

**ENCINO-TARZANA REGIONAL MEDICAL CENTER
(DR. MILEIKOWSKY)**

EXHIBIT BINDER

HEARING II

- 117. Letter to Dr. Mileikowsky from Gary Dosik dated December 23, 1999
- 118. Letter to Dr. Mileikowsky from Gerald Clute dated December 24, 1999
- 119. Letter to Dr. Mileikowsky from Dale Surowitz dated June 23, 2000
- 120. Police Report dated July 6, 2000
- 121. ETRMC's Security Record dated July 4, 2000, July 5, 2000 and July 6, 2000
- 122. Summary of August 14, 2000 Incident
- 122A. OB/PC Review dated June 12, 2000
- 122B. OB/PC Review dated August 14, 2000
- 122C. Dr. Mileikowsky's Handwritten Copy of Committee Minutes
- 123. CQI Typed Summary for August 30, 2000
Re: Harassment of Staff and Picture Taking
- 124. Memo to Dale Surowitz dated August 30, 2000
- 125. CQI Care Sheet
Re: Vacuum Extraction Delivery (MR # 48-96-52)
- 125A. Letter to Dr. Mileikowsky from Ohad Ben-Yehuda, M.D. dated November 8, 2000
Re: MR # 48-96-52
- 125B. Letter to Dr. Mileikowsky from Ohad Ben-Yehuda, M.D. dated December 26, 2000
Re: MR # 48-96-52
- 126. Excerpts from MR # 48-96-52
- 127. ETRMC Policy
Re: Vacuum Extraction
- 128. CQI Care Sheet
Re: Circumcision (MR # 49-21-80 T)
- 129. Excerpts from MR # 49-21-80 T

- 129A. Records Release Authorization Submitted by Dr. Mileilowsky's office.
Re: MR # 49-21-80T
- 129B. Medical Record No. # 49-21-80 T
- 130. CQI Typed Summary
Re: November 10, 2000 Incident
- 130A. ETRMC's Security Record for November 10, 2000
- 131. Memo to Gerald Clute dated November 10, 2000
- 132. Memo to Gerald Clute from Valerie Harragin dated November 16, 2000
- 133. Memo to Dale Surowitz from Jerry Clute dated November 21, 2000
- 134. CQI Typed Summary
Re: November 25, 2000 Incident
- 135. MEC minutes dated November 28, 2000
- 136. Medical Board 805 report dated January 22, 1998
- 137. Medical Board 805 report dated November 12, 1999
- 137A. Dr. Mileikowsky's Reinstatement Application
Including Response to Corrective Action at Cedars-Sinai Medical Center
- 138. Medical Board 805 report dated December 5, 2000
- 139. Letter to Dr. Mileikowsky from Dr. Kayne dated December 22, 1999
Re: Notice of Medical Staff Hearing and Charges
- 140. Letters to Dr. Kayne from Dr. Mileikowsky dated December 29, 2000
- 141. ETRMC Policy
Re: Circumcision Pain Relief
- 142. Excerpt from Clinical Pediatric Urology - 2nd Edition
Re: Circumcision
- 143. Declaration of Gil Mileikowsky dated December 27, 2000

Handwritten signature/initials

RECORDS RELEASE AUTHORIZATION

Targona - Medical Records
Doctor or Hospital

Medical Record # 49-21-80
Address

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE ALL RECORDS TO:

GIL N. MILEIKOWSKY, M.D.
5363 Balboa Boulevard
Suite 245
Encino, California 91316
(818) 981-1888

all records!!

THE COMPLETE MEDICAL RECORDS IN YOUR POSSESSION CONCERNING MY ILLNESS/AND/OR TREATMENT (History & Physical, Pathology, Laboratory, Surgeries, X-rays, All Monitoring Flow Charts).

NAME [Redacted] DATE OF BIRTH 61-03-00

MAIDEN NAME _____

NAME UNDER WHICH PATIENT WAS SEEN _____

SOCIAL SECURITY NUMBER _____

ADDRESS _____

SIGNATURE [Redacted]

WITNESS M. Ho [Redacted]

DATE 12-15-00

12 - 15 - 00

*Please send a copy of the records by Zimbo,
Thanks*

NEWBORN NURSERY PREPRINTED ORDERS

Must be individualized for each patient i.e. drug doses, etc, stamped with the patient's name, signed, timed and dated by the MD

CHECK AND COMPLETE THE FOLLOWING ORDERS AS DESIRED:

IF MOTHER HBsAg STATUS IS UNKNOWN:

- Give Hepatitis B Vaccine 0.5ml IM (LAT OR RAT) within 12 hours of delivery.
- Determine maternal HBsAg status ASAP and contact MD within 24 hours and prior to discharge.

