

101. Defendants, TJUH, JUP, JAG and TJU are derivatively and vicariously liable for the negligent conduct of their agent, servant, and/or employee, defendant Dr. Witkowski, as stated above, pursuant to the principles of agency, vicarious liability, and/or respondeat superior.

102. As a direct and proximate result of the negligence of defendant Dr. Witkowski, plaintiffs suffered severe injuries and damages as set forth above.

WHEREFORE, plaintiffs demand damages against defendants in an amount in excess of Fifty Thousand (\$50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

**COUNT V - NEGLIGENCE**  
**Plaintiffs v. Katherine D. Lackritz M.D.**  
**and, derivatively and vicariously as to this defendant, against**  
**Thomas Jefferson University Hospital,**  
**Jefferson University Physicians, and**  
**Thomas Jefferson University**

103. The previous paragraphs are incorporated herein by reference and made a part herof as if set forth in full.

104. Defendant Dr. Lackritz, and derivatively and vicariously for his/her conduct, the entities set forth above, was careless and negligent in their care of Nacaira Abrahams and [REDACTED]

[REDACTED] as follows:

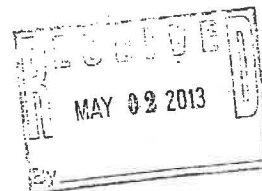
- a. Negligently and carelessly conducting resuscitation efforts and code;
- b. failing to appropriately and timely delivery minor-plaintiff after mother-plaintiff was unresponsive and code initiated;
- c. negligently and carelessly administering chest compressions on mother-plaintiff
- d. Failing to appreciate the significance of abnormal and ominous fetal heart tracings;
- e. failing to appropriately and timely deliver minor-plaintiff via emergent cesarean section in the face of Category III, non-reassuring fetal heart tracings;

- f. negligently and carelessly delaying the delivery of minor-plaintiff;
- g. Failing to obtain adequate, continuous external monitoring through the time of delivery;
- h. negligent mismanagement of mother-plaintiff and her viable pregnancy;
- i. failure to provide adequate supervisory oversight in order to insure that proper care was rendered;
- j. failure to identify and treat a high spinal;
- k. failure to properly monitor mother plaintiff;
- l. failure to properly and adequately supervise agents, servants and/or employees who examined and treated mother-plaintiff;
- m. negligent mismanagement of mother-plaintiff's resuscitation/code; and
- n. negligent mismanagement of the timing of delivery of minor-plaintiff
- o. failing to get timely and appropriate specialist consultations

105. Defendants, TJUH, JUP and TJU are derivatively and vicariously liable for the negligent conduct of their agent, servant, and/or employee, defendant Dr. Lackritz, as stated above, pursuant to the principles of agency, vicarious liability, and/or respondent superior.

106. As a direct and proximate result of the negligence of defendant Dr. Lackritz, plaintiffs suffered severe injuries and damages as set forth above.

WHEREFORE, plaintiffs demand damages against defendants in an amount in excess of Fifty Thousand (\$50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.



**COUNT VI-NEGLIGENCE**

**Plaintiffs v. Sarah Carlson, D.O.  
and, derivatively and vicariously as to this defendant, against  
Thomas Jefferson University Hospital,  
Jefferson University Physicians, and  
Thomas Jefferson University**

107. The previous paragraphs are incorporated herein by reference and made a part hereof as if set forth in full.

108. Defendant Dr. Carlson, and derivatively and vicariously for his/her conduct, the entities set forth above, was careless and negligent in their care of Nacaira Abrahams and [REDACTED]

[REDACTED] as follows:

- a. Negligently and carelessly conducting resuscitation efforts and code;
- b. failing to appropriately and timely delivery minor-plaintiff after mother-plaintiff was unresponsive and code initiated;
- c. negligently and carelessly administering chest compressions on mother-plaintiff
- d. Failing to appreciate the significance of abnormal and ominous fetal heart tracings;
- e. failing to appropriately and timely deliver minor-plaintiff via emergent cesarean section in the face of Category III, non-reassuring fetal heart tracings;
- f. negligently and carelessly delaying the delivery of minor-plaintiff;
- g. Failing to obtain adequate, continuous external monitoring through the time of delivery;
- h. negligent mismanagement of mother-plaintiff and her viable pregnancy;
- i. failure to provide adequate supervisory oversight in order to insure that proper care was rendered;
- j. failure to identify and treat a high spinal;
- k. failure to properly monitor mother plaintiff;
- l. failure to properly and adequately supervise agents, servants and/or employees who examined and treated mother-plaintiff;
- m. negligent mismanagement of mother-plaintiff's resuscitation/code; and
- n. negligent mismanagement of the timing of delivery of minor-plaintiff
- o. failing to get timely and appropriate specialist consultations

109. Defendants, TJUH, JUP and TJU are derivatively and vicariously liable for the negligent conduct of their agent, servant, and/or employee, defendant Dr. Carlson, as stated above, pursuant to the principles of agency, vicarious liability, and/or respondeat superior.

