTOPHER  
MATTHEW PRUITT  
ADAM R. KNECHT

KIMBERLEY A. HYSOY  
TREVOR WAITE  
KRISTAN E. LEHTINEN  
BRIAN J. MOY  
ALEXANDER P. WILLIAMS  
YULIYA DAVIDZENKA  
DAVID M. DEXTON  
DEREK LINFORD  
WALLIS J. BOWDEN, III

### LAWYERS

#### LAS VEGAS OFFICE

6605 GRAND MONTECITO PARKWAY, SUITE 200  
LAS VEGAS, NEVADA 89149  
(702) 384-7000 FAX (702) 385-7000

#### RENO OFFICE

200 S. VIRGINIA, 8TH FLOOR, RENO, NEVADA 89501  
Telephone (775) 398-3025

www.alversonaylor.com

REPLY TO: ☒ Las Vegas Office ☐ Reno Office

D. ANDREW LAJCHIE  
JAN TOMASIK  
RULON J. HOPKINS, II  
R. ETHAN POSEY  
TIFFANIE C. BITTLE  
ALEXANDRE M. FAYAD  
NAJUM ANWAR  
JILLIANE JACKSON  
JOHN LANGKING

MATTHEW HAVIL  
DANIEL MANN

OF COUNSEL  
JACK C. CHERRY  
(1932 - 2015)

December 16, 2020

VIA U.S. MAIL

Records Department  
Hankins and Sohn Plastic Surgery Associates  
60 N. Pecos Road  
Henderson, Nevada 89074

RE: Lands, Inc. dba Springstone Lakes Montessori School and Springlands, LLC  
adv. Jasmin Laudig and John Laudig  
Claim No: 005617-001319-GB-01  
Case No: A-20-808230-C  
Our File No: 26672

Dear Custodian of Records:

Enclosed please find a signed consent authorizing the release of medical and billing information of Jasmin Laudig to this office. Such information includes, but is not limited to, medical, psychological, and mental health records regarding Jasmin Laudig's condition, both physical and mental, when under your observation or treatment.

Please forward this office all medical and billing information pertaining to Jasmin Laudig from February 13, 2017 to the present date. Such records should include, but are not limited to, any history, findings and observations, conclusions, x-ray readings and diagnosis, and prognosis as to subsequent or future development, all doctors', nurses', psychiatrists', psychologists', therapists', and care providers' notes, charts, graphs, reports, myelograms, CAT scans, MRI images, x-rays, evaluations, laboratory reports, correspondence exchanged between care providers and attorneys, etc. pertaining to Jasmin Laudig's care and treatment as well as all bills, statements or invoices for medical or psychological services rendered.

Also enclosed is a Custodian of Records Certificate. Please sign the certificate, have it notarized, and send it back to our office with the records no later than January 14, 2021. Upon receipt of the requested information and your statement for photocopying charges, this office will pay appropriate fees for copying. It would also be appreciated if you would return a copy of this correspondence along with the medical information.



**THIS REQUEST IS FOR RECORDS ONLY, NOT FOR ANY COMMUNICATIONS. THIS REQUEST IS ONLY VALID IF ACCOMPANIED BY A VALID SUBPOENA.**

**HIPAA COMPLIANT AUTHORIZATION**  
**FOR USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION**

**TO NAMED MEDICAL FACILITY/PROVIDER:** Hankins and Sohn Plastic Surgery Associates

**REGARDING PATIENT:** Jasmin Laudig

I, Yasemin Laudig (Mother of Jasmin Laudig) the undersigned, do hereby authorize and direct you to furnish to ALVERSON TAYLOR & SANDERS, or any of their expert witnesses, agents, associates or employees, any and all records pertaining to me, even though marked "confidential" or considered confidential or privileged, including, but not limited to the following:

Medical records; doctor's office charts; hospital records; consultation reports; nurses' and/or medical assistants' notes and/or reports; laboratory records, test results and reports; information which they may request including drug and/or alcohol treatment records or records of treatment for communicable diseases, including HIV-related illnesses, if any; genetic testing information, psychological testing, reports and records; prescriptions; correspondence; and any hospitalization, history, physical examination, diagnosis, condition, etiology, prognosis, memoranda, written or recorded statements, telephone messages, and charts of every kind and description relating to medical and psychological care, and treatment provided. All X-ray films and reports, MRI scans, CT scans and any and all diagnostic imaging films, tests and their associated reports taken by you or contained in your files. Any and all medical bills, invoices and statements reflecting provider charges and payment history including benefit payments and patient payments/co-payments; liens filed including amount of lien; any charges turned over to collection/collection agency, including amount and name of collection agency. **THIS REQUEST IS VALID FROM 02/13/2017 THROUGH CURRENT.**

I may revoke this authorization to the extent allowed by law. If I do, I understand that my medical provider may have already released information about me after I gave permission. I know that revoking this authorization would not prohibit the release of information by him/her in reliance on my original authorization.

I can revoke this authorization by writing a letter to my medical provider which states that I want to revoke my authorization to disclose my health care information. The letter must include the name or other specific identification of the person(s) that I no longer want to receive information, and I (or my personal representative for health care) must sign and date the letter.

Once my medical provider gives out the information that I want released, I know that he/she has no control over the information. The individual or organization that I authorized to receive the information might re-disclose it. Federal or state privacy law may no longer protect the information.

This disclosure is made at my request for the purpose of litigation. This authorization shall be valid for as long as the subject claim is pending and expressly waives any requirement that it must be used within a certain number of days after the date hereof. A copy of this authorization is as valid as an original.

I understand that treatment by the provider is not conditioned on my signing this authorization.

