

# STATE OF TENNESSEE DEPARTMENT OF HEALTH BUREAU OF HEALTH LICENSURE AND REGULATION DIVISION OF HEALTH RELATED BOARDS

227 French Landing, Suite 300
Heritage Place Metro Center
Nashville, TN 37243

TENNESSER #HOVERB @EGMEINE WAMINERS 1-800-778-4123

June 2, 2011

JUDY CHARMANE WASHINGTON, MD 2525 DESALES AVE. CHATTANOOGA TN 37404

TO WHOM IT MAY CONCERN:

The Tennessee Board of Medical Examiners is pleased to turnish the following information from our files:

PROFESSION: Medical Doctor

NAME; JUDY CHARMANE WASHINGTON

RANK: Medical Doctor

LICENSE NUMBER: MD27890

ISSUE DATE: 05/20/1996

EXPIRATION DATE: 10/31/2003

CURRENT STATUS: Failed to Renew

STATUS DATE: 12/08/2003

COMMENTS: There is no derogatory information in our files concerning this individual. The State of

Tennessee only provides the above information. Any other information needed must be

obtained from the licensee.

Sincerely,

Board Administrator

Tennessee Board of Medical Examiners

MD/LV1

To expedite the verification process, the above is the standard format used by the Medical Board of Tennessee.



# STATE OF TENNESSEE DEPARTMENT OF HEALTH HEALTH RELATED BOARDS FIRST FLOOR, CORDELL HULL BUILDING 425 FIFTH AVENUE NORTH NASHVILLE, TENNESSEE 37247-1010 www.tennesseeanytime.com

#### **BOARD OF MEDICAL EXAMINERS**

November 10, 2003

CERTIFIED MAIL

JUDY CHARMANE WASHINGTON M.D. 2525 DESALES AVE. CHATTANOOGA, TN 37404

SUBJECT: Registration Renewal

Dear Licensee:

Our records indicate that your authorization to practice your profession was due for renewal on the last day of your birth month this year. Our records also indicate that you have not submitted all necessary items to accomplish the renewal of your registration. By law your license expires this year on the last day of the month in which you were born.

This is your FINAL notification of the requirement of renewal of your registration. You have until the last day of the month following the month of this year in which your birthdate falls to do one of the following:

- Submit your renewal application (if you have lost your renewal application you may telephone 615-JUDY CHARMANE WASHINGTON M.D. and another will be mailed to you), fees, and any other documentation required by your profession's renewal statutes and rules, or
- 2. Retire your license, certification or permit and your registration if you do not intend to actively practice your profession in Tennessee. An affidavit of retirement is enclosed.

If you fail to exercise one of the above options within the time previously stated, your license, certificate or permit and your registration will be processed for revocation without further notice to you.

If you wish to contest this action you are entitled to a contested case hearing pursuant to the Tennessee Administrative Procedures Act (T.C.A. 4-5-101 et seq.). If you wish to exercise this option, a written request for a hearing must be addressed to and received by this office on or before the last day of the month following the month of this year in which your birthdate falls.

In the absence of timely receipt of notification from you that you intend to exercise one of the options offered in this notification, your license, certification, or permit and your registration to practice your profession will be processed for revocation by the Board. If that happens you will not be able to practice your profession in this state without subjecting yourself to criminal and civil liability.

If you feel that our records are in error, you should:

- 1. Furnish us with a brief written explanation as to why you feel our records are in error; and
- Furnish us with a legible photocopy (front and back) of your canceled check where you
  paid your renewal fee.

If an error has occurred we will expedite a written response to you. We need written communication and verification of payment to investigate any error which may have occurred in our office.

Please disregard this notification if you have recently mailed your renewal application and fee.

We anxiously await your response to this notification.

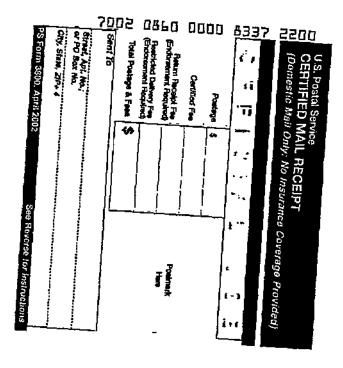
Yours truly,

Administrator

Board of Medical Examiners

SP/G4023311/BME

BME-1



#E -=

<del>-</del>-

| SENDER: COMPLETE THIS SECTION   | COMPLETE THIS SECTION ON DELIV  | ERY                 |
|---|---|---------------------|
| <ul> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> <li>JUDY CHARMANE WASHINGTON M.D. 2525 DESALES AVE. CHATTANOOGA, TN 37404</li> </ul> | A. Received by (Please Print Clearly) is desired. Is on the reverse and to you. It of the mailpiece, nits.  D. is delivery address different from its if YES, enter delivery address below. |                     |
|   | Certified Mail  Express Mail  Registered  Return Rece   | ipt for Merchandise |
| O Addah Share to 5 To 150 Short marriage Jaholl   | - resultance sound 1 (Paris) and  |                     |
| 7002 0860 0000 8337   | 2200  |                     |
| PS Form 3811, July 1999 Domestic F  | Return Receipt  | 102595-03-M-0952    |

# TENNESSEE DEPARTMENT OF HEALTH BOARD OF MEDICAL EXAMINERS

# MEDICAL DOCTORS RENEWAL APPLICATION PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM DO NOT SEPARATE ANY PART OF THIS FORM

| Lic./Cert. No: MD0000027890 Lic./Cert. Status: ACTIVE   | Expiration Date: 10/31/2001  |
|---|--|
| File ID: 00027890 NPI/UPIN#: E45623   | Transaction No: 000079362  |
| JUDY CHARMANE WASHINGTON M.D.<br>2525 DESALES AVE.  | Social Sec. No:  |
| CHATTANOOGA TN 37404-1161<br>Inliandalallandalallandialalalal   | Birth Date: 10/30/1957   |
| Name and/or Mailing Address Change 17001 1 17 2801  | Home Phone: (410) 228-7922   |
| i .   | 423 -870-1939  |
|   | " Work Phone: (493)495 - 6300  |
| E-mail:   |  |
| Judy-washington @ memunal.org   | Activity Status: FULL TIME   |
| Specialty: Family Medeune   | 1 Full Time 3 Not Working 2 Part Time  |
| Work Address:   | Work Address Change  |
| with all renewal requirements a CTATE DECITED TO THE CONTROL OF T | ren in this application are true and correct and that I have compile nd, if applicable, satisfied all continuing education and competent revious calendar years as set forth in the Tennessee Code Annotate las and Regulations of the State of Tennessee regulating the practic |
| RENEWAL 150.00 SIGNATURE 7  TOTAL \$ 160.00   | Washefun \$/4/y  |

## **CAREFULLY READ ALL QUESTIONS**

Circle YES if the following applies to you:

| I have been convicted of a crime and I have not previously notified the Board in writing of that action.                 | YES        |
|--|------------|
| My license has been disciplined in another state and I have not previously notified the Board in writing of that action. | YES        |
| I am currently in poor physical and / or mental health.  | YE\$       |
| IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION                                   | <b>1</b> . |
| If you have been licensed in other states in the past two years, list those states.                                      |            |

# INSTRUCTIONS

Read all instructions before completing this renewal application.

- Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
- Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
- Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.
  - If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.
- 4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
- To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
- 6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change. For the purpose of the Board proving it has sent you your renewal application or license, it is sufficient to send said documentation to the address found in your licensure file.



M 1981622



# STATE OF TENNESSEE BUREAU OF MANPOWER AND FACILITIES HEALTH RELATED BOARDS 283 PLUS PARK BLVD. DEPARTMENT OF HEALTH NASHVILLE, TENNESSEE 37247-1010

06- 001 225.00 06- 006 10.00

TENNESSEE BOARD OF MEDICAL EXAMINERS (615) 367-6231

APPLICATION FOR LICENSURE AS A MEDICAL DOCTOR

READ INSTRUCTIONS PRIOR TO COMPLETING APPLICATION. APPLICANTS MUST COMPLY WITH ALL INSTRUCTIONS.

FILL IN ALL BLANKS: IF NOT APPLICABLE, STATE N/A

Attach to this application a check or money order in the amount of \$235,00, payable to the Tennessee Board of Medical Examiners.

# PERSONAL INFORMATION

# EDUCATIONAL AND EXAMINATION INFORMATION

| Are you in postgraduate training?         | Yes No  | <br>#1_<br>            |
|---|---|------------------------|
| , ,                                       | PRE-MEDICAL EDUCATION   |                        |
| From 1975 75/79                           | Univ. of Montevallo   | Montevallo, AL         |
| Mo Tr Mo Tr                               | Univ. of Montevallo  Educational Institution  | Location               |
| FromTo                                    | Educational Institution   | Location               |
| From:To<br>MoTr MoTr                      | Educational Institution   | Location               |
|   | MEDICAL EDUCATION   |                        |
| I have spent 4 years in the study of      | medicine in the medical educational institution   | is below:              |
| From 8/1974 To: 5/83                      | Meharren Medical Co   | 1. Nashville TN        |
| / Mo Yr Mo Yr                             | Educational Institution   | Location               |
| Mo'Yr Mo'Yr                               | Educational Institution   | Location               |
| From:To ·Mo Tr                            | Educational Institution   | Location (7            |
|   | POST-GRADUATE TRAINING  | <u> </u>               |
| 1 kave spent 5 years in medical trai      | ining in the medical educational institutions bel   | low A                  |
| From: 1/93 To: 7/84                       | Grate Bult. Medialter   | Bult ND                |
| From 2/85 To: 7/86                        | Low Turn henry  | Location ( Location W) |
| 10/17 10/17<br>From: 7/87 To: 7/90        | Mountainside Tem nucl.  | Location VS            |
| Mo'Yr Mo'Yr                               | Educational Institution   | Location               |
|   |   |                        |
| I have taken the following medical licens | sure examinations: (Check all applicable)   |                        |
|   | E) Certificate Number <u>28582 (</u><br>ninistered by the State of  | <u> </u>               |
|   | al Council of Canada (LMCC)   | (Date(s))              |
| 4USMLE                                    |   | <br>45<br>5            |
| 5 State Board administer                  | ed by prior to | o 1972                 |
| lal =                                     | Fam   | ,0 Q 1-                |
| Are you Board-Certified?                  | If so, identify specialty: Fam  | 1 race                 |
| <i>O</i>                                  |   | <u>.</u> -             |
|   |   |                        |

# PRACTICE AND LICENSURE INFORMATION

| Type of intended | d primary specialty pr   | actice in Tennessee                   | Famel   | Mactice   |
|------------------|--|---------------------------------------|---|---|
| Describe in chro | onological order your  | professional practice                 | experience and medical act                                    | wities since graduating from Medical necessary.                     |
| DATE             | LOCAT  | <u>10N</u>                            | ACTIVITY  | •   |
| 8/1984           | But.   | MD_                                   | Pringay C   | en Prime  |
| 1 Molir 9/90     | (City)<br>Cembus   | (State) _                             | Psimaric C  | re- Frevale   |
| MoTr             | (City)   | (State)                               | Pride   |   |
| MoTr             | (City)   | (State)                               |   |   |
| MaTr             | (City)   | (State)                               |   |   |
| MoTr             | (City)   | (State)                               |   | 1,24  |
| MoYr             | (City)   | (State)                               |   |   |
| MD MD            | D31108   | 7/8                                   | 3 a in  | a dre   |
| than a Medical I | state, countries or particular communication. Submit a cope smay be added if nec | y of Attachment #2 to                 | hold or have ever held a lic<br>all such state, country or pr | ense as a health professional other ovince regarding such hoensure. |
| STATE            | PROFESSION   | LICENSE NUMBI                         | ER DATE ISSUED  | CURRENT STATUS  |
|                  |  |                                       | -   |   |
|                  |  |                                       |   |   |
|                  |  | · · · · · · · · · · · · · · · · · · · | <del>-</del> ———  | <del></del>   |
|                  |  |                                       |   |   |
|                  |  |                                       |   |   |
|                  | · ——   |                                       |   |   |