110. As a direct and proximate result of the negligence of defendant Dr. Carlson, plaintiffs suffered severe injuries and damages as set forth above.

WHEREFORE, plaintiffs demand damages against defendants in an amount in excess of Fifty Thousand (\$50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

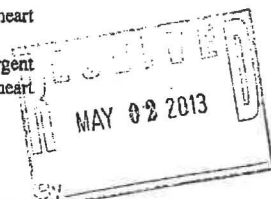
**COUNT VII - NEGLIGENCE**

**Plaintiffs v. Jonah Fleisher, M.D.  
and, derivatively and vicariously as to this defendant, against  
Thomas Jefferson University Hospital,  
Jefferson University Physicians, and  
Thomas Jefferson University**

111. The previous paragraphs are incorporated herein by reference and made a part hereof as if set forth in full.

112. Defendant Dr. Fleisher, and derivatively and vicariously for his/her conduct, the entities set forth above, was careless and negligent in their care of Nacaira Abrahams and [REDACTED] as follows:

- a. Negligently and carelessly conducting resuscitation efforts and code;
- b. failing to appropriately and timely delivery minor-plaintiff after mother-plaintiff was unresponsive and code initiated;
- c. negligently and carelessly administering chest compressions on mother-plaintiff
- d. Failing to appreciate the significance of abnormal and ominous fetal heart tracings;
- e. failing to appropriately and timely deliver minor-plaintiff via emergent cesarean section in the face of Category III, non-reassuring fetal heart



- f. tracings;
- f. negligently and carelessly delaying the delivery of minor-plaintiff;
- g. Failing to obtain adequate, continuous external monitoring through the time of delivery;
- h. negligent mismanagement of mother-plaintiff and her viable pregnancy;
- i. failure to provide adequate supervisory oversight in order to insure that proper care was rendered;
- j. failure to identify and treat a high spinal;
- k. failure to properly monitor mother plaintiff;
- l. failure to properly and adequately supervise agents, servants and/or employees who examined and treated mother-plaintiff;
- m. negligent mismanagement of mother-plaintiff's resuscitation/code; and
- n. negligent mismanagement of the timing of delivery of minor-plaintiff
- o. failing to get timely and appropriate specialist consultations

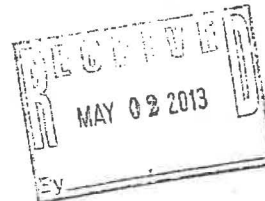
113. Defendants, TJUH, JUP and TJU are derivatively and vicariously liable for the negligent conduct of their agent, servant, and/or employee, defendant Dr. Fleisher, as stated above, pursuant to the principles of agency, vicarious liability, and/or respondent superior.

114. As a direct and proximate result of the negligence of defendant Dr. Fleisher, plaintiffs suffered severe injuries and damages as set forth above.

WHEREFORE, plaintiffs demand damages against defendants in an amount in excess of Fifty Thousand (\$50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

**COUNT VIII -CORPORATE (DIRECT) NEGLIGENCE**  
**Plaintiffs v. Thomas Jefferson University Hospital**

115. The previous paragraphs are incorporated herein by reference and made a part hereof as if set forth in full.



116. Defendant TJUH, individually, and acting through its authorized agents, servants, and employees, was negligent as follows:

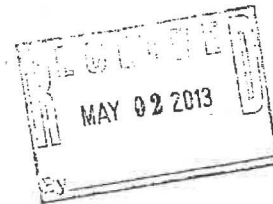
- a. failing to select and retain physicians, nurses and technicians appropriate in number, training, and experience to recognize, diagnose, attend to, and treat Mother-plaintiff arrest and code, delivery and administration of pain medications including epidural and spinal injections, and to make appropriate and timely decisions regarding the diagnosis, treatment and proper management after her code including timing of delivery of minor plaintiff;
- b. failing to select and retain physicians, nurses, and technicians competent and able to properly treat an obstetrical patient who requires pain medications including epidural and spinal injections and management of code in a term pregnancy and timing of delivery of baby;
- c. failing to use reasonable care in the maintenance of safe and adequate facilities and equipment for the treatment of mother-plaintiff including the equipment required for pain medications including epidural and spinal injections, emergency cesarean delivery kits, and such facilities and equipment as computers, computer software, and facsimile machines, that would ensure the timely and complete recording and transmission of all reports, consultations, laboratory results, and radiology reports to health care providers taking care of mother-plaintiff;
- d. failure to adopt and/or enforce appropriate rules, guidelines, procedures or protocols with respect to the management of patients such as mother-plaintiff by appropriately trained physicians, including the need to promptly and properly treat obstetrical patients who requires pain medications including epidural and spinal injections and management of code in a term pregnancy and timing of delivery of baby, and the need to involve attending physicians in clinical decision making, to ensure proper continuity of care, to ensure that clinical consults are followed up and/or performed, and to ensure that the appropriate guidelines for evaluation and treatment of code in pregnancy are properly followed;
- e. failing to oversee all persons who practice medicine within its walls as to patient care, including the medical personnel listed above, and other medical personnel whose names cannot at this time be determined from the medical records and who were responsible for the care and treatment of mother-plaintiff, to ensure appropriate reporting of medical information about the condition of a patient to her attending physicians.