**DATED this** 15th **day of** December, **20**20.

*Jasmin Laudig*  
u

**PATIENT SIGNATURE:** \_\_\_\_\_

**DOB:** 7/24/2020 **SSN:** XXX-XX9124



Hankins & Sohn Plastic Surgery Associates  
60 North Pecos Road  
Henderson, NV 89074  
(702) 897-1330

# Hankins & Sohn

Plastic Surgery Associates

## Invoice

Date: Thu 11/15/2018

Jasmin Laudig  
1302 Surrey Downs Ln.  
Las Vegas NV 89135

DOB: 6/2/2012

QUANTITY	DESCRIPTION	PRICE	TOTAL PRICE
1	Consultation with Dr. Hankins	700.00	700.00
1	IME	250.00	250.00

**Tax:** \$0.00

**Subtotal:** \$950.00

**Payments:** (\$0.00)

<b>BALANCE DUE:</b> \$950.00
------------------------------

**Payments:** Payment Not Yet Received.

**Comments:** All sales are final, no refunds or exchanges.

**HANKINS AND SOHN PLASTIC SURGERY ASSOCITES**

**60 N. Pecos Road**

**HENDERSON, NV 89074**

**PHONE- 702-897-1330**

**FAX- 702-897-9499**

**IME**

**DATE: 11/15/2018**

**PATIENT: Jasmin Laudig**

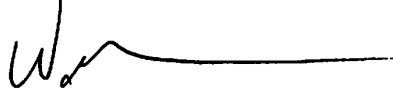
**To: Jordan Schnitzer, Esquire**

**Dear Mr. Schnitzer,**

Today I evaluated Jasmin Laudig for injuries which occurred on 02/13/2017, when she fell against a sharp metal object. I discussed the immediate wound care with her mother, who is a nurse, and my understanding is as follows: Mom initially cleaned the wound and applied a butterfly type dressing. Then Jasmin was taken to the ER where the physician utilized Dermabond to "close" the wound. Unfortunately, the fact that the wound wasn't closed in layers despite the fact that the wound was quite deep (from photos Mom took of the injury the day it occurred), has resulted in a wound with a significant "puckering" that occurs when Jasmin smiles. This is very noticeable with almost any degree of animation of the mouth.

The scar itself has healed quite well, but the animation deformity requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Jasmin's age, this would need to be performed under general anesthesia, and the costs for this surgery, including surgery center, anesthesia, surgeon's fees and all follow-up care would be 13,800.00. Within a reasonable degree of medical certainty, the deformity which exists on Jasmin's cheek is related to the injury which occurred on 02/13/2017.

Sincerely,



**W. Tracy Hankins, MD**

**Certified by the American Board of Plastic Surgery**

**Patient Name:**

Jasmin Lawdig

**Date of Birth:**

6-2-12

DATE \_\_\_\_\_

## CLINICAL NOTES

11-15-18


Consult: Lien scar on cheek

- Mc Messon; - full on fence

-2/13/17 date of day

- Please & Reasonable

- Inletal score = parking when the anemometer (sails)







PETAPP000247





PETAPP000248



## EXHIBIT K



JORDAN P. SCHNITZER, ESQ.  
Nevada Bar No. 10744  
THE SCHNITZER LAW FIRM  
9205 W. Russell Road, Suite 240  
Las Vegas, Nevada 89148  
Telephone: (702) 960-4050  
Facsimile: (702) 960-4092  
[Jordan@TheSchnitzerLawFirm.com](mailto:Jordan@TheSchnitzerLawFirm.com)  
*Attorney for Plaintiff*

**DISTRICT COURT**

**CLARK COUNTY, NEVADA**

JASMIN LAUDIG, a minor, by and through her  
father, JOHN LAUDIG, an individual;

Plaintiff,

vs.

LANDS, INC., dba SPRINGSTONE LAKES  
MONTESSORI SCHOOL, a domestic corporation;  
SPRINGLANDS LLC, a domestic limited liability  
corporation; DOES 1 through 10, and ROE  
CORPORATIONS 1 through 20, inclusive,

Defendants.

Case No.: A-20-808230-C

Dept. No.: 21

**PLAINTIFF'S DESIGNATION OF  
EXPERT WITNESSES**

COMES NOW, Plaintiff JASMIN LAUDIG, by and through her counsel, THE  
SCHNITZER LAW FIRM, and submits the following her Designation of Expert Witnesses as  
follows:

**RETAINED EXPERT:**

1. R.P. Phelps  
Jefferey Anderson  
Phelps Consulting Group LLC  
P.O. Box 751750  
Las Vegas, NV 89136

R.P. Phelps and Jefferey Anderson are construction and maintenance experts. R.P. Phelps  
is a licensed general contractor with over 40 years of experience. Mr. Phelps also is a licensed  
insurance adjuster, Member of the ICC (International Code Council). Jefferey Anderson conducted  
the site inspection and took the photos at that site inspection. Mr. Phelps is a retained expert and

will provide expert opinions and testimony as to his opinion and comparison to The Industry standard of care regarding safe premises and construction in environments such as the one at issue within the Industry, specifically, that Defendant fell below the standard of care. See Mr. Phelps's expert report attached hereto as **Exhibit "1"**, Bates Stamp: **EXPERT PHELPS 000001-000003** and **Exhibit "2"**, Bates Stamp: **EXPERT PHELPS 000004-000006**

The bases of Mr. Phelps's opinions include, but are not limited to, his education, training and experience, any scholarly articles addressed in his report or any other documents identified in his report. Mr. Phelps reserves the right to amend and/or supplement his expert report and opinions pending review of additional records, items and testimony in this matter.