Application - Page 3 of 6 Pages

# COMPETENCY INFORMATION

| attach     | an explanat         | ER THE FOLLOWING QUESTIONS. If any answers to the questions in this paid ion on a separate sheet. In support of your explanation, the final documents of the description of the submitted along with this application.  |                           |
|------------|---------------------|---|---------------------------|
| For the    | purposes            | of these questions, the following phrases or words have the following meanings:   | . <del></del>             |
| 1.         | "Ability            | to practice medicine" is to be construed to include all of the following:   | •ē = =<br>₹               |
|            | а                   | The cognitive capacity to make appropriate clinical diagnosis and evercise reas and to learn and keep abreast of medical developments; and  | soned medical judgments   |
|            | b.                  | The ability to communicate those judgments and medical information to pati<br>providers, with or without the use of aids or devices, such as voice amplifiers: a  |                           |
|            | c                   | The physical capability to perform medical tasks such as physical examination with or without the use of aids or devices, such as corrective lenses or hearing a  |                           |
| 2.         | limited<br>multiple | cal Condition" includes physiological, mental or psychological conditions or a to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epile sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental ies, HIV disease, tuberculosis, drug addiction and alcoholism.  | eps;, muscular dystrophy, |
| 3.         | to a vali           | ical substances" is to be construed to include alcohol, drugs or medications, include appropriate for legitimate medical purposes and in accordance with the prescred illegally.  |                           |
| 4.         | applicati           | ently" does not mean on the day of, or even in the weeks or months preced-<br>on. Rather it means recently enough so that the use of drugs or alcohol may have a<br>ing as a licensee, or within the past two (2) years   |                           |
| 5.         | cocame)             | l use of controlled substances" means the use of controlled substances obtains as well as the use of controlled substances that are not obtained pursuant to a validance with the directions of a licensed health care practitioner.  |                           |
| Atire      | TIANE.              |   | VEC NO                    |
| QUES<br>1, |                     | currently have a medical condition which in any way impairs or limits your practice medicine with reasonable skill and safety?  | YES NO                    |
|            | a.                  | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?   | :<br>15.2<br>             |
|            | ъ                   | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?   | 9 <b>8</b>                |
|            |                     | [[] you receive such ongoing treatment or participate in such a monitoring pr<br>the Board will make an individual assessment of the nature, the severity and to<br>of the risks associated with an ongoing medical condition so as to determine<br>an unrestricted license should be issued, whether conditions should be impos-<br>whether you are not eligible for licensure.] | he duration .<br>whither  |

Application - Page 4 of 6 Pages

· P-----

Competency Information Continued

| QUEST | TIONS:   | F=<br>;-                                      | YES NO         |
|-------|--|---|----------------|
| ź.    | Do you currently use chemical substances?  | ip<br>E.                                      | $-\mathcal{N}$ |
|       | a. If yes, do they in any way impair or limit your ability to practice medicine with<br>reasonable skill and safety?   | ;   |                |
| 3     | Are you currently engaged in the illegal use of controlled substances?   | -   | $-\frac{V}{}$  |
|       | a. If yes, are you currently participating in a supervised rehabilitation program<br>or professional assistance program that monitors you in order to assure that<br>you are not engaged in the illegal use of controlled substances?  |   |                |
| 4.    | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?   | 15=<br>16=1.<br>4==- 1                        |                |
| 5.    | If you have ever held or applied for a license or certificate to practice medicine in any sta country or province, has or was it ever been denied, reprimanded, suspended, restricted, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation disciplinary action? | revoked,                                      |                |
| 6.    | If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or volunt surrendered under threat of restriction or disciplinary action?  | arly<br>:=                                    | _4             |
| 7     | Have you ever failed a medical licensure examination?  | -   | 1/             |
| 8.    | Have you ever applied for and been denied a state or federal controlled substance certific   | ate?  |                |
|       | a. If you have possessed such a certificate has it ever been revoked, suspended, restricted or otherwise disciplined or voluntarily surrendered under threat of investigation or disciplinary action?  | -<br>-<br>-<br>-<br>-<br>-<br>                |                |
| 9,    | Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense?  |   | /              |
| 10.   | Have you ever been rejected or censured by a medical society?  | <b></b>                                       |                |
| 13.   | In relation to the performance of your professional services in any profession:  | <del>-</del>                                  | ا ر            |
| l     | a. Have you ever had a final judgment rendered against you; or   | . <u>.                                   </u> |                |
|       | b. Have you ever had settlement of any legal action rendered against you; or   | L=  | _ <u>/</u> _   |
|       | c. Are there any legal actions pending against you or to which you are a party?  | pr  | <u>~</u> —     |
| 12.   | If you have ever held a license or certificate in any health care profession, has it ever bee reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or volum surrendered under threat of investigation or disciplinary action?  |   |                |

# APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

| AFFIDAVIT AND RELEASE  | Charles and the second   |
|--|--|
| I. Judy C. WAShing D.D. of Cumbridg, MI) (Applicant's Name) (State)  | being duly sworn and   |
| (Applicant's Name) (City) (State)  | being duly swom and  |
| identified as the person referred to in this application, allesis to the truth of each sjaument made in said   | application I further  |
| swear that I have rend and understand the law and the Rules and Regulations which were enclosed in and agree to abide by them in the practice of medicine in the State of Tennessee.   | he application packet  |
| and agree to ablue as men in the practice of incidence in the place of a supression.   |  |
| I HEREBY:  | Address of the contract  |
| SIGNIFY my willingness to appear to answer such questions as the Board may find necessar   | ry which may include   |
| a full Board interview   | A CONTRACTOR CONTRACTO |
| RELEASE to the Board, its staff and their representatives, any and all documentation nec   | essary now and in the  |
| future to establish my physical and mental capabilities to safely practice medicine.   |  |
| AUTHORIZE the board, its staff and their representatives to consult with my prior and  | unient associates and  |
| others who may have information bearing on my professional competence, character,  | health status, ethical   |
| qualifications, ability to work cooperatively with others and other qualifications.  |  |
| RELEASE from liability the Board, its stoff and all their representatives and any and al   | organizations which  |
| provide information for their acts performed and statements made in good fulth and with  | in majice concerning.  |
| my competence, ethics, character and other qualifications for licensure  |  |
| ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing ad-  | quate information for  |
| a proper evaluation of my professional, ethical and other qualifications and for resolving qualifications.   | auly dompte apont each   |
|  |  |
| THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICAT   | IN IS TOTIS AND  |
| COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.   |  |
| The state of the s |  |
| Yuak 2/19/9  | 2  |
| SIGNATURE / DATE/  |  |
|  | Hillian sachrafia de de  |
| Sworn to before me, this 12 day of Jefrance 19 96  |  |
| and the second of the second o |  |
| Am Ann   | Seal Here  |
| NOTARY PUBLIC  |  |
| The state of the s |  |
| My Commission expires  |  |
| way Commission with the  |  |
| And the second of the second o | St. Sanco Parket St. Van Co.   |

PH 0235 (Rev. 3/95)

\* RDA 1786

Applicant's name:

# TENNESSEE BOARD OF MEDICAL EXAMINERS (615) 367-6231

# VERIFICATION OF POST GRADUATE MEDICAL TRAINING

APPLICANT Provide the information requested in the top box and then mail this form to each institution in which you received any postgraduate medical training. If additional forms are required copy this one

Institution Administration: I am applying for a Tennessee medical license and hereby authorize you to release any and all information in your files concerning my medical training. I was in training at your institution as follows

| Name of Institution: Grewer Baltimene Program Title: -   | Ternal   |
|--|--|
| Meccenal Center. Me  | decere.  |
| Other thank  | まり ん   |
| Applicant's Signature  | 2/7/96   |
| Applicant's Signature  | Date /   |
|  | -  |
|  | 3 of shapener distriction  |
| ADMINISTRATIVE OFFICE OF TRAINING INSTITUTION. NOTE: THIS FORM M   | UST BE   |
| NOTARIZED. Please complete and return to: State of Tennessee   |  |
| Board of Medical Examiners   |  |
| 283 Plus Park Boulevard<br>Nashville, TN 37247-1010  | 3860   |
| ATTN: Meliasa Haggard  | YES NO   |
| The state of the s | 100 100 100 100 100 100 100 100 100 100  |
| Is your training program LCME/AGCME approved?  |  |
| The state of the s |  |
| Was the above program LCME/AGCME approved at the time the applicant completed training?  |  |
| The same of the sa |  |
| Were there any adverse charges or actions taken during the residency?  |  |
| If yes, please attach supporting information and/or documentation.   | Market Const   |
| Would are recommend the graph part for leasured  |  |
| Would you recommend the applicant for licensure?   |  |
| Did the applicant successfully complete the program?   |  |
|  |  |
| The Applicant attended the program from 113 to 60/84 I certify that the info   | Signation on this  |
| The Applicant attended the program from 1 to 6 87 I certify that the info form is true and correct. (M6/Yr) (M6/Yr)  |  |
| And the second of the second s |  |
| homa 7 tamble on   |  |
| The state of the s |  |
| Director s Dean's Signature Date   |  |
| The state of the s |  |
| Subscribed and sworn before me this the day of Fillmann 19 96  |  |
| The state of the s |  |
|  |  |
| Affix Seal F   | (Signession (S.C.)   Fr  |
| Noisy Public   |  |
| 200  |  |
| My Commission Expires:   | and the state of the second of |
|  |  |

Applicant's name:

# TENNESSEE BOARD OF MEDICAL EXAMINERS (615) 367-6231

## VERIFICATION OF POST GRADUATE MEDICAL TRAINING

**APPLICANT**: Provide the information requested in the top box and then mail this form to each institution in which you received any postgraduate medical training. If additional forms are required copy this one.

**Institution Administration:** I am applying for a Tennessee medical license and hereby authorize you to release any and all information in your files concerning my medical training. I was in training at your institution as follows:

rogram Title: Applicant's Signature ADMINISTRATIVE OFFICE OF TRAINING INSTITUTION NOTE: THIS FORM MUST BE NOTARIZED. Please complete and return to:

State of Teamersee

Roard of Medical Examiners

283 Plus Park Roulevaket 283 Pius Park Roulevard Nashville, TN 3/247-1010 ATTN: Melissa Haggard Is your training program LCMB/AGCME approved? Was the above program LCME/AGCME approved at the time the applicant completed training? Were there any adverse charges or actions taken during the residency?

If yes, please attach supporting information and/or documentation. Would you recommend the applicant for licensure? Did the applicant successfully complete the program? 185 to 6 86 Treelify that the information on this The Applicant altended the program from form is true and correc (Affix Seal Here) Av Commission Expires: A IN COMMISSION DUTIES MARCH 18, 1987

# TENNESSEE BOARD OF MEDICAL EXAMINERS GIVIS ON OF HEALTH (615) 367-6231 PEL AFED ROARDS

# VERIFICATION OF POST GRADUATE MEDICAL TRAINING PM 2: 20

APPLICANT: Provide the information requested in the top box and then mail this form to each institution in which you received any postgraduate medical training. If additional forms are required copy this one.

| Institution Administrary and all information | ration: I am applying for a Tennesse<br>in your files concerning my medica | ee medical license and<br>l training. I was in trai | hereby authorize you to release<br>ning at your institution as follows: |
|--|--|---|---|
| Applicant's name:                            | Washington,  | (First)   | (Muddle/Maiden)   |
| Name of Institution:                         | Mountainside   | Program Title: _                                    | Fundafrad ?   |
| <i>L</i>                                     | enus Gradul  | P   | 2/1/50  |
|  | Applicant's  | Signature   | ifate/  |

| ADMINISTRATIVE OFFICE OF TRAINING INSTITUTION, NOTE: THIS FORM MUST BE NOTARIZED. Please complete and return to: State of Tennessee |
|---|
|   |
| Board of Medical Lyaphiners 283 Plus Park Boulevard 8 Nauhville, TN 37247-1610  |
| VES NO  |
|   |
| Is your training program LCME/ACCME approved?   |
| Was the above program LCME/AGCME approved at the time the applicant completed training?   |
| Were there any adverse charges or actions laten during the residency?   |
| If yes, please attach supporting information and/or documentation.  |
|   |
| Would you recommend the applicant for ligensure?  |
| Did the applicant successfully complete the program?  |
| The Applicant attended the program from 7/1/8/ to 8/30/90 1 certify that the information on this                                    |
| form is true and correct. (MoVr)  |
|   |
| 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 2017-796 20                      |
| Director & Dean's Supraire Sofia H. Anthony   |
| Direction of the second se                      |
| Substribed and sworn before methis the 5 day of 1802 1804 1905  |
|   |
| Marco Zhe Con (Affix Seal Here)   |
| Pictary Public MARKE Mit COV  Notary Public of Nam Jardey   |
| My Commission Expres: My Commission Expine Fab. 20, 1997  |
|   |
|   |

# 128 BLOOMINGDALE AVENUE FEDERALSBURG, MARYLAND 21632 TELEPHONE (410) 754-9006

FADDEN & WASHINGTON, P.A. MICHAEL J. FADDEN, M.D. JUDY C. WASHINGTON, M.D. ROSEMARY M. HARRIS, M.D. LOIS L. NARR, D.O. BOARD CERTIFIED FAMILY PHYSICIANS MARY ANN D. MOORE, M.D. BOARD CERTIFIED INTERNAL MEDICINE

P.O BOX 880 302 COLLINS AVENUE HURLOCK, MARYLAND 21543 Telephone (410) 943-8763 FAX (410) 943-8244

Tennessee Board of Medical Examiners

February 16, 1996

> RE: Judy Washington, M.D.

408 BYRN STREET

CAMBRIDGE, MARYLAND 21613

TELEPHONE (410) 228-1068

FAX (410) 228-6338

Dear Board Members,

I am writing on behalf of Dr. Judy Washington's moral character. I have known Dr. Washington since 1983 and have found her to be of very high moral character. Her morality regarding her professional and personal life has been of impeccable quality. I know that Dr. Washington will continue in her very moral and ethical care of her patients.