**WHEREFORE**, plaintiffs demand damages against defendants in an amount in excess of Fifty Thousand (\$50,000.00) Dollars, and in excess of the prevailing arbitration limits, exclusive of prejudgment interest, post-judgment interest and costs.

**ROSS FELLER CASEY, LLP**

BY: /s/ Matthew A. Casey  
**MATTHEW A. CASEY, ESQUIRE**  
**JOSHUA VAN NAARDEN, ESQUIRE**  
Attorneys for Plaintiffs

Date: December 26, 2012





**TARGET SHEET**  
**BOARD**  
**Medicine**

**Licensee Full Name**

**JONAH DAVID FLEISHER**

**License No**

**MT194974**

**2690999\_LIC\_2\_5/24/2011**



COMMONWEALTH OF PENNSYLVANIA  
 DEPARTMENT OF STATE  
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
 STATE BOARD OF MEDICINE

R5702852

MT194974  
 FLEISHER

RENEWAL APPLICATION

JONAH DAVID FLEISHER  
 THOMAS JEFFERSON UNIVERSITY  
 HOUSE STAFF OFFICE  
 111 SOUTH 11TH STREET  
 SUITE 2170  
 PHILADELPHIA PA 19107-5096

State Board of Medicine  
 PO Box 2649  
 Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s)
	✓	1. Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
	✓	2. Since your initial application or your last renewal, whichever is later, have you ever had disciplinary action taken against your license, certification, or registration issued to you in any profession in any other state or jurisdiction?
	✓	3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certification, or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
	✓	4. Since your initial application or your last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
	✓	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	✓	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	✓	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	✓	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	06/20/2010	06/19/2011	Level 2	Obstetrics and Gynecology	HS000240L	THOMAS JEFFERSON UNIVERSITY
Renewal	6/20/11	6/19/12	3	"	"	"

Signature of Licensee (Mandatory):

[Redacted Signature]

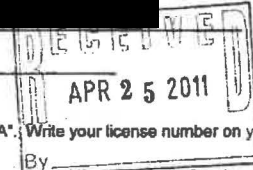
Date: 3/23/11

Medical School Graduation Date:

6/2009

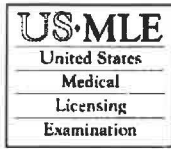
SSN:

[Redacted SSN]



ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee will be assessed for a returned payment.
- LATE FEE - \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- NAME CHANGE DOCUMENT - Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 2 LEVEL - Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PGY 3 LEVEL or above - Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.



UNITED STATES MEDICAL LICENSING EXAMINATION®

STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.

Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

**Fleisher, Jonah David**

**USMLE ID: 5-198-127-2**

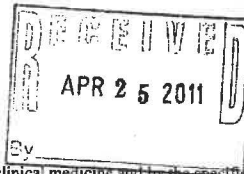
**Test Date: June 5, 2010**

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

<b>PASS</b>	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
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<b>219</b>	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 215 and 17, respectively, with most scores falling between 140 and 260. A score of 187 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)‡ for this scale is approximately six points.
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<b>92</b>	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 187 on the scale described above, is recommended by USMLE to pass Step 3. The SEM‡ for this scale is approximately three points.
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‡Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.



**TARGET SHEET**  
**BOARD**  
**Medicine**

Licensee Full Name  
**JONAH DAVID FLEISHER**  
License No  
**MT194974**

2690999\_LIC\_2\_5/30/2012

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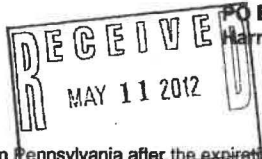
COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE

MT194974  
FLEISHER

RENEWAL APPLICATION

JONAH DAVID FLEISHER 9849  
THOMAS JEFFERSON UNIVERSITY  
HOUSE STAFF OFFICE  
111 SOUTH 11TH STREET  
SUITE 2170  
PHILADELPHIA PA 19107-5096