This statement of the subject matter of his testimony and the summary of facts and opinions is for the purpose of expert disclosure only and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

Each of his opinions as described above is expected to be provided to a reasonable degree of certainty. Mr. Phelps's CV, Testimony List and fee schedule are attached hereto as **Exhibit "3"**, Bates Stamp: **PHELPS 000001-000009**

NON-RETAINED EXPERTS

1. John J. Kim, MD  
Rachel D. Lovera, RN  
Corrie Rocco, RN  
Person(s) Most Knowledgeable and/or  
Custodian of Records  
Summerlin Hospital  
657 N. Town Center Drive  
Las Vegas, NV 89144

John J. Kim, MD, Rachel D. Lovera, RN, and Corrie Rocco, RN, are medical professionals at Summerlin Hospital. They provided care and treatment to Plaintiff for injuries sustained in the subject incident. They will provide testimony regarding the diagnosis and prognosis of Plaintiff, treatment rendered, the amounts billed, and opinions formed during the course of treatment as partially set forth in Bates Stamp: **SUMMERLIN 000001-000046**. They are expected to provide expert testimony relating to and in accordance with his review of Plaintiff's medical records, their medical chart, any documents reviewed outside of their medical chart, opinions regarding past

1 medical care and/or treatment, and opinions regarding Plaintiff's need for future care and/or  
2 treatment, including the treatment of other medical providers. They will also provide opinions  
3 regarding the causation of Plaintiff's injuries and the necessity and reasonableness of Plaintiff's  
4 past and future medical expenses. They will also provide testimony in defense of any criticism  
5 of their treatment and may review materials as part of any such rebuttal.

6 They treated Plaintiff on 2/14/2017 and the records from any future treatment will be  
7 disclosed. They will testify about their observations of Plaintiff, conversations with Plaintiff, the  
8 diagnosis[es] of Plaintiff, including but not limited to,

- 9 • Laceration of right cheek
- 10 • Animation deformity which requires surgical revision to release the scar from the  
11 underlying tissues and reclose the wound in layers. Due to Plaintiff's age the surgical  
12 revision would need to be performed under general anesthesia. The cost for surgery,  
13 including surgery center, anesthesia, surgeon's fee and follow up is \$13,800.

14 that the cause of those injuries/conditions and symptoms associated with such injuries/conditions  
15 was the incident of 2/13/2017, that such injuries/conditions make Plaintiff more susceptible to  
16 future injuries and pain, that the past, current, and future treatment for those injuries is reasonable  
17 and necessary. They will also testify that the testing and treatment from Summerlin Hospital,  
18 Shadow Emergency Physicians, and Hankins and Sohn Plastic Surgery Associates was reasonable,  
19 necessary and related to the incident, that the injuries/conditions caused pain, suffering, and  
20 anguish, and that the injuries and conditions caused limitations and restrictions of daily activities,  
21 including work activities.

22 They will also testify about the reasonableness of their charges, the charges of any facility  
23 utilized by them, the charges of any providers where they referred Plaintiff, the charges of  
24 providers where Plaintiff was referred to them and all other medical providers including those set  
25 forth in Plaintiff's computation of damages, currently as follows:

26	Provider	Date(s) Of Service	Amount
27	Summerlin Hospital	2/14/17	\$522.00
28	Shadow Emergency Physicians, PLLC	2/14/17	\$1,532.00
	Hankins and Sohn Plastic Surgery Associates	11/15/18	
	<b>TOTAL</b>		<b>\$2,054.00</b>

1 This statement of the subject matter of John J. Kim, MD, Rachel D. Lovera, RN, and  
2 Corrie Rocco, RN's testimony, and the summary of facts and opinions is for the purpose of  
3 disclosing a non-retained expert witness under N.R.C.P. 16.1 (a)(2)(B) and is not intended to be a  
4 complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or  
5 other information considered by the witness in forming the opinions.

6 It is anticipated that their testimony in this matter will be based upon their training,  
7 education and experience in their area(s) of practice and/or expertise, set forth above, in the  
8 community(ies) they practices, as well as the local community where this action takes place and  
9 their familiarity with community standards of reasonable billing for like or similar services  
10 rendered.

11 This statement of the subject matter of their testimony and the summary of facts and  
12 opinions is for the purpose of expert disclosure only and is not intended to be a complete statement  
13 of all opinions to be expressed, the basis or reasons therefor, or of the data or other information  
14 considered by the witness in forming the opinions.

15 Each of their opinions as described above is expected to be provided to a reasonable  
16 degree of medical certainty. Their CV and fee schedule will be furnished upon receipt. It is  
17 estimated that their hourly rate will be the same or similar as other similar professionals with  
18 similar education, training and experience.

19 2. John J. Kim, MD  
20 Person(s) Most Knowledgeable and/or  
21 Custodian of Records  
22 Shadow Emergency Physicians, PLLC  
23 1000 River Road, Suite 100  
24 Conshohocken, PA 19428

25 John J. Kim, MD, is a medical professional at Shadow Emergency Physicians,  
26 PLLC. They provided care and treatment to Plaintiff for injuries sustained in the subject incident.  
27 They will provide testimony regarding the diagnosis and prognosis of Plaintiff, treatment  
28 rendered, the amounts billed, and opinions formed during the course of treatment as partially set  
forth in Bates Stamp: **SHADOW EMERGENCY BILLING 000001**. They are expected to  
provide expert testimony relating to and in accordance with his review of Plaintiff's medical  
records, their medical chart, any documents reviewed outside of their medical chart, opinions

regarding past medical care and/or treatment, and opinions regarding Plaintiff's need for future care and/or treatment, including the treatment of other medical providers. They will also provide opinions regarding the causation of Plaintiff's injuries and the necessity and reasonableness of Plaintiff's past and future medical expenses. They will also provide testimony in defense of any criticism of their treatment and may review materials as part of any such rebuttal.

They treated Plaintiff on 2/14/2017 and the records from any future treatment will be disclosed. They will testify about their observations of Plaintiff, conversations with Plaintiff, the diagnosis[es] of Plaintiff, including but not limited to,

- Laceration of right cheek
- Animation deformity which requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Plaintiff's age the surgical revision would need to be performed under general anesthesia. The cost for surgery, including surgery center, anesthesia, surgeon's fee and follow up is \$13,800.

that the cause of those injuries/conditions and symptoms associated with such injuries/conditions was the incident of 2/13/2017, that such injuries/conditions make Plaintiff more susceptible to future injuries and pain, that the past, current, and future treatment for those injuries is reasonable and necessary. They will also testify that the testing and treatment from Summerlin Hospital, Shadow Emergency Physicians, and Hankins and Sohn Plastic Surgery Associates was reasonable, necessary and related to the incident, that the injuries/conditions caused pain, suffering, and anguish, and that the injuries and conditions caused limitations and restrictions of daily activities, including work activities.