Sincerely,

May and. Moore it Mary Ann D. Moore, M.D.

MADM/smd

128 BLOOMINGDALE AVENUE FEDERALSBURG, MARYLAND 2/632 TELEPHONE (410) 754-9006

FADDEN & WASHINGTON, P.A.

MICHAEL J. FADDEN, M.D.

JUDY C. WASHINGTON, M.D.

ROSEMARY M. HARRIS, M.D.

LOIS L. NARR, D.O.

BOARD CERTIFIED FAMILY PHYSICIANS

MARY ANN D. MOORE, M.D.

BOARD CERTIFIED

INTERNAL MEDICINE

P.O. BOX 880 302 COLLING AVENUE HURLOCK, MARYLAND 21643 TELEPHONE (410) 943-8763 FAX (410) 943-8244

Tennessee Board of Medical Examiners

February 21, 1996

RE: Licensure Application Judy C. Washington, M.D.

**408 BYRN STREET** 

CAMBRIDGE, MARYLAND 21613 TELEPHONE (410) 228-1068

FAX (410) 228-6338

To Whom It May Concern:

This letter is in support of Dr. Washington's application for licensure in the State of Tennessee. I have known Dr. Washington as a colleague and friend for the last five years. I can testify to her excellent medical judgement and her outstanding personal character.

Tennessee is indeed a fortunate state to have such high caliber physicians as Dr. Washington apply for licensure.

Very truly yours.

Michael J. Tadden, M.D.

MJF smd

# CERTIFICATE OF BIRTH

DEPARTMENT OF HEALTH

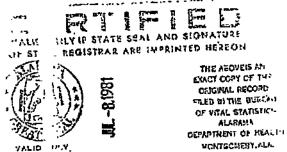
State of Alabama

BUREAU OF VITAL STATISTICS

|         |   | ŧ   | _           |
|---------|---|---|-------------|
| 1.      | Full Name of Child July Charmane Wa   | ebington 2 Sex Female   | <del></del> |
| 3.      | Place of Birmingham, Jefferson, 11.  (city, town or rural) (county) (state)                                   | abama 4. Birth October 30, 1957   |             |
|         | THE FATHER  | THE MOTHER  |             |
| Б.      | Full Name . Daniel Webster Washington   | 8. Full Name Erma J. Waldrop Washington   | n           |
| 6.      | Color or Raca Colored   | 9. Color or RaceColored   |             |
| 7.      | Place of Alabama ·  | Place of Alabami .  |             |
| he<br>- | Bureau of Vital Statistics at Montgomery, Alabama.  Done this 23 <sup>rd</sup> day of Clables  Raphw. Roberts | H. KAUFMANN, M.D.  19.58.  By Bulah Avarage   | Q           |
|         | State Registrar of Vital Statistics  STATE OF ALABAMA COUNTY OF JEFFERSON                                     | Authorised Clerk in the Burylu  |             |
|         | permanently recorded in the Bure  | e is a true and correct copy of a certificate as cau of Health Statistics and Vital Records, lealth, Birmingham, Alabama, and is issued, State Code of Alabama, 1877. |             |
|         | Alix E. Hartley Registrar   | Authorized Bureau Clerk   |             |
|         | Seal of Health Officer Jefferson County, Alabama  | May 7, 1987   | •           |

Jefferson County, Alabama Date of Issue

IMPORTANT — This certificate void (a) without the embossed seal of the Health
Officer of Jefferson County, Alabama, (b) if it contains evidence of erasures or
alterations.



Tronest & Ludden

101--57-070423

# CERTIFICATE OF BIRTH

|    | DEPARTMENT OF HEALTH   | STATE OF A    | LABAMA               | BUREAU     | OF VIII      | IL STATISTICS  |
|----|--|---------------|----------------------|------------|--------------|----------------|
| 1. | Full Name of Child Judy C  | harmane Wash: | ington               |            | 2. 1         | Ser Female     |
| 3. | Place of Birmingham, Jeff.  (city, town or rural) (count   | erson, Alaba  | Date<br>4. Birth     | of Cctober | 30,<br>(day) | 1957<br>(year) |
|    | THE FATHER   | ···-          |                      | THE M      | OTHER        |                |
| б. | Full Name Daniel Webster W   | ashington     | 8. Full Name         | Erma J.    | Waldrop      | Washington     |
| 6. | Color or Race Colored  |               | 9. Color or Ra       | r!o        | lored        |                |
| ٤, | Piace of Alabama   |               | Place of<br>0. Birth | · Al       | abama        | •              |
|    | I hereby certify that the foregoing re Bureau of Vital Statistics at Montgor  Done this 23 day of Co | taber         | d by the under       | ulah       | s filed in   | andel          |

# MARYLAND BOARD OF PHYSICIAN QUALITY ASSURANCE

P.O. Box 2571 4201 Patterson Avenue Baltimore, MD 21215-0095

DIVISION OF HEALTH RELATED BOARDS

96 FEB 23 AH 7: 18

February 14, 1996

Requested by: TENNESSEE BOARD

This is to verify that the records of the Board of Physician Quality Assurance indicate the following information regarding:

WASHINGTON, JUDY C... 311 MILL STREET CAMBRIDGE, MD 21613

License number : D0031108
Date issued : 84-07-17
Current status : Active
Expiration date : September 30, 1997

Medical school code

Licensed by Specialty Charges

Disciplinary actions

: National Board Cert

: 06.00

: NONE ON RECORD

Details of disciplinary action will be made available by photocopy from the public file upon written request only and with a signed release from the physician.

See attached

Verification Clerk

Date

This is a computer generated form which is acceptable by other States. Licensing examination scores should be requested directly from the examining authority.



DIVISION OF HEALTH

96 FEB 27 PH 1: 02

# STATE OF TENNESSEE BUREAU OF MANPOWER AND FACILITIES HEALTH RELATED BOARDS 283 PLUS PARK BLVD. DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH NASHVILLE, TENNESSEE 37247-1010

# TENNESSEE BOARD OF MEDICAL EXAMINERS (615) 367-6231 CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one form to the licensure board in EACH state where you hold OR HAVE EVER HELD a license to practice any profession. (Copies of this form can be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

| Judy C. WAShington  | was granted a license to practice <u>We decerie</u> with license   |
|---|--|
| (Name of Adolicant) -   | (Profession)   |
| number on   | by your State. The Board of Medical Examiners of Tennessee requests  |
| (Date that I submit evidence of the current status  | e) of that license in your state. You are hereby authorized to release any information   |
| in your files, favorable or otherwise, direct   | tly to: State of Tennessee   |
|   | Board of Medical Examiners   |
| -   | 283 Plus Park Bivd.  |
|   | Nashville, TN 37247-1016   |
| Date: 2/7/96  | Atto: Melissa Haggard Washin (hn)  |
| <del></del>   | / Applicant's Signature  |
|   | ( ) udie ( MAShiristan Hi)   |
|   | And the state of t |
|   | Applicant's typed or printed name  |
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| 7   |  |
| ADMINISTRATIVE OFFICE OF ST.  | ATÉ LICENSURE BOARD, PLEASE COMPLETE   |
| H   | 1829812399143909827521252139E28675265282868425411261755171111144444444457511111111151818181414444444444  |
| Name in Full As it Appears On License:  | Judy C washington, M.S.  |
| Name in Full As it Appears On License:  | Judy C washington, M.S.  |
| Name in Full As It Appears On License: License Number: 17538 36   | Tuo C Washington, M.  Profession Med 2 Surgery Date Issued 3-1-89  |
| Name in Full As it Appears On License:  License Number 17758826  Basis of issuance Encorragent/8  | Profession Med Zing Per Date Issued 3-1-89  profession with 100 Death S  |
| Name in Full As it Appears On License:  License Number 10753836  Basis of issuance Endorsement/R  (Check One)   | Profession Med 2 Surgery Date Issued 37-89  Location with North Surgery (State)  |
| Name in Full As it Appears On License:  License Number 17758826  Basis of issuance Encorragent/8  | Profession Med & Suscipery Date Issued 3-7-87 accorded with Not-16-76 Exercise (State) nation  |
| Name In Full As It Appears On License:  License Number 1065 A 6 B 6  Basis of issuance Endorsument/R  (Check One) Written Exami   | Profession Ma 2 Susting Date Issued 37-87  Description with (1-670 Boards)  (State)  (Name of Exam)  |
| Name In Full As It Appears On License:  License Number 1975 38 36  Basis of issuance Endorsement R (Check One) Written Exami The License is chriently active and register   | Profession County Date Issued 5787  Date Issued (State)  nation  (Name of Exam)  |
| Name In Full As It Appears On License:  License Number 1065888  Basis of issuince Endorsement/R  (Check One) Written Exami  | Profession A SUTTRY Date Issued  Profession (A SUTTRY Date Issued 5 7 8 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9  |
| Name In Full As It Appears On License:  License Number 10753836  Basis of issuance Endorsement/R (Check One) Written Exami The License is chriently active and register list there any derogatiny information on file | Profession A Suffery Date Issued 5 1 87  Lesprocity with (State)  nation (Name of Exam)  med?  Yes 10  If yes an explanation must be attached  |
| Name In Full As It Appears On License:  License Number 1065 A C A C A C A C A C A C A C A C A C A   | Profession Casuffery Date Issued 57 87  Profession (State)  Institute of Exam)  Test of the sam coplanation must be attached.  NSEE IN GOOD STANDING   |
| Name In Full As It Appears On License:  License Number  | Profession A Suffer Date Issued 57 87  Lesproeny with (State)  nation (Name of Exam)  med?  If yes an explanation must be attached   |
| Name In Full As It Appears On License:  License Number 1065 A C A C A C A C A C A C A C A C A C A   | Profession A Suffery Date Issued 5787  Coprocing with (State)  nation (State)  red?  If yes an objanation must be attached.  |

ROY 3. COWDREY, IR.
DAVID R. THOMPSON PAUL I. JONES, IR.;
KURT D. KARSTEN \*
ROBERT I. MERRIKEN \*
CECILIA I. LAVRIN
SCOTT C. PATTERSON

AV 8 DM IN CETTIMOS.

OD 8 DM IN GETTIMOS.

\_

COWDREY, THOMPSON & KARSTEN, P.A.

RIDGELY OAKS PROFESSIONAL CENTER

P. A. 12 90 & 130 N. WASHINGTON ST. BASTON, MD 21601 5 J.4101 260 - 5587

621 RIDGELY AVENUE

**SUITE 402** 

ANNAPOLIS, MARYLAND 21401

OF COUNSEL
DIANE M. JANULIS
ADMITTED IN MD, CT & GA

(410)841-1938 FAX (410) 841-1940

April 29, 1996

Ms. Melissa Haggard Administrator State of Tennessee Board of Medical Examiners 283 Plus Park Boulevard Nashville, Tennessee 37247-1010

Re: Licensure Application of Judy Charmane Washington, M.D.

Dear Ms. Haggard:

Dr. Washington has passed along to me your request for documentation regarding legal actions pending against her. Enclosed is a copy of your March 25th letter.

Dr. Washington has been sued two times in the years she has practiced in Maryland. Both cases are still pending. I will briefly summarize each and I have enclosed a copy of the Complaint regarding each. Please let me know should you need any further information or documentation.

Very sincerely,

Kurt D. Karsten

KDK/deb

Enclosures

w:\dob\kdk\washington.sh



#### STATE OF TENNESSEE DEPARTMENT OF HEALTH HEALTH RELATED BOARDS 283 PLUS PARK BLVO. NASHVILLE, TENNESSEE 37247-1010

(615) 367-6231

March 25, 1996

Judy Charmane Washington, M.D. 311 Mill St. Cambridge, MD 21613

Dear Dr. Washington:

Your application for license to practice medicine in Tennessee has been reviewed by the Board of Medical Examiners, designee.

It has been determined that the following information is required to complete your file:

 Please submit documenation regarding any legal actions pending against you.

Upon receipt of the information requested, your application for licensure will be reviewed once again for further determination in the licensure process.

If you have any questions, please feel free to contact our office at (615) 367-6231.