State Board of Medicine  
PO Box 2649  
Harrisburg, PA 17105-2649



I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s).
	<input checked="" type="checkbox"/>	1. Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
	<input checked="" type="checkbox"/>	2. Since your initial application or your last renewal, whichever is later, have you ever had disciplinary action taken against your license, certification, or registration issued to you in any profession in any other state or jurisdiction?
	<input checked="" type="checkbox"/>	3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certification, or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
	<input checked="" type="checkbox"/>	4. Since your initial application or your last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
	<input checked="" type="checkbox"/>	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	<input checked="" type="checkbox"/>	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	<input checked="" type="checkbox"/>	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	<input checked="" type="checkbox"/>	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	6/20/2011	6/19/2012	Level 3	Obstetrics and Gynecology	HS000240L	THOMAS JEFFERSON UNIVERSITY
Renewal	6/20/12	6/19/13	4			

Signature of Licensee (Mandatory): \_\_\_\_\_ Date: 5/3/2012

Medical School Graduation Date: 06/2009 SSN: \_\_\_\_\_

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee will be assessed for a returned payment.
- LATE FEE - \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- NAME CHANGE DOCUMENT - Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 2 LEVEL - Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PGY 3 LEVEL or above - Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.



**TARGET SHEET**

**Board: Medicine**

**Date Created:**

**05/21/2009**

**Licensee Full Name:**

**JONAH DAVID FLEISHER**

**License No:**

**MT194974**

**APPL**

**2690999**

SFOA 1415 (07/09)

Regular Mail Address  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
Phone: 717-783-1400 or 717-787-2381  
Email: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)

Courier Delivery Address  
State Board of Medicine  
2601 North Third Street  
Harrisburg, PA 17110

HOSPITAL USE ONLY

TO BE COMPLETED FOR BULK CHECK USAGE

Hospital Name \_\_\_\_\_  
HR # \_\_\_\_\_  
Receipt # 117124224

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$30.00 not refundable. Make check payable to the 'Commonwealth of Pennsylvania.' Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

TO BE COMPLETED BY APPLICANT (Please Print or Type)

NAME: FLEISHER JONAH DAVID  
Last First Middle  
ADDRESS: \_\_\_\_\_  
Street  
CHICAGO IL 60611  
City State Zip Code  
SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

If your medical licensure records are listed under another name or names, please list below:

Are you applying using credentials verification from FGV?  YES  NO

NAME & ADDRESS OF MEDICAL SCHOOL: Northwestern Univ. Feinberg School of Med. DATES OF ATTENDANCE: 08/22/05 DATE OF GRADUATION: 05/14/09

NAME & ADDRESS OF HOSPITAL(S): \_\_\_\_\_ DATES OF PREVIOUS TRAINING: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA

NAME OF HOSPITAL: Thomas Jefferson University Hospital HR: 000240  
ADDRESS OF HOSPITAL: 111 S. 11th Street, Suite 2170, Philadelphia, PA 19107

YEAR IN TRAINING: 1 ACGME SPECIALTY: Internal Medicine LEVEL IN TRAINING (PGY): 1

DATES OF TRAINING REQUESTED: \_\_\_\_\_ TO: \_\_\_\_\_  
REGISTRATION DATE (MM/DD/YYYY) ENDING DATE (MM/DD/YYYY)

I VERIFY THAT I AM THE PROGRAM DIRECTOR FOR THE HOSPITAL PROGRAM LISTED ABOVE AND THAT THIS IS AN ACGME ACCREDITED PROGRAM AT THIS HOSPITAL

NAME OF PROGRAM DIRECTOR: Debra A. Cifelli, Director, Medical Staff & House Staff Affairs  
SIGNATURE OF PROGRAM DIRECTOR: \_\_\_\_\_

Answer the following questions. If "YES" is answered to Questions #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here.		<input checked="" type="checkbox"/>
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		<input checked="" type="checkbox"/>
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		<input checked="" type="checkbox"/>
4) Have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DWI/DWI drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?		<input checked="" type="checkbox"/>
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		<input checked="" type="checkbox"/>
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		<input checked="" type="checkbox"/>
7) Have you had your D.A. registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		<input checked="" type="checkbox"/>
8) Are you, or have you ever been, addicted to the interperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		<input checked="" type="checkbox"/>
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the docket number, filing date, and the date you were served.		<input checked="" type="checkbox"/>

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304 (a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DFW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the Federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDW/HPDDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or reports requested by the Board.