They will also testify about the reasonableness of their charges, the charges of any facility utilized by them, the charges of any providers where they referred Plaintiff, the charges of providers where Plaintiff was referred to them and all other medical providers including those set forth in Plaintiff's computation of damages, currently as follows:

Provider	Date(s) Of Service	Amount
Summerlin Hospital	2/14/17	\$522.00
Shadow Emergency Physicians, PLLC	2/14/17	\$1,532.00
Hankins and Sohn Plastic Surgery Associates	11/15/18	
<b>TOTAL</b>		<b>\$2,054.00</b>

1 This statement of the subject matter of John J. Kim, MD's testimony, and the summary of  
2 facts and opinions is for the purpose of disclosing a non-retained expert witness under N.R.C.P.  
3 16.1 (a)(2)(B) and is not intended to be a complete statement of all opinions to be expressed, the  
4 basis or reasons therefor, or of the data or other information considered by the witness in forming  
5 the opinions.

6 It is anticipated that their testimony in this matter will be based upon their training,  
7 education and experience in their area(s) of practice and/or expertise, set forth above, in the  
8 community(ies) they practices, as well as the local community where this action takes place and  
9 their familiarity with community standards of reasonable billing for like or similar services  
10 rendered.

11 This statement of the subject matter of their testimony and the summary of facts and  
12 opinions is for the purpose of expert disclosure only and is not intended to be a complete statement  
13 of all opinions to be expressed, the basis or reasons therefor, or of the data or other information  
14 considered by the witness in forming the opinions.

15 Each of their opinions as described above is expected to be provided to a reasonable  
16 degree of medical certainty. Their CV and fee schedule will be furnished upon receipt. It is  
17 estimated that their hourly rate will be the same or similar as other similar professionals with  
18 similar education, training and experience.

19 3. W. Tracey Hankins, MD  
20 Person(s) Most Knowledgeable and/or  
21 Custodian of Records  
22 Hankins & Sohn Plastic Surgery Associates  
23 60 North Pecos Road  
24 Henderson, NV 89074

25 W. Tracey Hankins, MD, is a medical professional at Hankins & Sohn Plastic Surgery  
26 Associates. They provided care and treatment to Plaintiff for injuries sustained in the subject  
27 incident. They will provide testimony regarding the diagnosis and prognosis of Plaintiff, treatment  
28 rendered, the amounts billed, and opinions formed during the course of treatment as partially set  
forth in Bates Stamp: **HANKINS & SOHN FUTURE TREATMENT REC 000001**. They are  
expected to provide expert testimony relating to and in accordance with his review of Plaintiff's  
medical records, their medical chart, any documents reviewed outside of their medical chart,

opinions regarding past medical care and/or treatment, and opinions regarding Plaintiff's need for future care and/or treatment, including the treatment of other medical providers. They will also provide opinions regarding the causation of Plaintiff's injuries and the necessity and reasonableness of Plaintiff's past and future medical expenses. They will also provide testimony in defense of any criticism of their treatment and may review materials as part of any such rebuttal.

They treated Plaintiff on 11/15/18 and the records from any future treatment will be disclosed. They will testify about their observations of Plaintiff, conversations with Plaintiff, the diagnosis[es] of Plaintiff, including but not limited to,

- Laceration of right cheek
- Animation deformity which requires surgical revision to release the scar from the underlying tissues and reclose the wound in layers. Due to Plaintiff's age the surgical revision would need to be performed under general anesthesia. The cost for surgery, including surgery center, anesthesia, surgeon's fee and follow up is \$13,800.

that the cause of those injuries/conditions and symptoms associated with such injuries/conditions was the incident of 2/13/2017, that such injuries/conditions make Plaintiff more susceptible to future injuries and pain, that the past, current, and future treatment for those injuries is reasonable and necessary. They will also testify that the testing and treatment from Summerlin Hospital, Shadow Emergency Physicians, and Hankins and Sohn Plastic Surgery Associates was reasonable, necessary and related to the incident, that the injuries/conditions caused pain, suffering, and anguish, and that the injuries and conditions caused limitations and restrictions of daily activities, including work activities.

They will also testify about the reasonableness of their charges, the charges of any facility utilized by them, the charges of any providers where they referred Plaintiff, the charges of providers where Plaintiff was referred to them and all other medical providers including those set forth in Plaintiff's computation of damages, currently as follows:

Provider	Date(s) Of Service	Amount
Summerlin Hospital	2/14/17	\$522.00
Shadow Emergency Physicians, PLLC	2/14/17	\$1,532.00
Hankins and Sohn Plastic Surgery Associates	11/15/18	
<b>TOTAL</b>		<b>\$2,054.00</b>



This statement of the subject matter of W. Tracey Hankins, MD's testimony, and the summary of facts and opinions is for the purpose of disclosing a non-retained expert witness under N.R.C.P. 16.1 (a)(2)(B) and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

It is anticipated that their testimony in this matter will be based upon their training, education and experience in their area(s) of practice and/or expertise, set forth above, in the community(ies) they practices, as well as the local community where this action takes place and their familiarity with community standards of reasonable billing for like or similar services rendered.

This statement of the subject matter of their testimony and the summary of facts and opinions is for the purpose of expert disclosure only and is not intended to be a complete statement of all opinions to be expressed, the basis or reasons therefor, or of the data or other information considered by the witness in forming the opinions.

Each of his opinions as described above is expected to be provided to a reasonable degree of certainty. W. Tracey Hankins, MD's CV, Testimony List and fee schedule are attached hereto as **Exhibit "4"**, Bates Stamp: **HANKINS 000001-000004**

DATED this 20<sup>th</sup> day of July 2021.