Sincerely,

Melissa Haggard Administrator

State of Tennessee

Board of Medical Examiners

pc: file

| 1- XIX. MEDICAL PROFESSIONAL STAFF MEMBERSHIP   |
|---|
| Please list those hospitals to which you are applying for staff privileges and to whom you wish this application form mailed.   |
| Memorial Hospital   |
| Ehrlanger Medical Center  |
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| \$N. MEDICAL SOCIETY MEMBERSHIP   |
| Do you wish to become a member of the Medical Society and to use this application form as your application to the Medical Society?  |
| (Additional information regarding Medical Society membership will be provided if interest is indicated.)  |
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| This completed application form should be mailed to:  |
| vers comfension affaireation total attents no meliate for   |
| CENTRAL VERIFICATION SERVICE  |
| 1917 East Third Street  |
| Chattanooga, TN 37404   |
| (615) 624-1561  |
|   |
|   |
| NOTE: This page must be signed and dated to complete the application.   |
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| $2l_{1}l_{2}c_{3}$  |
| Date: 5/3/9 Signature:  |
| The Chattaneougo Hamilton County Medical Society and participating facilities do not discriminate on the busin of face, color, sex, religion, age, national origin or handicap. |
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APPROXIMATE CONTRACTOR OF THE

ROY B. COWDREY, IR. DAVID R. THOMPSON -PAUL J. JONES, IR. KURT D. KARSTEN -ROBERT J. MERRIKEN -CEGILIA I, LAVRIN SCOTT G. PATTERSON

AV 8 DM IN GETTIMDA \*A

# COWDREY, THOMPSON & KARSTEN, P. A.

RIDGELY OAKS PROFESSIONAL CENTER

621 RIDGELY AVENUE

SUITE 402

ANNAPOLIS, MARYLAND 21401

(4)0)841-1938 FAX (4(0) 841-1940 130 N. WASHINGTON ST. P. O. BOX 1747 EASTON, MD 21601 (410) 269-5587

OF COUNSEL
DIANE M. JANULIS
ADMITTED IN MD. CT 8 GA

April 30, 1996

Re: Short, et al. v. Judy C. Washington, M.D., et al.

To Whom It May Concern:

I represent Judy C. Washington, M.D. in a lawsuit filed by the parents of a five year old boy who died April 22, 1994 of Group A Beta Hemolytic Streptococci toxic shock syndrome six days after becoming symptomatic for chicken pox. Enclosed is a copy of the Complaint filed by the parents. As you can see by the enclosed, Dr. Washington never actually saw the child during this illness. The care rendered to the child was by her physician's assistant, Steven M. Clifton, P.A., a physician's assistant with 20 years of experience in a variety of settings. The parents claim that Mr. Clifton should have provided more information to Dr. Washington about the child's condition and, if he had, Dr. Washington would have seen the child and had the child admitted for I.V. antibiotic therapy which would have prevented the child from dying 24 hours later from an exceedingly rare and very unusual presentation of Group A Strep.

Strep A toxic shock syndrome was first recognized as a presentation of Strep A super infection in the late 1980's. In 1994, Mark Short's death was the first reported case for that year in Maryland. I have enclosed a copy of the office note dictated by Mr. Clifton detailing Mark Short's presentation on April 21, 1994, along with the autopsy performed on June 17, 1994. As you can see from the autopsy, there were absolutely no gross signs of secondary infection. The witnesses who have agreed to testify on behalf of Dr. Washington are Robert Yolken, M.D., Chairman of the Department of Pediatric Infectious Diseases at Johns Hopkins Hospital; Mohamed Al-Ibrahim, M.D., Chief of the Division of Family Practice at University of Maryland; Ellis Caplan, M.D., Chairman of the Department of Infectious Diseases at MIEMSS Shock Trauma-University of Maryland; and James Nataro, M.D. of the Center for Vaccine Development. According to these four individuals, the tremendous diagnostic challenge of the toxic shock syndrome presentation of

COWDREY, THOMPSON & KARSTEN, P.A.

To Whom It May Concern Page 2

Strep A is that the infection usually occurs hours prior to death and antibiotic therapy does not reliably interfere with the process, even when given intervenously. In fact, the microscopic findings on autopsy show quite clearly that Mark Short did not have a systemic infection of Strep A until 8 to 12 hours prior to his death, which was after his office visit to Mr. Clifton.

Obviously, this case will be a tremendous challenge to present to a jury. I do anticipate defending the case, however, because I do believe the medical care was appropriate, having researched the case for the past 18 months. So far, Plaintiffs have been unable to identify any expert in pediatric infectious diseases who will testify for them.

I expect the jury trial to occur in late 1996. Please let me know should you need any further information or documentation.

Very sincerely,

Kurt OD. Karsten/deb

Kurt D. Karsten

KDK/deb

Enclosures

w:\deb\kdk\washington.ltl

# HEA A CLAIMS ARBITRATION OFFI State of Maryland 118 North Howard Street, Suite 610 Baltimore, Maryland 21201

Swed 4.

# CLAIM FORM

| <del></del>  | HCA 'NO.   |
|--|--|
| CLAIKANT(S) SARAH JANE SHORT, Personal Representative  | HEALTH CARE PROVIDER(S)  |
| of the Estate of Mark Edward Short, Jr.  | JUDY C. WASHINGTON, M.D.   |
| Name   | Name Upper Dorchester Health Facility  |
| 3945 Vienna to Henry's Crossroads  | 302 Collins Avenue   |
| Street Address F. O. Box 254   | Street Address   |
| Vienna, Maryland 21869   | Burlock, Maryland 21643  |
| City, State, Zip Code  | City, State, Sip Code  |
| AND ~  |  |
| MARK EUWARD SHORT & SARAH JANE SHORT   | TADDEN & WASHINGTON, P.A.  |
| Name   | Name Upper Dorchester Health Facility  |
| 3945 Vienna to Henry's Crossroads  | \\302 Collins Avenue   |
| Street Address P. O. Box 254   |  |
| Vienna, Maryland 21869   | Hurlock, Maryland 21643  |
| City, State, Zip Code  | Street Address Hurlock, Maryland 21643 City, State, Zip Code   |
| A Section of the sect | - ( ) <b>( ) ( )</b> ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )   |
|  |  |
|  | Name   |
| Street Address   | Street Address   |
| City, State, Zip Code  | City, State, Zip Ccde  |
| Courts Article. The damages ( \$20,000.00 and the appropriate  | venue is: Dorchester County  |
| (2) The basis of the claim is desc<br>hereto.  | cribed on the page(s) attached   |
| (3) The resolution of the claim will in the area of specialty as in  | li involve particular expertise<br>diceted: pediatrics; infectious diseases.   |
| MARNING: Each Claimant has been a civilly liable for part or all the of this claim, whether it is wo individual and personal responsibility.   | n or lost: this would be an  |
| TTORNEY FOR CLAIMANT(S)  | CLAIMANT(S)  |
| ( Some M. latter . 0   | 1 22 - 12 - 12 - 12 1  |
| Cidantesa Viller Commission Tonatana   | CALLY TOWN THE WHAT THE TANK OF THE TANK O |
| Signature KENNY, VATTORI & ROBINSON, P.A   | Dear on Land Shuat () 41 d &   |
| 217 East Redwood Street, Suite 1500<br>Street Address  | MARK EDWARD SHORT  |
| Haltimore, Maryland 21202  |  |
| City, State, Zip Code<br>(410) 625-0000  |  |
| Telephone Number   | Signature of each Claimant   |

ECA RO.:

\*\*\*\*\*\*\*

#### BEFORE THE HEALTH CLAIMS ARBITRATION OFFICE OF MARILAND

SARAH JANE SHORT, Personal Representative of the Estate of MARK EDWARD SHORT, JR., 3945 Vienna to Henry's Crossroads Post Office Box 254 Vienna, Maryland 21869

and

MARK EDWARD SHORT AND SARAH JANE SHORT 3945 Vienna to Henry's Crossroads Post Office Box 254 Vienna, Maryland 21869

Claimants

v.

JUDY C. WASHINGTON, M.D. Upper Dorchester Realth Facility 302 Collins Avenue Hurlock, Maryland 21643

and

FADDEN & WASHINGTON, P.A. Upper Dorchester Realth Facility 302 Collins Avenue Hurlock, Maryland 21643

SERVE ON: Michael J. Fadden, Resident Agent 302 Collins Avenue Burlock, Maryland 21643

Defendants

## COMPLAINT

Claimants, SARAH JAME SHORT, Personal Representative of the Estate of Mark Edward Short, Jr., and SARAH JAME SHORT and MARK

PHYLSHOM301.PLD September 20, 1994 EDWARD SHORT, Surviving Parents of Mark Edward Short, Jr., Deceased, by their attorneys, sue Judy C. Washington, M.D. and Fadden & Washington, P.A., Defendants.

# VENUE AND JURISDICTION

The negligence complained of occurred in Dorchester County.

Venue is claimed in Dorchester County. The amount in controversy exceeds Twenty Thousand Dollars (\$20,000.00).

# FACTS COMMON TO ALL COUNTS

- 1. Mark Edward Short, Jr. ("Decedent") died on April 22, 1994 as a result of the events described in this Complaint. Decedent was five years old at the time of his death. At the time of his death, Decedent resided with his parents in Vienna, Maryland.
- 2. Claimant, Sarah Jane Short, is Decedent's mother and is also Personal Representative of Decedent's Estate. Claimant, Mark Edward Short, is Decedent's father. Claimants are and were at the time of the Decedent's death residents of Vienna, Maryland.
- 3. At all times relevant to this action, Defendant, Judy C. Washington, M.D., was licensed as a physician in the State of Maryland and held herself out to the public, to Decedent and to the Claimants that she possessed the degree of skill, knowledge and ability ordinarily possessed by reasonably competent physicians, practicing under the same or similar circumstances.

PMV\SHORTO1.PLD \$4ptember 20, 1994

- 4. The Defendant, Judy C. Washington, M.D., owed to the Claimants and to Decedent a duty to exercise the degree of care, skill and judgment expected of a competent physician acting in the same or similar circumstances, which duty included, among other things, the performance of adequate and proper diagnostic tests and procedures to determine the nature and severity of Mark Edward Short, Jr.'s condition, careful diagnosis of such condition, employment of appropriate procedures and treatment to correct such condition, continuous evaluation of the effects of such treatment, adjustment of the course of treatment in response to such evaluation, and appropriate notification to the Decedent and to Claimants of the various alternatives and risks involved in various modalities of treatment.
- 5. The Defendant, Judy C. Washington, M.D., was negligent in that she failed to employ adequate diagnostic procedures and tests to determine the nature and severity of Mark Edward Short, Jr.'s condition, failed to diagnose such condition carefully, failed to employ appropriate treatment and procedures to correct such condition, failed to carefully and thoroughly evaluate the effects of the chosen treatment and procedures to correct such condition, failed to examine Mark Edward Short, Jr. on April 21, 1994 and instead permitted Decedent to be examined only by a physician's assistant, failed to adjust Mark Edward Short, Jr.'s treatment in response to evaluation of the effects of prior treatment, failed to

appropriately and adequately obtain an informed consent and was otherwise negligent.

- 6. Defendant, Fadden & Washington, P.A., is a professional association of licensed physicians, incorporated in the State of Maryland. Fadden & Washington, P.A. operates the medical office located at 302 Collins Avenue, Hurlock, Maryland.
- 7. At all times relevant hereto, Judy C. Washington, M.D. was employed by Fadden & Washington, P.A. as a physician at the office located at 302 Collins Avenue, Hurlock, Maryland.
- 8. The acts described herein of Judy C. Washington, M.D. were committed within the scope of her employment with Fadden & Washington, P.A., in that she committed them while acting on behalf of Defendant, Fadden & Washington, P.A., at its place of business, and in furtherance of Defendant's interests.
- 9. As Judy C. Washington, M.D.'s employer, Fadden & Washington, P.A. is responsible for all of the acts committed by Judy C. Washington, M.D. within the scope of her employment.
- 10. On April 15, 1994 Mark Edward Short, Jr. exhibited the symptoms of chicken pox. On April 18, 1994, Claimant, Sarah Jane Short, called Judy C. Washington, M.D. for medical advice in regard to her son's symptoms. Thereafter, his symptoms worsened. Claimant, Sarah Jane Short, took her son to Defendants' office on Thursday, April 21, 1994. She had to carry her son into the office because he was unable to walk. Decedent was examined by one of the

PMV\SRORIO1.PLD September 20, 1994 nurses present, who determined his temperature was 103 degrees. In addition to his high fever, Mark Edward Short, Jr. complained to the nurse that his left leg hurt near the groin. Thereafter, an individual who identified himself to Sarah Jane Short only as Steve, but who it has subsequently been learned was Steven M. Clifton, a physician's assistant in the employ of Defendants, examined Mark Edward Short, Jr. Despite the request of Sarah Jane Short that her son be seen by a physician, he was not. The physician's assistant prescribed children's Motrin.

- 11. As a result of the negligence of the Defendants, Mark Short, Jr. died April 22, 1994 of complications from chicken pox including, but not limited to, sepsis, pneumonia, splenitis, hepatitis, and Beta Hemolytic Streptococci Group A.
- 12. As a result of the negligence of the Defendants, the Claimants, Sarah Jane Short and Mark Edward Short, have incurred medical, hospital and other expenses and loss, mental pain, anguish and have been otherwise injured.
- 13. As a direct and proximate result of the negligence of the Defendants, Decedent's death occurred. The negligence of the Defendants as described herein was the sole and proximate cause of all injuries and damages sustained without any negligence on the part of Claimants or Decedent.

#### COUNT I

(Wrongful Death/Negligence - Claim of Mark Edward Short and Sarah Jane Short as Surviving Parents of Mark Edward Short, Jr.)

- 14. The allegations of paragraphs 1 through 13 of the Complaint are incorporated in this Count I as if fully set forth herein.
- Defendants, without any assumption of risk or negligence on the part of Claimants or Decedent, Mark Edward Short and Sarah Jane Short, Surviving Parents of Mark Edward Short, Jr., Deceased, sustained pecuniary loss, mental anguish, emotional pain and suffering, loss of society, loss of companionship and loss of comfort.