SIGNATURE OF APPLICANT

DATE

Answer the following questions. If "YES" is answered to Questions #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? If yes, list the jurisdiction(s) here:		<input checked="" type="checkbox"/>
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license certificate or registration in any profession in any state or jurisdiction?		<input checked="" type="checkbox"/>
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		<input checked="" type="checkbox"/>
4) Have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?		<input checked="" type="checkbox"/>
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		<input checked="" type="checkbox"/>
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		<input checked="" type="checkbox"/>
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		<input checked="" type="checkbox"/>
8) Are you, or have you ever been, addicted to the immoderate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		<input checked="" type="checkbox"/>
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u>		<input checked="" type="checkbox"/>

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the Federal "Social Security Act" pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304 (a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the Federal National Prescription Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPI/NPI/PDR must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn testimony to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

SIGNATURE OF APPLICANT

DATE: 4/10/09



788892

State Board of Medicine  
717-783-1400  
717-787-2381

RECEIVED DIRECT

VERIFICATION OF MEDICAL EDUCATION  
For Graduates of Accredited Medical Schools

**SECTION 1: To be completed by applicant:**

Name: FLEISHER EMAN DAVID  
Last First Middle

Name of medical school NORTHWESTERN UNIVERSITY PENNSYLVANIA SCHOOL OF MEDICINE

Location PITTSBURGH PA

**SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.**

**SECTION 2: To be completed by Dean or Registrar of medical school**

Name of medical student Joseph D. Fleisher

Date student began to attend this medical school August 22, 1995  
MM/DD/YYYY

Date of graduation MAY 14, 2000  
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar

Date April 14, 2000

**This form may be completed ONLY three months prior to graduation. Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope, \*\*\*If graduation DOES NOT take place, notify the Board immediately\*\*\***

**DO NOT RETURN TO APPLICANT**

**Regular Mailing Address**  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**Courier Delivery Address**  
State Board of Medicine  
2601 North Third Street  
Harrisburg, PA 17110

The Federation of State Medical Boards  
of the United States, Inc.  
PO Box 21000  
Dallas, Texas 75221-0000  
Telephone: (214) 762-1000  
FAX: (214) 762-1000

### BOARD ACTION CLEARANCE REPORT

April 24, 2009

Attn: Human Resources Administration  
Pennsylvania State Bd. of Med.  
PO Box 24499  
Harrisburg, PA 17106

Re: Board Action Query Dated April 21, 2009  
Your Reference Number: A10000001  
ISSM Batch Number: B0101001

The following is a report of the search results from the Board Action Clearinghouse as of April 21, 2009 for practitioners identified as being in the above referenced batch for which SD board actions were identified.

Practitioners Cleared with No Actions as of April 21, 2009

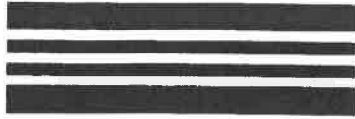
Item	Name	DOB	School	Ac. Grad.	Request ID
1	FLISHER, JOSAT	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

#### LICENSE HISTORY

State Board

No License Information Available

**PLEASE NOTE:** The licensure history information contained in these reports is not considered to provide verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**JONAH DAVID FLEISHER**

**License No:**  
**MD449108**

3127145\_LIC\_2\_12/31/2014

**ONLINE RENEWAL INFORMATION**

**JONAH DAVID FLEISHER**

**LICENSE TYPE: Medical Physician and Surgeon**

**LICENSE NUMBER: MD449108**

**REGISTRATION CODE: DofPNZMd**

**EXPIRATION DATE: 12/31/2014**

Go to [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Follow the on-screen instructions to complete your renewal, and you will receive immediate confirmation that it has been processed. We encourage you to renew by **12/01/2014** to ensure receipt of your license prior to the expiration date. To renew online, you will need a valid credit card and your registration code (DofPNZMd).

EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, ACT 31 of 2014 requires all health-related licensees and funeral directors applying for the renewal of a license issued by the Board to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.



**If you will not be practicing with your Medical Physician and Surgeon license in Pennsylvania after 12/31/2014, check the box to the left to request inactive or out of business status, and return this form to the address on the form. No fee is required.**

**If you are unable to use the online renewal system, you may obtain a renewal application by:**

- Downloading from our website at [www.dos.state.pa.us/med](http://www.dos.state.pa.us/med);
  - Requesting an application by emailing [st-medicine@pa.gov](mailto:st-medicine@pa.gov);
- Checking the box to the left and **returning this form** to the address on the form.

**IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE.**



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**JONAH DAVID FLEISHER**

**License No:**  
**MD449108**

3127145\_LIC\_1\_06/17/2013

MD 19 08

(01/2013)

<p><b>Regular Mailing Address:</b>          STATE BOARD OF MEDICINE          P.O. BOX 2649          HARRISBURG, PA 17105-2649          717-783-1400/717-787-2381          Email: <a href="mailto:st-medicine@pa.gov">st-medicine@pa.gov</a></p>	<p><b>Courier Delivery Address:</b>          STATE BOARD OF MEDICINE          2601 NORTH THIRD STREET          HARRISBURG, PA 17110</p>
---	---

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE  
 WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED  
 MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)**

Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE. Check or money order must be in U.S. funds.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