THE SCHNITZER LAW FIRM

By:   
JORDAN P. SCHNITZER, ESQ.  
Nevada Bar No. 10744  
9205 W. Russell Road, Suite 240  
Las Vegas, Nevada 89148  
Telephone: (702) 960-4050  
Facsimile: (702) 960-4092  
*Attorney for Plaintiff*



1 **CERTIFICATE OF SERVICE**

2 In accordance with Rule 9 of the N.E.F.C.R., I, the undersigned hereby certify that on the  
3 20<sup>th</sup> day of July 2021, I served a true and correct copy of the foregoing **PLAINTIFF'S**  
4 **DESIGNATION OF EXPERT WITNESSES** to the above-entitled Court for electronic filing  
5 and service upon the Court's Service List to the following counsel:

6 J. BRUCE ALVERSON, ESQ.  
7 Nevada Bar No. 1339  
8 KARIE N. WILSON, ESQ.  
9 Nevada Bar No. 7957  
10 ALVERSON TAYLOR & SANDERS  
11 6605 Grand Montecito Pkwy, Ste. 200  
12 Las Vegas, NV 89149  
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BY: \_\_\_\_\_  
An employee of  
THE SCHNITZER LAW FIRM



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# Exhibit “1”

Phelps Consulting Group LLC  
P.O. Box 751750  
Las Vegas, NV 89136  
[phelpsgroup@cox.net](mailto:phelpsgroup@cox.net)

04/07/2021

Jordan P. Schnitzer, Esquire  
The Schnitzer Law Firm  
9205 Russell Road  
Suite 120  
Las Vegas, NV

RE: Laudig v Lands Inc DBA Springstone Lakes Montessori School

Dear Mr. Schnitzer:

Please accept this as my expert report regarding an injury Jasmine Laudig suffered while attending the Springstone Lakes Montessori School located at 2750 Lake Sahara Drive in Las Vegas NV. The injury occurred on February 12<sup>th</sup> 2017. It is believed Jasmine fell in the vicinity of a chain link fence with shade screening attached which is adjacent to a concrete walking area while playing on the outdoors area. Jasmine was treated at Summerlin Hospital.

I have reviewed the documents provided to me by your office including photographs. I have not performed a site inspection and no other reports have been produced as of the date of this report. The documents I have reviewed are as follows;

1. Complaint
2. Answer
3. 8 Pictures from Site used in Yasemin Laudig's Deposition
4. Plaintiff's Response to Requests for Production
5. Plaintiff's Response to Interrogatories
6. Defendant, Lands Inc. Response to Requests for Admission
7. Defendant, Lands Inc. Response to Interrogatories
8. Defendant, Lands Inc. Response to Requests for Production
9. Plaintiff's Initial Disclosures and all exhibits/documents
10. Plaintiff's 1<sup>st</sup> Supplemental Disclosures and all exhibits/documents
11. Defendants' Initial Disclosures and all exhibits/documents

12. Defendants' First Supplemental Disclosures and all exhibits/documents
13. 2015 International Property Maintenance Code
14. 2012 International Building Code

The area that is alleged where Jasmine fell, is in the vicinity of a chain link fence with shade screening attached which is adjacent to a concrete walking area while playing on the outdoors area. Chain link fencing and related accessories are often attached by use of a Tension Wire which is 9 gauge wire which is .114 or almost 1/8" in diameter. The ends of tension wire should be safed off by bending the ends over and out of the way of harm to people and or pets. This similar to bending nails in a board over so as to make is safe from stepping on an upright exposed nail as we were all taught as children.

Jasmine suffered what appears to be a puncture wound to her right cheek that has left a scar/dimple. While Jasmine who was approximately four-year-old at the time of the injury was not able to articulate exactly what where she fell, it is clear she suffered a wound and also had noticeable swelling of the face on her right cheek.

Lands Inc. DBA Springstone Lakes Montessori School is the property owner and as such is responsible to maintain their property in a safe condition. The 2012 International Property Maintenance code sets forth the following;

**(A) 101.2 Scope** The provisions of this code shall apply to all existing residential and nonresidential structures and all existing premises and constitute minimum requirements and standards for premises, structures, equipment and facilities for light, ventilation, space, heating, sanitation, protection from the elements, life safety, safety from fire and other hazards, and for safe and sanitary maintenance; the responsibility of owners operators and occupants; the occupancy of existing structures and premises, and for administration, enforcement and penalties

**101.3 Intent** This code shall be construed to secure its expressed intent, which is to insure public health, safety and welfare insofar as they are affected by the continued occupancy and maintenance of structures and premises. Existing structures and premises that do not comply with these conditions shall be altered or repaired to provide a minimum level of health and safety as required herein.

**(A) 302.3 Sidewalks and driveways.** All sidewalks, walkways, stairs, driveways, parking spaces and similar areas shall be kept in a proper state of repair and maintained free from hazardous conditions.

Conclusions and Opinions:

It is most likely the Chain link fence and accessories at the concrete sidewalk created a puncture of Jasmine Ludig's cheek and is a hazardous condition. While construction work by its nature creates hazardous conditions, being left without inspections and maintenance created a hazard and fell below the standard of care for a building owner.

Discovery is ongoing in this matter. No other expert reports have been produced and no site inspections have been scheduled. I reserved my right to supplement this report after the aforementioned have been undertaken.

Sincerely yours,

*R.P. Phelps*, signed electronically



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# Exhibit “2”

Phelps Consulting Group LLC  
P.O. Box 751750  
Las Vegas, NV 89136  
[phelpsgroup@cox.net](mailto:phelpsgroup@cox.net)

07/20/2021

Jordan P. Schnitzer, Esquire  
The Schnitzer Law Firm  
9205 Russell Road  
Suite 120  
Las Vegas, NV

RE: Laudig v Lands Inc DBA Springstone Lakes Montessori School

Dear Mr. Schnitzer:

Please accept this as my supplemental expert report regarding and injury Jasmine Laudig suffered while attending the Springstone Lakes Montessori School located at 2750 Lake Sahara Drive in Las Vegas NV. The injury occurred on February 12<sup>th</sup> 2017. It is believed Jasmine fell in the vicinity of a chain link fence with shade screening attached which is adjacent to a concrete walking area while playing on the outdoors area. Jasmine was treated at Summerlin Hospital.