WHEREFORE, Claimants, Mark Edward Short and Sarah Jane Short, Surviving Parents of Mark Edward Short, Jr., Deceased, demand judgment against Defendants, Judy C. Washington, M.D. and Fadden & Washington, P.A., jointly and severally, for damages in an amount to be determined.

## COUNT II

(Survival/Negligence - Claim of Sarah Jane Short as Personal Representative of the Estate of Mark Edward Short, Jr.)

16. The allegations of paragraphs 1 through 15 of the Complaint are incorporated in this Count II as if fully set forth herein.

PMV\SHORTD1.PLD September 20, 1994 17. As a direct and proximate result of the negligence of the Defendants, without any assumption of risk or negligence on the part of Claimants or Decedent, Mark Edward Short, Jr. suffered conscious physical pain, emotional anguish, anxiety and fear, and the Estate of Mark Edward Short, Jr. suffered the loss of his future earnings and incurred the expense of his funeral and burial and was damaged in other respects.

WHEREFORE, Claimant, Sarah Jane Short, Personal Representative of the Estate of Mark Edward Short, Jr., demands judgment against Defendants, Judy C. Washington, M.D. and Fadden & Washington, P.A., jointly and severally, for damages in an amount to be determined.

## REQUEST FOR JURY TRIAL

Claimants hereby request a jury trial in this matter.

KENNY, VETTORI & ROBINSON, P.A.

Paul M. Vettori

John J. Kenny

George F. Ritchie, IV Redwood Tower, Suite 1500 217 East Redwood Street Baltimore, Maryland 21202

(410) 625-0000

Attorneys for Claimants

Mark E. Short, Jr.

DOB: 11/24/88

#11381

#### 12/01/93

- S. 5 year old white male who presents with CC of masal congestion and cough which has been persistant over the last couple of weeks or so. He has been afebrile, has had no other complaints.
- O. T 98.2, P 92, R approximately 20. Head: normocephalic, atraumatic. There are no lesions in the ears. Nasal turbinates are boggy, congested. There is crustation with the nose. Posterior pharynx is no lesions, no cervical adenopathy. Heart is regular rate and rhythm. Lungs are clear to auscultation. Abdomen soft, non-tender. Extremities are normal.
- A. 1. URI
- P. Bromifed DM syrup, 1/2 tsp, q 4 hrs prn.

Lois A. Narr, D.O./rah

#### 4/21/94

- S. Brought in by his mom with complaint of chicken pox and leg pain, high temp. Patient has had chicken pox for past 5 days. They are for the most part, all scabbed over. He is still running a high temp, up to 103 last night. Mom has been self treating with tylenol. Did talk with Dr. Fadden last night and was told to bring him in this morning. Patient is also complaining of leg pain, says he can't walk. There has been no trauma, no previous history of leg problems. His health is otherwise fairly good.
- O. Patient tearful. Dried lesions all over body. No open , lesions observed. Temp this morning was 102.2. Lungs clear. Patient locates pain to the left inquinal area. There are 2 small lymph nodes noted in the inquinal area, no hernias appreciated, scrotum normal. ROM of the leg is normal, though difficult secondary to the patient's complaint of pain.
- A. 1. Chicken pox
  - 2. Leg pain, secondary to lymphadenopathy
- P. Discussed patient with Dr. Washington. Will place him on Children's Advil Suspension, 1 1/2 2 tsp, q 6 hrs as needed for fever and pain. Reassured mom. If he is not improved in a week then we probably need to see him back.

Steven M. Clifton, Pi-C/rah

POSIT MORTEM EXAMINATION REPORT

| ALLOPSY NO. 94~9030                             | OVELCE OF THE CHIEF REDICAL EXAMINED  |
|---|---|
| INSP INQ  |   |
| JURISDICTION Wicomico County                    | DEPUTY M.E. Dr. Bulkelev  |
| NAME OF DECEASED Mark Short, J                  | <u> </u>  |
| RESIDENCE OF DECEASED: P.O. Box 254.            | Vienna, Md.   |
| AGE 5 SEX male RACE w                           | hite  |
| INCIDENT OCCURRED-DATE 4-2Z-94:                 | TIME: 10'700a   |
| ADDRESS. above home address                     | · C. In his his   |
| OCME NOTTETED:                                  | a feet hilly like the   |
| DATE 4-22-94: TIME 11:388:                      | By Whole hospital staff   |
| TRANSPORTED TO OCME BY Thomas Fund              | THUE WHOMA  |
| PRONOUNCED DEAD - DATE 4-22-94                  | TIME: DI: 12ac  |
| ADDRESS/INSTITUTION Henings Take                | deprat Center   |
|   | TIME: 90:00a  |
| AU VESY/INSPECTION-DATE:                        | 3 State 91 4 LES  |
| PERFORMED BY                                    | Mario F. Golle, Jr., M.D.<br>Assistant Medical Examiner   |
| CAUSE OF DEATH A Chicken pox with comp          | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| CAUSE OF DEATH A LANGUER POR WITH COMP          | <u>lications:</u> <u>x</u> Naturall Accident  |
| HI III  | Suicide   |
|   | Homicide<br>Undetermined  |
|   | Service State   |
| Other significant conditions:                   | ्रिता वर्षे<br>१९५१ -<br>१९४१ - जिस्सार   |
|   |   |
| HOW: DID: INJURY OCCUR                          |   |
|   |   |
| TOXICOLOGY:: BLOOD (HEART):: Alcohol - negative |   |
| Diphenhydramine - negative                      | THE BACKMENT COM  |
| BILE: Diphenhydramine positive                  | OF PROOFIS OF THE   |
| Other drugs negative                            | OF RECORDS OF THE OF RECORDS SETTING SENTE OF LAPTICALS   |
|   | STATE OF A S |

CASE NO. 94-2208-045

E:

MARK SHORT

POST MORTEM EXEMINATION PROORT AS OFFICE OF THE CHIEF MEDICAL EXAMINED STATE OF MARYLAND ACE

CASE: NUMBER: 94-2208-045

An autopsy was performed on the body of Mark Short, Ir. at the Office of the Chief Medical Examiner for the State of Maryland on the 23rd day of April, 1994.

### EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, White male cladi in a hospital gown and a cut-off sweat pants. The body weighed 56 gounds, was 30'8" in height and appeared compatible with the reported age of 5 years. The body was cold. Rigor was present and fixed to an equal degree im alli extremities. Rividity was present and fixed on the posterior surface of the body, except in areas exposed to pressure. The scalp hair was brown and measured 1-2" im length. The irides were brown. The cornege were clean. The conjunctivae were unremarkable. The sclerae were white. The external auditory canals, external nares and oral cavity were free of foreign material. and abnormal secretions. The face revealed skim lesions. The teetib were . natural deciduous and im good condition. Examination of the neck neverled nor evidence of injury. The chest was unremarkable except for skim lessions. No ewidence of injury of the ribs or sternum was evident externally the abdomen was flat and devoid of healed surgical scars. The fingernable were act. The extremities showed skim lesions. Tattoos and needle tracks were absent. The external genitalia were those of a normal adult unclindunciaed male. The posterior torso was without note except for skin lessons There was no evidence of significant recent injury. The skim lesions to the face, torso and extremities were characterized by circular, dried scale formations " measuring up to: 1/8" in greatest dimensions.

### EVIDENCE: OF THERAPY

Evidence of emergency resuscitation attempts consisted of am endotracheal tube in place in the mouth; an intravenous line on the left side of the neck and a hospital-like identification bands around the right wrist.

### EVIDENCE OF INJURY

\_ None ..

#### INTERNAL EXAMINATION:

### BODY: CAVITIES:

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. No adhesions or abnormal collections of fluid were present in any of the body cavities. All body organs were present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall was 3/16" thick. There was no internal evidence of blunt force or p strating injury to the thoraco-abdominal region.

### HEAD:: (CENTRAL NERVOUS: SYSTEM)

The scalp was reflected. The calvarium of the skull was removed. The durat mater and falk cerebri were intact. There was no epidural or subdural hemorrhage present. The leptomeninges were thin and delicate. The cerebral

E: MARK SHORT

POST HORTEM EXAMINATION REPORT OFFICE OF THE CHIEF HEDICAG EXAMINER

STATE OF MARYLAND

33

PAGE

CASE NUMBER: 94-2208-045

hemispheres were symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels were intact. Coronal sections through the cerebral hemispheres revealed no lesions. The brain weighed 1300 grams and was fixed prior to further neuropathologic evaluation.

#### NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities. The hyoid bone and large were intact.

### CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable; the pericardial sac was free of significant fluid or adhesions. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red-brown, firm and unremarkable; the atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its me or tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed lift grams.

#### RESPIRATORY SYSTEM::

The upper airway was clear of debris and foreign material; the mucosal surfaces were smooth, yellow-tan and unremarkable. The pleural surfaces were smooth, glistening, and unremarkable bilaterally. The pulmonary parenchyma was congested, firm, exuding, slight to moderate amounts of blood and frothy fluid; no focal lesions were noted. The pulmonary arteries were normally developed, patent and without thrombus or embolus. Each lung weighed 360 grams.

### <u>LIVER' & BILLARY SYSTEM:</u>

The hepatic capsule was smooth, glistening and intact, covering dark redbrown, moderately congested parenchyma with prominent red-brown lobule with pale surrounding areas. The gallbladder contained 2 ml. of yellow-greenbrown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1000 grams.

### ALIMENTARY TRACT:

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained 120 green-brown fluid. The small and large bowel were unremarkable. The pancreas had a normal pink-tan lobulated appearance and the ducts were clear. The appendix was present.

### GENITOURINARY SYSTEM:

The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surface. The cortex was slightly congested and was sharply delineated from the medullary pyramids, which were red-purple to tan and unremarkable. The calyces, pelves and

CASE NUMBER:

MARK SHORT

94-2208-045

POST MORTEH PERMENATION REPORT OFFICE OF THE CRIPE REDICAL EXAMINER

STATES OF MARYLAND

The uninary bladder contained 5 ml. of yellow ureters were unremarkable. unines the mucosa was gray-tam and smooth. The prostates gland was unremarkable. The right kidney weighed! 72 grams: the left 82 grams.

RETICULOENDOTHELIAL SYSTEMA

The spleen had a smooth, intact capsule covering red-purple, soft and congested parenchyma: the lymphoid folilicles were unremarkable. The regional lymph nodes appeared normal... The spleem weighed 1300 graus...

ENDOCRINE: SYSTEM:

The pituitary, thyroid and adrenal glands were unremarkable.

MUSCUCOSKEDETAL SYSTEM:

Muscle development was normall. No bone or joint abnormalities were noted

MICROSCOPIC: EXAMINATION:2

Acres them. Mild, focal, collection of mononuclear infiltrations otherwise HEART:

unremarkable:

Polymorphonuclear infiltration in the alveoli. EUNG8:

collection of golymorphonuclears ;

LI 3:27 Severe congestions cluster of mononuclear cell's in the bloods

vessels; mixed inflammatory cells in the sinusoids mononuclean infilitration of the portal triads

٠.

Focali calcifications and focal bacterial depositions KIDNEY

No patheliogic diagnosis: TESTES:: PANCREAS:: No. pathologic diagnosis:

BPLEEN: Mixed inflammatory infiltration

Upper dermis with degenerating cells and bacteria is present at the BKINE:

base

ADRENAL GRAND:: Congestion and bacteria noted!

WRIGHT SKINS:: Degenerated cells not adequate for evaluation:

MICROBIOLOGY: (CULTURES) ::

Many Beta Hemolytic Streptococcus Group A

BRAIN: SWAB:: Many Heta Hemolytic Streptococcus Group A CUNG: SWAB: Many Beta HemoTytic Streptococcus Group A

Many Betar Hemolytic Streptococcus Group: A CEREBROSPINAL FLUID:

Lung Tibsue:: Many Beta Hemolytic Streptococcus Group A PEBURAL SWAB: Many Beta Hemolytic Streptococcus Group A

#### NEUROPATHOLOGYI REPORT

K E: Mark E. Short

AUTOESY # 94:-0903;

SEX:

Maile

CASE: # 94-2208

RACEE

White:

AGE:: 5

DATE OF DEATH: April: 22, 1994

MEDICAL EXAMINER: Dr. Golle-

155

MACROSCOPIC: EXAMINATION: off May: 1:1, 1994:

Braim Weight= 1360 grams

Dura: Not available.

Brain: The cerebral hemispheres are symmetrical. The gyral pattern shows normal development and mild flattening throughout the convexity. The leptomeninges are translucent. At the base, blood vessels, cranial nerves, brainstem, and cerebellum are normal. There is no hermiation.

On coronal sections, the cerebral hemispheres are symmetrical with mild: flattening of the gyrus throughout the convexity. Cortical gray matter is of normal thickness and well-demarcated from subjacent white matter. Myelination is normal. The ventricular system is partially collapsed. The basal ganglia are unremarkable. The brainstem and cerebellum are normalizate.