**TO BE COMPLETED BY APPLICANT**  
 (Please print or type)

<b>NAME:</b>	Last Fleisher	First Jonah	Middle David
<b>ADDRESS:</b>	Street [REDACTED]		
<b>City</b>	Philadelphia	<b>State</b>	Pennsylvania
<b>DATE OF BIRTH:</b>	Month [REDACTED]	Day [REDACTED]	Year [REDACTED]
<b>SOCIAL SECURITY NUMBER:</b>	[REDACTED]	[REDACTED]	[REDACTED]
<b>EMAIL ADDRESS:</b>	[REDACTED]		
<b>PHONE NUMBER:</b>	[REDACTED]		

3,304.8

MAY 28 2013

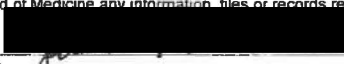
If your medical/licensure records are listed under another name or names, please list below:

---

<b>APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):</b>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?</b>	<input checked="" type="checkbox"/> YES - LICENSE NO. <u>MT194974</u>	<input type="checkbox"/> NO

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN														
NAME OF APPLICANT:		Last Fleisher			First Jonah			Middle David						
NAME & ADDRESS OF MEDICAL SCHOOL														
1. NAME OF MEDICAL SCHOOL:		Northwestern University Feinberg School of Medicine												
ADDRESS OF SCHOOL:		303 E. Chicago Ave., Ward 1-003 Chicago, IL 60611												
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
			08	22	2005		05	14	2009			05	14	2009
2. NAME OF MEDICAL SCHOOL:														
ADDRESS OF SCHOOL:														
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
EXAMINATION INFORMATION														
CHECK LICENSING EXAMINATION(S) PASSED:		<input type="checkbox"/> FLEX		STATE WHERE TAKEN _____				DATE TAKEN COMPONENT 1: _____ COMPONENT 2: _____						
		<input type="checkbox"/> NATIONAL BOARD		PART I:		PART II:		PART III:						
		<input checked="" type="checkbox"/> USMLE		STEP 1:		STEP 2:		STEP 3:						
		<input type="checkbox"/> LMCC - CANADIAN												
		<input type="checkbox"/> STATE BOARD		INDICATE STATE WHERE TAKEN: _____										
ACGME POST GRADUATE TRAINING														
PGY 1 HOSPITAL:		Thomas Jefferson University Hospital				FROM: (MMDD/YYYY) 06/20/2009			TO: (MMDD/YYYY) 06/19/2010					
PGY 2 HOSPITAL:		Thomas Jefferson University Hospital				FROM: (MMDD/YYYY) 06/20/2010			TO: (MMDD/YYYY) 06/19/2011					
Other HOSPITAL:		Thomas Jefferson University Hospital (PGY3)				FROM: (MMDD/YYYY) 06/20/2011			TO: (MMDD/YYYY) 06/19/2012					
Other HOSPITAL:		Thomas Jefferson University Hospital (PGY4)				FROM: (MMDD/YYYY) 06/20/2012			TO: (MMDD/YYYY) 06/20/2013					

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

LEGAL QUESTIONS		
<p align="center"><b>You must answer the following questions.</b></p> <p>If you answer "YES" to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. <b>Sign and date below.</b></p>		
	Yes	No
1. Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction? <b>If yes, list the jurisdiction(s) here:</b>		X
2. Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		X
3. Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		X
5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <b>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Pennsylvania Department of State Professional Health Monitoring Program.</b>		
9. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served.</u>	X	
<p align="center"><b>SIGNED STATEMENT</b></p> <p>Note that disclosing your social security number on this application is <u>mandatory</u> in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is <u>mandatory</u> in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.</p> <p>I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.</p>		
Signature of Applicant	Date	
 <b>JONAH FLEISHER</b>	5/24/13	
Printed Name of Applicant		

MAY 28 2013



Pr. # 27467

Court of Common Pleas of Philadelphia County  
Trial Division  
**Civil Cover Sheet**