I have reviewed the documents provided to me by your office including photographs. My office has attended a site inspection performed a site inspection to document the method of attachment of the chain link fence and screen material as well as the consistency of attachment. My observations and opinions regarding the inspection are set forth in this report in a separate paragraph in italic text. The documents I have reviewed are as follows;

1. Complaint
2. Answer
3. 8 Pictures from Site used in Yasemin Laudig's Deposition
4. Plaintiff's Response to Requests for Production
5. Plaintiff's Response to Interrogatories
6. Defendant, Lands Inc. Response to Requests for Admission
7. Defendant, Lands Inc. Response to Interrogatories
8. Defendant, Lands Inc. Response to Requests for Production
9. Plaintiff's Initial Disclosures and all exhibits/documents
10. Plaintiff's 1<sup>st</sup> Supplemental Disclosures and all exhibits/documents
11. Defendants' Initial Disclosures and all exhibits/documents



12. Defendants' First Supplemental Disclosures and all exhibits/documents
13. 2015 International Property Maintenance Code
14. 2012 International Building Code

The area that is alleged where Jasmine fell, is in the vicinity of a chain link fence with shade screening attached which is adjacent to a concrete walking area while playing on the outdoors area. Chain link fencing and related accessories are often attached by use of a Tension Wire which is 9 gauge wire which is .114 or almost 1/8" in diameter. The ends of tension wire should be safed off by bending the ends over and out of the way of harm to people and or pets. This similar to bending nails in a board over so as to make is safe from stepping on an upright exposed nail as we were all taught as children.

*During the inspection it was observed the attachment of the screen and or fence varied and it was observed many tension wire ends were not bent over to make them safe. This unsafe and hazardous condition should be mitigated by the property owner and operator.*

Jasmine suffered what appears to be a puncture wound to her right cheek that has left a scar/dimple. While Jasmine who was approximately four-year-old at the time of the injury was not able to articulate exactly what where she fell, it is clear she suffered a wound and also had noticeable swelling of the face on her right cheek.

Lands Inc. DBA Springstone Lakes Montessori School is the property owner and as such is responsible to maintain their property in a safe condition. The 2012 International Property Maintenance code sets forth the following;

**(A) 101.2 Scope** The provisions of this code shall apply to all existing residential and nonresidential structures and all existing premises and constitute minimum requirements and standards for premises, structures, equipment and facilities for light, ventilation, space, heating, sanitation, protection from the elements, life safety, safety from fire and other hazards, and for safe and sanitary maintenance; the responsibility of owners operators and occupants; the occupancy of existing structures and premises, and for administration, enforcement and penalties

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**(A) 302.3 Sidewalks and driveways.** All sidewalks, walkways, stairs, driveways, parking spaces and similar areas shall be kept in a proper state of repair and maintained free from hazardous conditions.

Conclusions and Opinions:

It is most likely the Chain link fence and accessories at the concrete sidewalk created a puncture of Jasmine Ludwig's cheek and is a hazardous condition. While construction work by its nature creates hazardous

conditions, being left without inspections and maintenance created a hazard and fell below the standard of care for a building owner.

Discovery is ongoing in this matter. No other expert reports have been produced and no site inspections have been scheduled. I reserved my right to supplement this report after the aforementioned have been undertaken.

Sincerely yours,

*R.P. Phelps*, signed electronically



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# Exhibit “3”

**R.P. PHELPS**  
**Phelps Consulting Group LLC**  
**P.O. Box 751750**  
**Las Vegas, NV 89136**  
**(702) 232-2037 - Fax: (702) 656-2843**

**CURRICULUM VITAE**

**PROFESSIONAL  
EXPERIENCE:**

2000 to Present     **PHELPS CONSULTING GROUP LLC** Las Vegas, Nevada

providing forensic consulting and expert witness services for Construction Defect Litigation and other construction related issues. Menu of services include **site inspections, forensic and witness investigations, expert reports, and cost of repair, depositions, trial exhibits and testimony**. The following are examples of cases that Phelps Consulting Group has been designated as an expert witness and provided opinions for.

- |                    |                            |
|--------------------|----------------------------|
| • Land Development | Finish Carpentry           |
| • Grading          | Ceramic Tile               |
| • Paving           | Roofing                    |
| • Concrete         | Landscape                  |
| • Framing/ Truss   | Stucco                     |
| • Drywall          | Masonry (block, brick etc) |
| • Windows          | Plumbing                   |
| • Waterproofing    | Water and Sewer            |
| • Swimming Pools   | Water Damage Remediation   |
| • Building Codes   | Accidents (injury)         |

Phelps Consulting Group serves as associate compliance inspector for the Ceramic Tile Institute of America Inc., often used as a point of authority.