St tall Cord: The entire spinal cord is available for examination. Hemorrhagic necrosis is noted in the high cervical cord (C2: - C4)... Am areas of hemorrhagic necrosis is present in the central aspect of the cord, associated with hemorrhagic discoloration of the parenchyma above and below. The thoracic and lumbar cord are unremarkable.

Summary: I. Hemorrhagic necrosis of the cervical spinal cord.

2. Brain edema, minimal.

Comment: The hemorrhagic necrosis of the cord may correspond to an autoimmune white matter inflammation secondary to chicken pox. However, the possibility of vasculitis cannot be ruled out.

Microscopic sections are pending.

#### NEUROPATHOLOGY: REPORT

Nauge:

Mark E. Short

AUTOPSY #:

9.4:-09.031

CASE #:

94-22081

DATE: OF DEATH:

Aprill 22, 1994

MEDICAL EXAMINER:

Dr. Golle

### MICROSCOPIC EXAMINATION OF May 28, 1994

Microscopic sections from the cervical cond im regions adjacent to the hemorrhage demonstrate a pailor of the myelin, but there is no acute inflammation. A few macrophages filled with hemosiderin are noted scattered throughout the parenchyma. Beyond the region of decreased myelinations that surrounds the hemorrhage, the white matter appears normal and without sign of inflammation. The gray matter of the cervical cond is spared. Sections from the brainstem, cerebellum, and cerebral hemispheres are entirely normal. There is no evidence of inflammation or demyelination.

No MEX

MARK SHORT

CASE NUMBER: 94~2208~045

POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER

STATES OF MARYGAND

### PATHOLOGIC: DIAGNOBES

Chicken pox with complications:

Complications

Al. Sepsiism

Ľ. Pneumonia

2:\_ Splenitis

3... Hepatitis

41... Multiple cultures, positive for Beta Hemolyt

Group AL

OPINION:

This 5 year old. White male Mark thort, Ir., died of chicken pox with complications. Complications identified were infections of multiple organs and multiple cultures grew Retar Hemolytic Streptococci. Group A. Toxicology studies: were negative... There was no evidence of injury. The manner of death is natural.

Assistant Medical I

Date signed:

BLOOD (HEART) .: Alcohol - negative:

Diphenhydramine - negative

BILE: Diphenhydramine positive

Other drugs negative

ccq

John E. Smialek, M.D. Chief Medical Examiner LAW OFFICE

ROY B. COWDREY, IR.
DAVID R. THOMPSON'
PAUL I. JONES, JR.
KURT D. KARSTEN'
ROBERT J. MERRIKEN'
CECILIA I. LAWRIN
SCOTT G. PATTERSON

\*ADMITTED IN MD & VA \*ADMITTED IN MD & DC

### COWDREY, THOMPSON & KARSTEN, P. A.

RIDGELY OAKS PROFESSIONAL CENTER

621 RIDGELY AVENUE

**SUITE 403** 

ANNAPOLIS, MARYLAND 21-101

(410)841-1938 FAX (410) 841-1940

April 30, 1996

130 N. WASHINGTON ST.
P. O. BOX 1747
EASTON, MD 21601
(410) 269-5587

OF COUNSEL
DIANE M. JANULIS
ADMITTED IN MD. CT & GA

Re: Camper v. William Bair, M.D., et al.

To Whom It May Concern:

I represent Dr. Washington in the above-captioned medical malpractice case which was filed on January 16, 1996. Dr. Washington has never been formally served with suit papers in this case and counsel representing the Plaintiffs have indicated that he does not anticipate Dr. Washington remaining a party in this case for very long.

I have enclosed a copy of the Complaint. Claimants essentially allege that the anesthesia provided to Ms. Camper during surgery was inappropriately monitored both during and after surgery. Dr. Washington's role in this circumstance was as the family physician to the patient who referred her to the surgeon prior to the surgery. Obviously, Dr. Washington played no role in providing anesthesia or anesthetic follow-up.

I expect to vigorously defend the lawsuit, should it continue and I expect the case to be resolved in Dr. Washington's favor. Please contact me with any further questions or should you need any further information regarding this case.

Very sincerely,

Kurt Cl. Karsten/deb

Kurt D. Karsten

KDK/deb

Enclosure

w:\deb\kdk\bair:m.ltr

### Circ :: Court For Dorchester Cunty

MICHAEL L. BAKER, CLERK 206 High Street - P. O. Box 150 CAMBRIDGE, MARYLAND 21613

WRIT OF SUMMONS

STATE OF MARYLAND, DORCHESTER COUNTY, TO WIT:

CIVIL CASE NO. C7464

TO: MATT R. BALLENGER, ESQ. YOU ARE HEREBY COMMANDED TO SUMMONS:

NAME: JUDY C. WASHINGTON, M.D.

ADDRESS: 302 COLLINS STREET, HURLOCK, MD. 21643

**COUNTY: DORCHESTER** 

YOU ARE HEREBY SUMMONED TO FILE A <u>WRITTEN</u> RESPONSE BY PLEADING OR MOTION IN THIS COURT TO THE ATTACHED COMPLAINT FILED BY **ELINOR B. CAMPER** 

WITHIN 30 DAYS AFTER SERVICE OF THIS SUMMONS UPON YOU.

WITNESS THE HONORABLE CHIEF JUDGE OF THE FIRST JUDICIAL CIRCUIT OF MARYLAND

DATE ISSUED: JANUARY 18, 1996

### CLERK

### TO THE PERSON SUMMONED:

- 1. PERSONAL ATTENDANCE IN COURT ON THE DATE NAMED IS NOT REQUIRED.
- 2. FAILURE TO FILE A RESPONSE WITHIN THE TIME ALLOWED MAY RESULT IN A JUDGMENT BY DEFAULT OR THE GRANTING OF THE RELIEF SOUGHT AGAINST YOU.

### SHERIFF'S RETURN

| - SERVED AND COPY DELIVERED ON DATE INDICATED BELOW TO |         |  |  |  |  |  |  |  |  |
|--|---------|--|--|--|--|--|--|--|--|
| □ - UNSERVED, BY REASON OF                             |         |  |  |  |  |  |  |  |  |
| ATTEMPTS:  |         |  |  |  |  |  |  |  |  |
| DATE: FEE:\$   | SHERIFF |  |  |  |  |  |  |  |  |

#### NOTE:

- I. THIS SUMMONS IS EFFECTIVE FOR SERVICE ONLY IF SERVED WITHIN 60 DAYS AFTER THE DATE IT IS ISSUED.
- 2. PROOF OF SERVICE SHALL SET OUT THE NAME OF THE PERSON SERVED, DATE AND THE THE PARTICULAR PLACE AND MANNER OF SERVICE. IF SERVICE IS NOT MADE, PLEASE STATE THE REASONS.
- 3. RETURN OF SERVED OR UNSERVED PROCESS SHALL BE MADE PROMPTLY AND IN ACCORDANCE WITH RULE 2-126.
- 4. IF THIS SUMMONS IS SERVED BY PRIVATE PROCESS, PROCESS SERVER SHALL FILE A SEPARATE AFFIDAVIT AS REQUIRED BY RULE 2-126(a).

|  |   | •   |   |
|--|---|---|---|
| Circuit Court for  | Dorchester County   |   |   |
| + - +  | <del>-</del>  | City or County  |   |
| CIVIL-   | NON-DOMESTIC C  | ASE INFORMATIO  | N REPORT  |
| Directions:  |   |   |   |
|  | on 32000 must be completed  | d and attached to the complai   | int filed with the Class at a   |
| unless your case is exempted   | i from the requirement by th  | e Chief ludge of the Court of   | Anneals ourselves as 3.1  |
| 2-111. A copy must be inch   | uded for each defendant to  | he carved   | appears pursuant to Kuts  |
| • •  | en Information Report as r  |   |   |
|  | -   | E ACCEPTED AS AN ANS  | WED OD DECRONOR   |
| FORM FILED BY: X PLAN  |   |   |   |
| CASE NAME: Elinor B.   |   |   | eral Hospital, Inc et   |
|  |   |   |   |
| IURY DEMAND: X Yes   |   | nted length of trial:1  | hours ordays  |
| RELATED CASE PENDING?  | ☐ Yos 版 No If yes, (  | Case #(s), if known:  |   |
| HAS ALTERNATIVE DISPUT   | TE RESOLUTION (ADR):  | Been Tried? Tyes (  | X No  |
| If yes, specify:   |   | Requested? Yes  | No.   |
|  |   |   |   |
| Special Requirements?  | Interpreter/communication im  | pairment  |   |
| . 7  | Other ADA accommodations  |   |   |
| •  | Office why seconditions   |   |   |
| NATURE O   | FACTION   |   | ES/RELIEF   |
|  |   | DAMAG   | ES/RELIEFS  |
| TORTS  | F ACTION ONE BOX  | · DAMAG   | 1 20  |
| TORTS    Motor Tort  | FACTION ONE BOXI  | DAMAG A. Actual Damages   | 1 20  |
| TORTS    Motor Tort   Premises Liability   | F ACTION - ONE BOX)  LABOR  Workers' Comp.  | · DAMAG   | TORTS   |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   | LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other   | DAMAG  A. Actual Damages  Under \$7,500   | TORTS   |
| TORTS    Motor Tort   Premises Liability   | LABOR  LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS   | DAMAG  A. Actual Damages  Under \$7,500  \$7,500 - \$50,000   | TORTS  Medical Bills  S Property Damages  S   |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   | LABOR  LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  | DAMAG  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  | TORTS  Medical Bills  Property Damages  Wage Loss   |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   X Professional Malpractice  | LABOR  LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  | DAMAG  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$550,000 - \$100,000   | TORTS  Medical Bills  Property Damages  Wage Loss   |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   Professional Malpractice   Wrongful Death   Business & Commercial   Libel & Slander   | LABOR  LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other   | DAMAG  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  | TORTS  Medical Bills  Property Damages  Wage Loss   |
| TORTS  TORTS  Motor Tort Premises Liability Assault & Battery Product Liability  Professional Malpractice Wrongful Death Business & Commercial   | LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY   | DAMAG  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  | TORTS  Medical Bills  Property Damages  Wage Loss   |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   Professional Malpractice   Wrongful Death   Business & Commercial   Libel & Slander   False Arrest/Imprisonment   Nuisance  | IABOR    Workers' Comp.   Wrongful Discharge   EEO   Other  | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B. CONTRACTS   | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   S   O   S   |
| TORTS  TORTS  Motor Tort Premises Liability Assault & Battery Product Liability Professional Malpractice Wrongful Death Business & Commercial Libel & Slander False Arrest/Imprisonment Nuisance Toxic Torts   | LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY   | DAMAG  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000   | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   S     C. NONMONETARY   RELIEF   |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   Professional Malpractice   Wrongful Death   Business & Commercial   Libel & Slander   False Arrest/Imprisonment   Nuisance   Toxic Torts   Fraud                                      | LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY  Judicial Sale.  Condemnation   | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B. CONTRACTS   | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   S     C. NONMONETARY  |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   Professional Malpractice   Wrongful Death   Business & Commercial   Libel & Slander   False Arrest/Imprisonment   Nuisance   Toxic Torts   Fraud   Malicious Prosecution              | LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY  Judicial Sale.  Condemnation  Landlord Tenant  | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B: CONTRACTS  Under \$10,000  \$10,000 - \$20,000                | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   OO   S     C. NONMONETARY   RELIEF   Declaratory Judgment                     |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   Professional Malpractice   Wrongful Death   Business & Commercial   Libel & Slander   False Arrest/Imprisonment   Nuisance   Toxic Torts   Fraud   Malicious Prosecution   Lead Paint | IABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY  Judicial Sale.  Condemnation  Landlord Tenant  Other   | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B: CONTRACTS  Under \$10,000                                     | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   S     C. NONMONETARY   RELIEF   Declaratory Judgment   Injunction             |
| TORTS  TORTS  Motor Tort Premises Liability Assault & Battery Product Liability Professional Malpractice Wrongful Death Business & Commercial Libel & Slander False Arrest/Imprisonment Nuisance Toxic Torts Fraud Malicious Prosecution Lead Paint Asbestos             | LABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY  Judicial Sale.  Condemnation  Landlord Tenant  Other  Other  | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B: CONTRACTS  Under \$10,000  \$10,000 - \$20,000                | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   OO   S     C. NONMONETARY   RELIEF   Declaratory Judgment                     |
| TORTS    Motor Tort   Premises Liability   Assault & Battery   Product Liability   Professional Malpractice   Wrongful Death   Business & Commercial   Libel & Slander   False Arrest/Imprisonment   Nuisance   Toxic Torts   Fraud   Malicious Prosecution   Lead Paint | LABOR Workers' Comp. Wrongful Discharge EEO Other CONTRACTS Insurance Confessed Judgment Other REAL PROPERTY Judicial Sale. Condemnation Landlord Tenant Other OTHER Civil Rights Environmental ADA                         | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B: CONTRACTS  Under \$10,000  \$10,000 - \$20,000                | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   S     C. NONMONETARY   RELIEF   Declaratory Judgment   Injunction             |
| TORTS  TORTS  Motor Tort Premises Liability Assault & Battery Product Liability Professional Malpractice Wrongful Death Business & Commercial Libel & Slander False Arrest/Imprisonment Nuisance Toxic Torts Fraud Malicious Prosecution Lead Paint Asbestos             | LABOR Workers' Comp. Wrongful Discharge EEO Other CONTRACTS Insurance Confessed Judgment Other REAL PROPERTY Judicial Sale. Condemnation Landlord Tenant Other Other COTHER Civil Rights Environmental                      | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B: CONTRACTS  Under \$10,000  \$10,000 - \$20,000                | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   S     C. NONMONETARY   RELIEF   Declaratory Judgment   Injunction             |
| TORTS  TORTS  Motor Tort Premises Liability Assault & Battery Product Liability Professional Malpractice Wrongful Death Business & Commercial Libel & Slander False Arrest/Imprisonment Nuisance Toxic Torts Fraud Malicious Prosecution Lead Paint Asbestos             | IABOR  Workers' Comp.  Wrongful Discharge  EEO  Other  CONTRACTS  Insurance  Confessed Judgment  Other  REAL PROPERTY  Judicial Sale.  Condemnation  Landlord Tenant  Other  OTHER  Civil Rights  Environmental  ADA  Other | DAMAG  A.  Actual Damages  Under \$7,500  \$7,500 - \$50,000  \$50,000 - \$100,000  Over \$100,000  IN EXCESS OF \$20,000  B: CONTRACTS  Under \$10,000  \$10,000 - \$20,000  Over \$20,000 | TORTS    Medical Bills   S   Property Damages   S   Wage Loss   O   S     C. NONMONETARY   RELIEF   Declaratory Judgment   Injunction   Other |