DECEMBER 2012 003441

PLAINTIFF'S NAME NACAIRA ABRAHAM		DEFENDANT'S NAME THOMAS JEFFERSON UNIVERSITY HOSPITAL, INC., ALIAS: THOMAS JEFFERSON UNIVERSITY HOSPITAL	
PLAINTIFF'S ADDRESS PHILADELPHIA PA 19121		DEFENDANT'S ADDRESS PHILADELPHIA PA 19107	
PLAINTIFF'S NAME TYREE CRAIG. MURPHY		DEFENDANT'S NAME JEFFERSON UNIVERSITY PHYSICIANS	
PLAINTIFF'S ADDRESS PHILADELPHIA PA 19121		DEFENDANT'S ADDRESS PHILADELPHIA PA 19107	
PLAINTIFF'S NAME KADEN.		DEFENDANT'S NAME THOMAS JEFFERSON UNIVERSITY, ALIAS: JEFFERSON MEDICAL COLLEGE	
PLAINTIFF'S ADDRESS PHILADELPHIA PA 19121		DEFENDANT'S ADDRESS 1015 WALNUT STREET PHILADELPHIA PA 19107	
TOTAL NUMBER OF PLAINTIFFS 3	TOTAL NUMBER OF DEFENDANTS 11	COMMENCEMENT OF ACTION <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Petition Action <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Writ of Summons <input type="checkbox"/> Transfer From Other Jurisdictions	
AMOUNT IN CONTROVERSY <input type="checkbox"/> \$50,000.00 or less <input checked="" type="checkbox"/> More than \$50,000.00	COURT PROGRAMS <input type="checkbox"/> Arbitration <input type="checkbox"/> Mediation <input type="checkbox"/> Commerce <input type="checkbox"/> Settlement <input checked="" type="checkbox"/> Jury <input type="checkbox"/> Minor Court Appeal <input type="checkbox"/> Minors <input type="checkbox"/> Non-Jury <input type="checkbox"/> Statutory Appeals <input type="checkbox"/> W/D/Survival <input type="checkbox"/> Other:		
CASE TYPE AND CODE 2M - MALPRACTICE - MEDICAL			
STATUTORY BASIS FOR CAUSE OF ACTION			
RELATED PENDING CASES (LIST BY CASE CAPTION AND DOCKET NUMBER)		IS CASE SUBJECT TO COORDINATION ORDER? YES    NO	
<p style="text-align: center;"><b>FILED</b> <b>PRO PROTHY</b> <b>DEC 26 2012</b> <b>M. TIERNEY</b></p>		<p style="text-align: right;">DEC 28 2012 PB</p>	
<b>TO THE PROTHONOTARY:</b> Kindly enter my appearance on behalf of Plaintiff/Petitioner/Appellant: <u>NACAIRA ABRAHAM, TYREE CRAIG MURPHY</u> Papers may be served at the address set forth below.			
NAME OF PLAINTIFF'S/PETITIONER'S/APPELLANT'S ATTORNEY MATTHEW A. CASEY		ADDRESS ROSS FELLER CASEY LLP 1650 MARKET ST SUITE 3450 PHILADELPHIA PA 19103	
PHONE NUMBER [REDACTED]	FAX NUMBER (215) 574-3080	E-MAIL ADDRESS [REDACTED]	
SUPREME COURT IDENTIFICATION NO. 84443		DATE SUBMITTED Wednesday, December 26, 2012, 02:01 pm	
SIGNATURE OF FILING ATTORNEY OR PARTY MATTHEW CASEY			

FINAL COPY (Approved by the Prothonotary Clerk)

MAY 28 2013

COMPLETE LIST OF DEFENDANTS:

1. JONAH D. FLEISHER MD  
[REDACTED]  
PHILADELPHIA PA 19107
2. SARAH CARLSON  
[REDACTED]  
PHILADELPHIA PA 19107
3. KATHERINE D. LACKRITZ MD  
[REDACTED]  
PHILADELPHIA PA 19107
4. THOMAS A. WITKOWSKI MD  
[REDACTED]  
PHILADELPHIA PA 19107
5. MICHELLE R. BEAM DO  
[REDACTED]  
PHILADELPHIA PA 19107
6. THAO PHAM :  
[REDACTED]  
PHILADELPHIA PA 19107
7. ASHLEY CAPLAN  
[REDACTED]  
PHILADELPHIA PA 19107
8. JEFFERSON ANESTHESIA GROUP  
111 SOUTH 11TH STREET  
PHILADELPHIA PA 19107
9. THOMAS JEFFERSON UNIVERSITY  
ALIAS: JEFFERSON MEDICAL COLLEGE  
1015 WALNUT STREET  
PHILADELPHIA PA 19107
10. JEFFERSON UNIVERSITY PHYSICIANS  
1025 WALNUT STREET  
PHILADELPHIA PA 19107
11. THOMAS JEFFERSON UNIVERSITY HOSPITAL, INC.  
ALIAS: THOMAS JEFFERSON UNIVERSITY HOSPITAL  
111 S. 11TH STREET  
PHILADELPHIA PA 19107

MAY 28 2013

**ROSS FELLER CASEY, LLP**  
 By: **MATTHEW A. CASEY, ESQUIRE**  
**IDENTIFICATION NO. 84443**  
**JOSHUA VAN NAARDEN, ESQUIRE**  
**IDENTIFICATION NO. 86740**

One Liberty Place, Suite 3450  
 1650 Market Street  
 Philadelphia, Pennsylvania 19103  
 215-574-2000