1991 to Present     **MORNINGSIDE HOMES, INC.**, Las Vegas, Nevada

PRESIDENT of family-owned residential home builder/developer; responsible for all executive, management, and administrative duties, including handling on-site and off-site construction at various projects as needed; examples of projects are:

PHELPS 000001

• Innovations at Hidden Canyon 144 single-family detached homes	\$15,120,000
• Innovations at Nellis Valley 123-lot subdivision - single-family homes Land development and lot sales	\$ 2,767,500
• Summit at Elkhorn Springs 94 lot subdivision - single-family detached homes	\$11,280,000
• Toucan Trails at Elkhorn 58 single-family lot sales Entitlement and engineering	\$ 980,000
• Orchard Springs – 15 custom single-family detached homes on ½ acre lots	\$ 4,650,000
• Tropicana & Stephanie 22 detached single-family rental homes	\$ 2,860,000
• Rough carpentry framing for various home builders in Las Vegas	\$ 3,000,000
• Developed and sold 16 ½ acre custom lots	\$ 897,000
• Developed 48 Condominium units Fernley Nevada	\$ 8,160,000
• Custom Home and Casita 6,000 sq ft	\$950,000
• Custom home in Bigfork Montana	\$975,000

1985 to 1991

**AMERICAN GENERAL DEVELOPMENT COMPANY**, Palm Desert, California

PRESIDENT of family-owned residential/industrial developer and general contractor; responsible for all executive, management, and administrative duties, including handling on-site and off-site construction at various projects as needed; samples of projects include:

• Laguna de La Paz – 89 single-family homes - attached and detached	\$15,575,000
• Country Club Business Park – two industrial office/warehouse buildings	\$ 1,900,000
• Mesa Mirage – 17 single-family custom homes	\$ 3,400,000
• Remodel Master, a separate division of American General Development Company – residential room additions / remodels	\$ 1,700,000

- Bermuda Dunes – 15 semi-custom and custom \$ 2,250,000

1984 to 1985

**SUN RANCH DEVELOPERS**, Cathedral City, California

PARTNER in residential development company responsible for all on-site and off-site construction; the largest project completed was:

- Sun Ranch – 79 single-family detached homes \$ 2,736,000

1980 to 1983

**PARADE OF HOMES, INC.**, Olathe, Kansas

PRESIDENT of family-owned custom home building and developing company; sample projects included:

- Indian Creek Ridge subdivision coordinator
  - 228 lot sales \$ 2,736,000
  - Construction of various scattered lot homes \$ 525,000

**BANKING**

- 2001 to 2006 One of nine Founders of Northern Nevada Community Bank Reno Nevada. Bank was successfully sold to larger banking concern.

**INDUSTRY  
ASSOCIATIONS  
AND LICENSES:**

- Licensed General Contractor – Nevada - #53574 (1,000,000 Bid limit)
- Licensed General Contractor – California - #475037 (Expired)
- Licensed General Contractor-South Carolina #49923
- Licensed General Contractor Arizona (pending)
- Licensed Insurance Adjustor
- Member ICC (International Code Council)
- Compliance inspector for Ceramic Tile Institute of America Inc.
- Ceramic Tile Consultant designation by CTIOA

- Certified Window Installer AAMA/Installation Masters tm
- Accredited Instructor AAMA/Installation Masters tm
- Member AAMA
- E.I.F.S. Inspector & Moisture Analyst Certified by EDI
- Building Envelope Analyst Level II Certified by EDI
- Steep Slope Roof Inspector Certified by EDI

**EDUCATION:**

- High School – Jefferson City, Missouri – 1972

Ver:01-01-2020

## Phelps Consulting Group

Rate Schedule

July 1st 2019

	<u>Rate/Amount</u>
Expert hourly rate	\$ 215.00
Technician hourly rate	\$ 195.00
Travel expenses outside Las Vegas area:	As incurred
Travel time billing charges	Billing rate as required
Secretarial/Administration charges	None
Deposition Preparation	Standard Rate
Deposition and Trial Testimony	\$ 375.00

PHELPS 000005

PETAPP000271



**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Duke Phelps</i>	Date ▶ 4-2-10
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Clark County Nevada Deposition, Trial and Arbitration Testimony  
Of  
R.P. Phelps  
8/01/2017

Admirals Point II HOA v. Windcrest Development Inc.  
Alcantara v. Rhodes Homes Inc.  
Campbell v. Lewis Homes of Nevada Inc.  
Distinctive General Contracting v. Tucson Plaza, LLC  
Eakin v. Spann  
Federico v. Earth Development Inc.  
Glen Woods v. WCB Investments Inc.  
Hutch v. Stainer  
Las Posada HOA v. Signature Homes Inc  
Marbury-Hammonds v. Nascimento  
Miramonte v. Beazer Homes of Arizona Inc.  
Pacific Legends East HOA v. Pacific Homes Inc  
Press v. Abrahms  
Palm Gardens HOA v. Rhodes Homes Inc.  
Pelican Bay HOA v. Robert V. Jones Inc.  
Sante Fe v. Eising  
Scottsdale Valley HOA v. Templeton Development  
TJM Inc. v. McMillan  
Village at Crag Ranch v. Beazer Homes Inc.  
The Falls v. Red Vista  
Love v. Ramos  
Hayward V. Del Webb  
Quail Ridge v. Comstock Development  
Canyon Villas v Anse  
Canyon Villas v Cedar Roofing  
Goyak v. Unlimited Home Repair Inc.  
Amber Ridge HOA v ANSE  
Amber Ridge HOA v Dupont Tile  
Gerstein v T&T Tile  
Matt v WCB Construction  
T&T Tile v Weiner  
Blackstone v Schneider  
Cosmopolitan v. 40 40 Club LLC  
South Park v Rystin  
Westpoint v. Mathew  
Hollingsworth v Mandalay Bay  
Chateau Versailles v Summit Drywall  
Chateau Nouveau v Summit Drywall  
Jasmine Ranch v Union Pacific  
Barbarino v DR Horton (First Premier and Summit Drywall)