With the exception of Baltimore County, Baltimore City, and Prince George's County, please fill in the estimated LENGTY
OF TRIAL THIS CASE WILL THEN BE TRACKED ACCORDINGLY.

To day of trial or less

|                          |                               | ••• |
|--------------------------|-------------------------------|-----|
| I/2 day of trial or less |                               |     |
| I day of trial time      | More than 3 days of trial tim | C   |

2 days of trial time

IF YOU ARE FILING YOUR COMPLAINT IN BALTIMORE COUNTY, BALTIMORE CITY, OR PRINCE GEORGE'S COUNTY, PLEASE SEE REVERSE SIDE OF FORM FOR INSTRUCTIONS.

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| Date: | Ci-nary ser |  |
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IF YOU ARE FILING YOUR COMPLAINT IN BALTIMORE COUNTY. BALTIMORE CITY, OR PRINCE COUNTY, PLEASE FILL OUT THE APPROPRIATE BOX BELOW

|         | CIRCUIT COURT FOR BALTIMORE CITY (check only one)  |   |   |  |  |  |  |  |
|---------|--|---|---|--|--|--|--|--|
| J       | Expedited  | Thai 60 to 120 days from note   | ce. Non-jury matters.   |  |  |  |  |  |
|         | Standard-Short   | Trial seven months from Defer<br>\$7,500; contract claims up to \$  | Trial seven months from Defendant's response. Includes torts with actual damages up to \$7,500; contract claims up to \$20,000; condemnations; injunctions and declaratory judgme |  |  |  |  |  |
| ]       | Standard-Medium  | Trial 12 months from Defendar<br>and under \$50,000, and contract   | nt's response. Includes torts with a  | actual damages over \$7,50   |  |  |  |  |
| J       | Standard-Complex   | Trial 18 months from Defendan<br>discovery with actual damages  | nt's response. Includes complex c<br>in excess of \$50,000.   | ases requiring protonged   |  |  |  |  |
| 了       | Lead Paint   | Trial per model order.  |   |  |  |  |  |  |
| ⊐       | Asbestos   | Events and deadlines set by ind   | lividuał judge.   |  |  |  |  |  |
|         | Protracted Cases   | Complex cases designated by the   | he Administrative Judge.  |  |  |  |  |  |
|         | C  | RCUIT COURT FOR PR  | INCE GEORGE'S COUNT   | Y TARYON   |  |  |  |  |
| מחחמ    | TRACK I Cases having Judicially-assessed values under \$25,000.  TRACK II Cases having Judicially-assessed values greater than \$25,000 but not complex litigation.  TRACK III Non-jury.  TRACK IV Standory Priority Jury Track.  TRACK V Complex Litigation (Business, Tort, Orphan's Court Appeals). |   |   |  |  |  |  |  |
| תהנוה   | LIABILITY Rear-end Slip and Fall Intersection Changing Lanes   | FACTORS  Left-hand Turn  Other:   | INJURY FA  Soft Tissue Broken Bones Joint Damages (knee, ankle, etc.)   | CTORS  Herniated Disk  Severe Head Injury Other:   |  |  |  |  |
|         |  | CIRCUIT COURT FOR   | BALTIMORE COUNTY  |  |  |  |  |  |
|         | Expedited  |   | eciaratory Judgment (Simple), Ac  | lministrative Appeals,   |  |  |  |  |
|         | (Trial Date-90 days)   | District Court Appeals and Jury   | Trial Prayers, Guardianship, Injur  |  |  |  |  |  |
| <u></u> | (Trial Date-90 days) Standard (Trial Date-240 days)  | Condemnation, Confessed Judge   | Trial Prayers, Guardianship, Injur<br>ments (Vacated), Contract, Emplo<br>al Tort, Motor Tort, Other Person   | nction. Mandamus.  yment Related Cases, Fra  |  |  |  |  |
|         | Standard   | Condemnation, Confessed Judge<br>and Misrepresentation, Intention<br>Compensation Cases.  Asbestos, Lender Liability, Profi | ments (Vacated), Contract, Emplo<br>ual Tort, Motor Tort, Cther Person<br>essional Malpractice, Serious Mot<br>age loss of \$100,000, expert and or                               | nction. Mandamus.  yment Related Cases, Fra- al Injury, Workers'  or Tort or Personal Injury |  |  |  |  |

### IN THE CIRCUIT COURT FOR DORCHESTER COUNTY

ELINOR B. CAMPER : 304 Railroad Avenue East New Market, Maryland 21631 :

Plaintiff

v. : case No.: C7464

DORCHESTER GENERAL HOSPITAL, INCORPORATED. 300 Byrn Street Cambridge, Maryland 21613

> SERVE ON: Resident Agent Alan B. Malnak, Jr. 300 Byrn Street Cambridge, Maryland 21613

and:

WILLIAM BAIR, M.D. 19 Franklin Street Cambridge, Maryland 21613

and

JOSEPH A. ZITARELLI, M.D.
Cambridge Professional Building
4 Aurora Street
Cambridge, Maryland 21613

and

MICHAEL OATES, M.D. -1312 Taylors Island Road Madison, Maryland 21648

and

JUDY C. WASHINGTON, M.D. 302 Collins Street Hurlock, Maryland 21643

Defendants

### COMPLAINT AND PRAYER FOR JURY TRIAL

COMES NOW, the Plaintiff, ELINOR B. CAMPER, through her attorneys, Matt R. Ballenger and Suder & Suder, P.A. and bring

william Bair, M.D., Joseph A. Zitarelli, M.D., Michael Oates,
M.D. and JUDY C. WASHINGTON, M.D. and sets forth the following in
support thereof:

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- 1. Venue is proper in Dorchester County.
- 2. This case has been waived from the Health Claims Arbitration Office of Maryland pursuant to Md. Cts. & Jud. Proc. Code Ann. §3-2A-06B. Attached hereto as Exhibit A is a copy of the Election to Waive Arbitration.
- 3. Dorchester General Hospital, Inc. (Hereinafter referred to as Defendant Hospital) was a corporation organized under the laws of the State of Maryland and licensed and authorized to provide hospital services to the public and to the Plaintiff. At all times relevant herein, Defendant Hospital represented, to the public and to Plaintiff, through its agents, servants and/or employees that it possessed the degree of skill, knowledge and ability ordinarily possessed by reasonably prudent and competent hospitals practicing through its agents, servants and/or employees and owed a duty to Plaintiff to exercise the care, skill and judgment exercised by reasonably prudent hospitals acting through their agents, servants and/or employees in treating and caring for Plaintiff.
- 4. At all times relevant to this claim, Defendant William Bair, M.D. was acting individually and as an agent, servant and/or employee of Dorchester General Hospital, Inc. At all times relevant to this claim, Defendant Bair represented to

- the Plaintiff and the public that he was duly licensed to practice medicine in the State of Maryland and that he possessed the degree of skill, knowledge and ability ordinarily possessed by physicians acting in the same and/or similar circumstances and owed a duty to Plaintiff to exercise the care, skill and judgment ordinarily exercised by reasonably prudent physicians in treating and caring for Plaintiff.
  - Joseph A. Zitarelli, M.D. was acting individually and as an agent, servant and/or employee of Dorchester General Hospital, Inc. At all times relevant to this claim, Defendant Zitarelli represented to the Plaintiff and the public that he was duly licensed to practice medicine in the State of Maryland and that he possessed the degree of skill, knowledge and ability ordinarily possessed by physicians acting in the same and/or similar circumstances and owed a duty to Plaintiff to exercise the care, skill and judgment ordinarily exercised by reasonably prudent physicians in treating and caring for Plaintiff.
  - 6. At all times relevant to this claim, Defendant Michael Oates, M.D. was acting individually and as an agent, servant and/or employee of Dorchester General Hospital, Inc. At all times relevant to this claim, Defendant Oates represented to the Plaintiff and the public that he was duly licensed to practice medicine in the State of Maryland and that he possessed the degree of skill, knowledge and ability ordinarily possessed by physicians acting in the same and/or similar circumstances and

'owed a duty to Plaintiff to exercise the care, skill and judgment ordinarily exercised by reasonably prudent physicians in treating and caring for Plaintiff.

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7. At all times relevant to this claim, Defendant Judy C. Washington, M.D. was acting individually and as an agent, servant and/or employee of Dorchester General Hospital, Inc. At all times relevant to this claim, Defendant Washington represented to the Plaintiff and the public that she was duly licensed to practice medicine in the State of Maryland and that she possessed the degree of skill, knowledge and ability ordinarily possessed by physicians acting in the same and/or similar circumstances and owed a duty to Plaintiff to exercise the care, skill and judgment ordinarily exercised by reasonably prudent physicians in treating and caring for Plaintiff.

### COUNT I - NEGLIGENCE

- 8. On June 23, 1994, Plaintiff, Elinor Camper, was admitted to Dorchester General Hospital for evaluation of abdominal pain, nausea and vomiting.
- 9. On June 27, 1994, Mrs. Camper was diagnosed with cholelithiasis (gallstones) with cholecystitis (inflammation of the gallbladder). It was decided that she should undergo a cholecystectomy (removal of the gallbladder).
- 10. On June 30, 1994, Mrs. Camper underwent surgery for the removal of her gallbladder. In addition to general anesthesia, Mrs. Camper was given epidural anesthesia (this is a form of anesthesia whereby the anesthetic solution is injected in

- the lumbar spine between the dura matter and the wall of the vertebral canal).
  - 11. Following surgery, Mrs. Camper was maintained on the epidural anesthesia for control of post-operative pain. The following morning on July 1, 1994, the epidural anesthesia was discontinued.
  - 12. Shortly thereafter, Mrs. Camper began to experience pain and weakness in her lower extremities. Unfortunately for Mrs. Camper, these Defendants and their agents, servants and/or employees presumed these symptoms were due to her being in bed for several days.
  - 13. It was not until Mrs. Camper became fully paralyzed in both extremities (paraplegia) did these Defendants begin to evaluate the cause of her symptoms.
  - unsuccessful due to equipment failure and an MRI was unavailable. It was then determined that Mrs. Camper needed to be sent emergently to Peninsula Regional Medical Center for further evaluation of a suspected epidural hematoma (a blood clot on the spine at the location where the epidural anesthesia was administered).
  - 15. Upon her arrival at Peninsula, Mrs. Camper had an MRI of her spine which confirmed that she had an epidural hematoma and she immediately underwent a laminectomy of L1 and L2 (a procedure whereby portions of vertebra are removed) and evacuation of the large hematoma which had formed.

- 16. Mrs. Camper's post-operative condition was only slightly improved and she continued to be paralyzed in both legs. She was subsequently transferred to the Chesapeake Rehabilitation Hospital.
- contrary to acceptable standards of care as practiced by reasonably prudent physicians, hospitals and other health care providers acting in the same or similar circumstances, these Defendants and their agents, servants and/or employees failed to properly examine, treat, monitor, test and screen Plaintiff; performed contraindicated procedures; negligently failed to perform proper tests, screenings, cultures, etc.; negligently interpreted tests which were ordered; negligently failed to timely recognize the Plaintiff's deteriorating condition; negligently failed to immediately and aggressively diagnose and treat the Plaintiff and, were further and otherwise negligent in the management, care and treatment of the Plaintiff.
- 18. Each of the defendants owed a duty to Plaintiff to exercise the degree of skill, care and judgment expected of competent entities and individuals acting in the same and/or similar circumstances.
- 19. Each of the defendants breached and/or negligently performed the duties they owed to Plaintiff as set forth above.
- 20. As a direct and proximate cause of the negligence of these Defendants, the Plaintiff suffered and continues to suffer, excruciating and unremitting pain, extreme emotional pain

and suffering, and paraplegia, medical expenses, expenses for assistance in her daily living, mental anguish and was otherwise permanently damaged and injured.