MISCELLANEOUS ORDERS

- Oxygen use per standard of care.
- If Mother is Group B Strep positive - follow maternal Group B Strep per standard of care.
- Circumcision (after 12° of age and post exam by pediatrician).
- Obtain urine and meconium toxicology screen.
- Newborn metabolic screen prior to discharge.
- Hearing screen.
- Medical Social Worker consult (If mother is <17 years old and/or had no prenatal care and/or is a substance abuser and/or any other concern necessitating a consult.)
- Bilirubin - Total/Direct for first evaluation. If direct component <5% of Total value subsequent Bilirubins are Total Fraction only.
- Home health nurse visit: Indication: _____ Date: _____

Staff Rules:

1. Anti-infective (excluding topical) automatic stop order after 7 days
2. Controlled Drugs (Schedule II) automatic stop order after 5 days
3. Controlled Drugs (Schedule III-V) automatic stop order after 5 days
4. Anticoagulants (except low-dose heparin) automatic stop order after 5 days
5. Other drugs automatic stop order after 30 day

May DL home w/ stable lexon

TO DR ZUKOW Kim' Arno

WST 10/13/00 102

PHYSICIAN'S SIGNATURE: _____

TARZANA MEDICAL CENTER
 TIME: _____ DATE: 10/13/00
 8187424
 1103/00

Encino • Tarzana
 Regional Medical Center
 Tarzana Hospital
 Tenet California HealthSystem

18321 Clark St.
 Tarzana, CA 91356
 Tel 818.861.0800

11 5370 00
 ZUKOW ARNOLO

NEWBORN NURSERY PREPRINTED ORDERS
PAGE 2 OF 2

CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT.



11/5/06
 Incision site
 2ml from
 peridaxital junction

Young Boy

Infant History: Date of birth 11-3-00 Time 0350 Sex Male Weight 7.15
 Length 19 1/4 Head Circumference 13 3/4
 APGAR at birth 8 9 APGAR at arrival in nursery 9

Maternal History: Age 40 Gravida 3 Para 2 RH OT

Infant Examination LEGEND (V-NORMAL, X - ABNORMAL, O - ABSENT) DESCRIBE

- General Appearance (Color, maturity, activity)
- Skin:
 - Jaundice
 - Cyanosis
 - Petechiae
 - Rash
 - Meconium Staining
 - Hematoma
- Eyes:
 - Conjunctivitis
 - Red Reflex
- Head: (moulding, caput, craniotables, cephalhematoma, fontanelles)
- Mouth:
- Palate:
- Ears:
- Nose:
- Chest:
 - Retractions
 - Breath Sounds
- Heart: (rhythm, murmurs, rate, sounds)
- Femoral Pulses:
- Abdomen: (liver, spleen, kidneys, masses)
- Cord: (no. of arteries, moist, appearance)
- Extremities:
 - Clavicles
 - Hips:
- Genitalia:
- Anus:
- Reflexes: (moro, suck, muscle tone, cry)

Abnormal Findings (describe)
No abnormal findings

Impression: Normal Female Infant, Term
 Male Premature

Date of Examination 11-3-00 Time 9 AM

Signature [Signature] M.D.

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18321 Clark St.,
 Tarzana, CA 91356
 Tel 818.881.0800

TARZANA HEALTH CENTER
 10092 R...
 8010620
 8187420

NEWBORN PHYSICAL EXAMINATION

LATE	INITIALS	TIME	TEMP.	PULSE	RESP.	FEEDINGS			LAV GAV	TIME	ACCU-CHECK	OUTPUT						
						BREAST	WATER	BOTTLE				MEC	TRANS	BILI	YLW	VOID		
1115	WHP	0820						4oz										
	WHP	0830	98.2	132	40													
BHI hours 7a - 7p	WHP	0915						1oz										
	WHP	1200						1 1/2oz										
	WHP	1600						1oz										
BW hours 7p - 7a	WHP	20	98	140	40													
												TREATMENTS						
												Circ care done						
EXAM (Name & time)																		

TIME	PIE#	LONG NOTES	SIGNATURE
0830		Senior m(D) ankle. circ care given	WHP
1600		Out to Mom. ID bands checked	WHP
1700		Returned to nursery	WHP
1650		Back to the nursery	WHP
1705		PostPartum Nurse called Skating M. Makowsky wants Enla applied to penis now to see if it will be there 45 minutes	WHP
1708		Enla cream applied to penis	WHP
1845		Dr Makowsky here to perform circ	WHP
2000		Routine NB care done. Assessment w/DL. Sensor to D ankle intact. Circ site is visible guyz intact. Sm. bleeding noted on 1 guyz. Cloth diaper intact	WHP

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**NEWBORN NURSING
ASSESSMENT**

FORM 0221-05-0005 (REV. 5/97)

Weight Today	Initials / Signature	Parent Print
7-10	WHP	
Weight Yesterday		
7-13	WHP	

TARZANA MEDICAL CENTER
10992 E 10
80Y0620
8:37429
11/07/00
BOOK ARRIVED

171

DATE: 11-5-00

TIME	PROBLEM #	NOTE	NURSE'S SIGNATURE
010		Dr. D'arsi in to examine baby. Circ site checked. Bleeding note. Gauze re-wrapped.	
		cloth diaper in place.	Metha
2025		To mom, band checked	Metha
2030		site rechecked, still a sm. bleeding noted on 1 site. MD OK'd for dx tonight.	
		Instructions given to mom & showed circ care. Vasoline gauze intact & pressure dressing. Extra supplies handed to mom.	
		Showed & reviewed cord care & bulb syringe use per request. Reminded to call Dr's office for tomorrow's appointment. ID band & sensors compared & cut. Home & mom. Car seat available for use.	Metha

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NURSES NOTES

Form 0221-MS-007 (Rev. 6/97)

Patient Photo Here

TARZANA MEDICAL CENTER
 2000 P... 10...
 00Y0620
 887429
 11-03/00 0900 H 11/03/00
 ZERO 4 43000