**Deposition and Trial Testimony of R.P. Duke Phelps Continued**

Richmond American v MS Concrete  
Latigo v R.J. Framing  
Healy v DR Horton (Summit Drywall)  
Sun Colony v Bebout (KB Framers)  
Desert Pines v (Picerne Danko Glass Owens Plastering)  
Allen v Sun Colony (ANSE)  
Sure Steel v Desert Mesa Construction  
Loftsgaarden v ANSE  
Aventine v Vanguard (Vanguard/Viega)  
Town Center v Stewart and Sundell Concrete  
Southern Nevada Paving v Turnberry LLC  
Bransky v K&K Door and Trim  
McDowell v Roadrunner Drywall  
McDowell v First Premiere Drywall and Paint  
Keller v ANSE  
Keller v Adams Brothers Flooring  
Hermosa Vistas HOA v Alford Grading  
Big D v Take it For Granite Too  
Noyes v KB Framers LLC  
Conlin v Aria  
RBM v Rosenauer  
Amareld v Tropicanna  
Houck v Ecker Enterprises  
Houck v ANSE  
Houck v Hutchins Drywall  
Sandstone v Deck Systems of Nevada  
Sandstone v Mesquite Tile  
Calloway v K&K Door and Trim  
Allen v K&K Door and Trim  
Patton v Dayton Drywall  
Drennen v Ecker Enterprises  
Wigwam Ranch East v Sunstate Landscaping  
Gonzales v Hutchison Drywall  
Bedrosian v Vegas General Construction Co.  
Bedrosian v K&K Framers LLC  
Hernandez v Ecker Enterprises  
Wigwam Ranch v Sunstate  
Hernandez v Ecker Enterprises  
Alder/Brown v KB Framers Inc  
Lopez v Kennington Plastering  
College Villas v CMD Door and Trim  
Atkins v Adams Brothers Flooring  
Hackett v Gerald Stuart Concrete

Queensridge v Giroux Glass Co.



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# Exhibit “4”

Warren Tracy Hankins, M.D.  
60 N Pecos road  
Henderson, NV 89074  
702-897-1330  
drhankinslv@gmail.com

**Hankins and Sohn Plastic Surgery Associates - Las Vegas and Henderson, Nevada**

**Chief of Plastic Surgery at Sunrise Hospital, largest private hospital in Las Vegas, Nevada  
2004-2012**

**Associate Professor, Touro University, Las Vegas, Nevada**

**Palette speaker and trainer**

**Clinical Instructor for Juvederm, Botox, Advisor for Allergan Corporation**

**Member, Lead Advisory Board for Mentor Corporation**

**Trainer for Dysport, Restylane and Restylane Lift and Advisory Board Member for  
Galderma Corporation**

**Board Certified by American Board of Plastic Surgery September 2000, recertified 2010**

**Member, American Society of Plastic Surgeons 2002 – current**

**Residency:**

GRAMEC Combined Plastic Surgery Residency Program      June 1994 – June 1999

Plastic Surgery Inservice Exam      99% among residents

**Medical Education:**

Indiana University School of Medicine      August 1990 – May 1994

Honors:      AOA – elected in third year  
John Edwards Fellow 1993-1994 –  
full scholarship given to four graduate  
students a year – chosen as medical  
school representative  
Dr. E.B. Rinker Scholar 1992-1994  
AMA Scholarship 1992-1993  
Pitman Surgical Scholarship 1994

HANKINS 000001

PETAPP000277

Activities:

Division 1 varsity soccer x 4 years in college 1985-1990  
Treasurer and Vice-President of SAE Fraternity, 1988-1999  
School of Medicine representative to Graduate Student Council 1991-1994  
Chairman, GSC 1992-1993  
Member: Phi Rho Sigma, AMA, Medical Student Council

USMLE:

Step I - 97%, Step II - 90%,  
Step III - 92%

**Undergraduate Education:**

Davidson College, Davidson, N.C.

August 1985 – December 1989

Degree:

BA – Economics – Magna Cum Laude

Honors:

Phi Beta Kappa, Omicron Delta Epsilon, Omicron Delta Kappa, Phifer Scholarship for top Economics major, All-South and Academic All-American, NCAA Division I

Activities:

Varsity Soccer 1985-1989, Captain 1988 and 1989, MVP 1989  
SAE Fraternity Treasurer and Vice-President

**Research:**

Microsurgical research on small intestine submucosa as alternative for bladder tissue - 1994

**Publications/Presentations**

- 1) Complete Nasal Replantation – case report published in ASPRS journal
- 2) Second Stage Liposuction in TRAM Flap Reconstruction: Midwestern Assoc. of Plastic Surgeons, 1995-second place, resident clinical study

Michigan Chapter of ASPRS, 1996-  
first place resident clinical study

3) Reduction in LOS for "Moderate"  
Burns after Outpatient Burn Center  
Establishment: American Burn  
Assoc., 1996

4) Treatment of Fingertip  
Amputations using the Amputated  
Part as a Composite Graft: Michigan  
Chapter, American College of  
Surgeons, 1997

5) Local anesthetic infiltration of the  
carotid body during endarterectomy,  
published, Journal of American  
Surgery, first place clinical study,  
Michigan Chapter, ACS

6) Application of Nitroglycerin to the  
isolated rat skin flap-first place, non-  
clinical study, Michigan Chapter  
ASPRS 1998



# HANKINS & SOHN PLASTIC SURGERY ASSOC.

60 North Pecos Road Henderson, NV. 89074 Ph.702/897-1330 Fax 702/897-9499

## Plastic and Reconstructive Surgery Expert Services, Deposition and Court Appearance Fees

This letter serves as a notice on plastic surgeon fees for legal testimony. Charges are as follows:

**Deposition:** \$1500. 00 for the first hour, one hour minimum. Each additional hour  
\$1000.00 per hour. Travel billed at \$750.00 per hour.

### Pre-deposition meeting, Preparation and/or Record Review:

\$750.00 per hour, charged in 15 minute increments.

**Trial/ Arbitration:** \$5000.00 per half day (1/2 day minimum increments)

**Report fees:** In addition to service provided.

\*Cancellations made between one and two weeks of scheduled date will be refunded at 50% of fee.

\*Cancellations made within one week of scheduled date will **not** be refunded.

\*Failure to respond to this notice shall be considered a confirmation of acceptance of its terms when time is scheduled with the physician.

**Attorney Name**\_\_\_\_\_

**Attorney Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**PLEASE FAX BACK** with signature to 702-897-9499

[www.hankinsplasticsurgery.com](http://www.hankinsplasticsurgery.com)

HANKINS 000004

PETAPP000280