- 21. It is alleged that had these Defendants conformed to the applicable standards of care, the Plaintiff, Elinor Camper, would not have suffered the injuries and damages set forth above.
- 22. The Plaintiff was in no way contributorily negligent as to the acts complained of and/or the damages arising therefrom.

WHEREFORE, Plaintiff, ELINOR B. CAMPER, brings this action against the Defendants, DORCHESTER GENERAL HOSPITAL, INC., WILLIAM BAIR, M.D., JOSEPH A. ZITARELLI, M.D., MICHAEL OATES, M.D. and JUDY C. WASHINGTON, M.D. and claims compensatory damages in excess of Twenty Thousand Dollars (\$20,000) and for costs incurred herein and for such other and further relief as the Court may deem necessary and proper.

### COUNT II - LACK OF INFORMED CONSENT

- 23. The Plaintiff's allegations of fact hereinabove set forth are adopted herein and made a part hereof as if the same were stated herein.
- 24. Each of these Defendants had an absolute duty and obligation to inform the Plaintiff of the various alternatives and risks associate! with the medical treatment. However, these Defendants, each of them, failed to do so, in that they a negligent y i iled to warn and/or inform the Plaintiffs of the

material risks in the initial and continued treatment.

25. The Plaintiff and any reasonable person in her position, would have withheld consent to the initial and continued treatment had she been informed of these risks.

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26. As a direct and proximate result of the negligent failure to obtain the informed consent of the Plaintiff in advance of the medical treatment, Mrs. Camper suffered each and every damage alleged in this complaint and incorporates the same by reference.

WHEREFORE, Plaintiff, ELINOR B. CAMPER, brings this action against the Defendants, DORCHESTER GENERAL HOSPITAL, INC., WILLIAM BAIR, M.D., JOSEPH A. ZITARELLI, M.D., MICHAEL OATES, M.D. and JUDY C. WASHINGTON, M.D. and claims compensatory damages in excess of Twenty Thousand Dollars (\$20,000) and for costs incurred herein and for such other and further relief as the Court may deem necessary and proper.

Matt R. Ballenger Suder & Suder, P.A. 210 East Lexington Street Suite 100 Baltimore, Maryland 21202 (410)727-8177

Attorneys for Plaintiff

### PRAYER FOR JURY TRIAL

Plaintiff requests a jury trial in the above captioned matter.

Matt R. Ballenger

### NATIONAL BOARD OF MEDICAL EXAMINERS\*



### **ENDORSEMENT OF CERTIFICATION**

DIVISION OF HEALTH

Note:

The embossed seal of the National Board of Medical Examiners (NBME) 100/1805

in the lower left corner certifies the authenticity of this document.

96 FEB 21 M 7: 54

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Diplomate Name: Judy Charmane Washington, MD

Date of Birth: 10/30/1957

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

|   | Exam         |    |             | Total<br>Test | Min.<br>Pass | Pass/<br>Fail | Anat      | Phys      | Bioc      | 7<br>Path  | Micr      | Phaz.     | Beh<br>Sci |
|---|--------------|----|-------------|---------------|--------------|---------------|-----------|-----------|-----------|------------|-----------|-----------|------------|
|   | NBME<br>PART |    | Jun<br>1981 | 420<br>76     | 380<br>75    | PASS          | 380<br>73 | 370<br>72 | 445<br>77 | 465<br>78  | 505<br>81 | 520<br>82 | 315<br>69  |
|   |              |    |             |               |              |               | Med       | Surg      | Ob/Gyn    | PM/PH      | Ped       | Paych     |            |
| Œ | nbme<br>Part | II | Sep<br>1982 | 440<br>79     | 290<br>75    | PASS          | 475<br>81 | 430<br>79 | 630<br>88 | 395<br>77, | 405<br>77 | 385<br>76 |            |
|   | NBME<br>PART |    | Mar<br>1984 | 400<br>78.5   | 290<br>75    | PASS          |           |           |           |            |           |           |            |

DATE: 02/14/1996

SEE OTHER SIDE FOR SCORE INFORMATION

PAGE: 1 of 1

TN1060

This Endorsement of Certification may include scores for Step 1, Step 2, or Step 3 of the United States Medical Licensing Examination<sup>TM</sup> (USMLE<sup>TM</sup>). The USMLE, established by the Federation of State Medical Boards (FSMB) and the NBME, is a single, uniform medical hoensure examination system comprised of three Step examinations. USMLE replaced both the Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. The NBME accepts passing scores on Part I or Step 1, plus Part II or Step 2, plus Part III or Step 3 as meeting the examination requirements for its certification program. Physicians who have passed at leasing NBME Part in combination with one or two USMLE Steps will be certified and endorsed to medical licensing authorities by the NBME. Scores for physicians who pass Steps 1, 2 and 3 will be reported by the FSMB.

### INTERPRETATION OF SCORES

### NBME Part I and Part II Examinations Prior to June 1991

The most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

## NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

### USMLE Step 1, Step 2, and Step 3

The complete USMLE examination history is given. A total test score is reported on a three-digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

#### All NBME Part III Examinations

The most recent total test score is reported. This score is on a three-digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

### Two-Digit Scores

1.1

For all examinations, an equivalent value scale score on a twodigit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

### EXPLANATION OF COMMENTS

For USMLE Steps, this document is annotated to reflect special circumstances regarding the score report.

If you wish to obtain further information about individual examinees who have notations under "Comments," please write the NBME Department of Licensing Examination Services, Examinee Records Unit.

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. No score is reported.

Incomplete - The examinee sat for some but not all of the scheduled test books. No score is reported.

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. To determine the exact nature of the irregular behavior, the examinee's full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat at (215) 590-9600.

Score Not Available - Score not available pending further review and/or analysis.

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

DIVISION OF HEALTH



96 MAR - 1 AM 10: 06

STATE OF TENNESSEE

## BUREAU OF MANPOWER AND FACILITIES HEALTH RELATED BOARDS

283 PLUS PARK BLVD. DEPARTMENT OF HEALTH NASHVILLE, TENNESSEE 37247-1010

# TENNESSEE BOARD OF MEDICAL EXAMINERS (615) 367-6231

APPLICANT: PROVIDE THE INFORMATION REQUESTED IN THE BOX AND THEN MAIL THIS FORM TO:

BOARD ACTION DATA BANK INQUIRIES 6000 WESTERN PLACE, SUITE 707 FT. WORTH, TX 76107

NO FEE REQUIRED

The Tennessee Board of Medical Examiners requests a data bank search concerning the following individual.

|   | Mane<br>iddle or Maiden |
|---|-------------------------|
| Date of Birth. 10 -30-57 Social Security Number                         |                         |
| Medical School Name. Meharry Medical College<br>Location: Nashville, TN | ELL T                   |
| Year of Graduation: 1983  | <u></u><br>क्रि         |
| E.C.F.M.G. Number (if international medical school graduate):           | <del>.</del> .          |
| 2/6/55  Applicant's Signature/  |                         |
|   | у-<br>Р                 |

FOR FEDERATION USE ONLY
Please mail the response to the following address:

State of Tennessee Board of Medical Examiners 283 Plus Park Boulevard Nashville, TN 37247-1610 ATTN: Melissa Haggard RE FUSE RO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

FEB 23 1996 Emes & Stein M. D.

JAMES R. WINN, M.O. EXECUTIVE VICE-PRESIDENT

SPILL ..



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### STATE OF TENNESSEE DEPARTMENT OF HEALTH HEALTH RELATED BOARDS 263 PLUS PARK BLVD. NASHVILLE, TENNESSEE 37247-1010

### (615) 367-6231 BOARD OF MEDICAL EXAMINERS CERTIFIED MAIL

Date: 3/7/96 Deadline: 5/13/96

JUDY CHARMANE WASHINGTON MD 311 MILL STREET CAMBRIDGE MD 21613

| Tennes      | e in receipt of your application for licensure to practice medicine in usee. Review of your application revealed the items, indicated below, equired to complete your file.  |
|-------------|--|
|             | A recently taken, passport photograph.   |
| <del></del> | Please contact the appropriate agency, National Boards, FLEX, LMCC, USMLE, or the State Board for State Board scores.  |
|             | Official graduate transcript. Transcript <u>must</u> <u>be submitted</u> <u>directly from the University to our office</u> . International medical graduates must also submit an English translation of the transcript and curriculum, in addition to the transcript from the university. (Attachment 4) |
| <del></del> | Two letters of professional recommendation from medical doctors. One received from:  |
| <del></del> | Verification of State licensure must be received from each State in which you hold or have held a license.  Clearance from / / / / / / / / / / / / / / / / / / /   |
|             | A total fee of \$ is required. Please submit \$ with a copy of this letter.  |
|             | "Certification of Post Graduate Medical Education" must be completed and notarized by ACGME accredited Residency Program Director. Form shall not be completed prior to completion of PGY I or PGY III year. (Attachment 2)  A) Mountainside Family Practice   |

| <del></del> | Notarized copy of legal entitlement to live and work in<br>the United States. (i.e. birth cert., passport, voters<br>registration) License will not be issued to holders of J-1 Visa<br>status. |
|-------------|---|
| <del></del> | Federation Clearance Form from the Federation Data Bank has not been received. (Attachment 1)   |
|             | Notarized copy of your ECFMG certificate.   |
|             | Application indicates a malpractice judgement or settlement. A copy of the final court documents or settlement is required.   |
|             | Application indicates disciplinary action in another jurisdiction. Please request copies of the final action be sent directly to our office.  |
|             | Other:  |

Please submit the requested items within sixty (60) days of receipt of this notification. If requested items are not received your application will be deemed withdrawn and your file will be closed. Action after closure will require a new application, which includes submitting new fees and new supporting documents. See deadline date on front of this notice.

Once the above requested items have been received your file will be held for review by a Board Member or Board's designee. You will be notified of the Board's decision or further instruction within a maximum of thirty (30) days of completion of your file.

We respectfully ask that you allow ten (10) working days for information mailed to our office to be received and placed in your file, and fourteen (14) days if you are submitting checks or money orders. This is not processing time, however, it takes adequate time for money and correspondence to be received in the Board office. Federal Express or special courier services will reduce mailing time, however, the time required within the State system remains the same. Therefore we ask that you give the Board every consideration in this matter.

IT IS OUR POLICY TO DISCUSS APPLICATION STATUS WITH THE APPLICANT OR SPOUSE ONLY. REGRETTABLY, HOSPITALS, EMPLOYERS, RECRUITERS, REFERRAL COMPANIES, OR INSURANCE COMPANIES WILL NEED TO CONTACT THE APPLICANT FOR STATUS UPDATE.

Sincerely,

US3A \

Melissa Haggard Administrator

Board of Medical Examiners

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| on the reverse side?     | SENDER:  =Complete items 1 and/or 2 for additional services.  =Complete items 3, 4s, and 4b.  =Print your name and address on the reverse of this form so that we card to you.  *Affact this form to the front of the mailpiece, or on the back if space permit.  Write "Hollum Receipt Requested" on the mailpiece below the article.  The Return Receipt will show to whom the article was delivered. | 1.  Addressne's Address 2.  Restricted Delivery           | elpt Service.   |                              |
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| la your BETUR            | 6. Signature: (Adaressee or Agen)  X  PS Form 3811, December 1994   | and fea is  | pald)  Domestic Return Receipt  | Thank                        |

### MEDICAL BOARD (M.D.) CHECK SHEET

| Applicant: Washington, Judy Charmone   |
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| Initial Deficiency: 3700 60 day deadline: 51300  |
| Graduate:U.S IMGMexico/Guadalajara   |
| 34 Application (Pages 1-6) 3.4 Photograph  |
| 3.1 Fee: \$235.00  |
| 34 Letter of Recommendation 34 Letter of Recommendation  |
| Post-Grad Med. Education 3/22/3-1//  |
| State Verification MD, 2.23 NJ, 2.27//   |
| 3.1 Proof of Citizenship 3.1 Federation Clearance  |
| 2-21 Scores:FLEXNational BoardsUSMLE (I,II,III)Low Day 1 Bd. CertLMCCLow Day 1 Not Bd. CertState Board |
| TranscriptEnglish Translation (IMG Only)   |
| ECFMG-Notarized (IMG Only)   |
|  |
| MEDICAL DIRECTOR REVIEW: Approve Deny  |
| Date: 5 17 96 Initials: 417  |
| INTERIVEW REQUESTED: Reason:   |
|  |
| Comments: 11 (C) + Need explanation of the   |
| 3/75/96  |
| OL518-14   |
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