Attorneys for Plaintiffs

<b>NACAIRA SHIVA ABRAHAM and</b>	:	<b>COURT OF COMMON PLEAS</b>
<b>TYREE CRAIG MURPHY, Individually and</b>	:	<b>PHILADELPHIA COUNTY</b>
<b>as Parents and Natural Guardians of</b>	:	
██████████ a minor:	:	<b>TERM, 2012</b>
2841 West Oxford Street	:	
Philadelphia, PA 19121	:	
<b>Plaintiffs</b>	:	
<b>v.</b>	:	<b>NO.</b>
<b>THOMAS JEFFERSON UNIVERSITY</b>	:	
<b>HOSPITAL, INC. a/k/a and d/b/a</b>	:	
<b>THOMAS JEFFERSON UNIVERSITY</b>	:	
<b>HOSPITAL</b>	:	
c/o Office of Risk Management	:	
111 S. 11th Street,	:	
Philadelphia, PA 19107	:	

**NOTICE**

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

**YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.**

**IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.**

Lawyer Referral Service  
 Philadelphia Bar Association  
 1101 Market Street, 11<sup>th</sup> Floor  
 Philadelphia, PA 19107  
 (215) 238-6338

**AVISO**

Le han demandado a usted en la corte. Si usted quiere defenderse de estas demandas expuestas en las paginas siguientes, usted tiene veinte (20) dias de plazo al partir de la fecha de la demanda y la notificacion. Hace falta asentar una comparencia escrita o en persona o con un abogado y entregar a la corte en forma escrita sus defensas o sus objeciones a las demandas en contra de su persona. Sea avisado que si usted no se defiene, la corte tomara medidas y puede continuar la demanda en contra suya sin previo aviso o notificacion. Ademas, la corte pueda decidir a favor del demandante y regular que usted cumpla con todas las provisiones de esta demanda. Usted puede perder dinero o sus propiedades u otros derechos importantes para usted.

**LLEVE ESTA DEMANDA A UN ABOGADO INMEDIATAMENTE, SI NO TIENE ABOGADO O SI NO TIENE EL DINERO SUFICIENTE DE PAGAR TAL SERVICIO, VAYA EN PERSONA O LLAME POR TELEFONO A LA OFICINA CUYA DIRECCION SE ENCUENTRA ESCRITA ABAJO PARA AVERIGUAR DONDE SE PUEDE CONSEGUIR ASISTENCIA LEGAL.**

**ESTA OFICINA LO PUEDE PROPORCIONAR CON INFORMACION ACERCA DE EMPLEAR A UN ABOGADO. SI USTED NO PUEDE PROPORCIONAR PARA EMPLEAR UN ABOGADO, ESTA OFICINA PUEDE SER CAPAZ DE PROPORCIONARLO CON INFORMACION ACERCA DE LAS AGENCIAS QUE PUEDEN OFRECER LOS SERVICIOS LEGALES A PERSONAS ELIGIBLES EN UN HONORARIO REDUCIDO NINGUN HONORARIO.**

Lawyer Referral Service  
 Philadelphia Bar Association  
 1101 Market Street, 11<sup>th</sup> Floor  
 Philadelphia, PA 19107  
 (215) 238-6338

MAY 28 2012

and :  
**JEFFERSON UNIVERSITY PHYSICIANS** :  
 100 College Building :  
 1025 Walnut Street :  
 Philadelphia, PA 19107 :  
 and :  
**THOMAS JEFFERSON UNIVERSITY d/b/a** :  
**and/or a/k/a JEFFERSON MEDICAL** :  
**COLLEGE** :  
 1015 Walnut Street: :  
 Philadelphia, PA 19107 :  
 and :  
**JEFFERSON ANESTHESIA GROUP** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :  
 and :  
**ASHLEY CAPLAN, D.O.** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :  
 and :  
**THAO PHAM, M.D.** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :  
 and :  
**MICHELLE R. BEAM, D.O.** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :  
 and :  
**THOMAS A. WITKOWSKI, M.D.** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :  
 and :  
**KATHERINE D. LACKRITZ, M.D.** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :  
 and :  
**SARAH CARLSON, D.O.** :  
 c/o Office of Risk Management :  
 111 South 11<sup>th</sup> Street :  
 Philadelphia, PA 19107 :

MAY 10 2017

and :  
JONAH D FLEISHER, M.D. :  
c/o Office of Risk Management :  
111 South 11<sup>th</sup> Street :  
Philadelphia, PA 19107 :  
Defendants :

**CIVIL ACTION COMPLAINT-MEDICAL MALPRACTICE LIABILITY ACTION**

Plaintiffs Nacaira Shiva Abraham ["Nacaira Abraham" and/or "mother-plaintiff"] and Tyree Craig Murphy ["Tyree Murphy" and/or "father-plaintiff"] individually and as Parents and Natural Guardians of [REDACTED] [REDACTED] a minor, [REDACTED] [REDACTED] and/or "minor-plaintiff"] herein complains of the defendants in this action as follows:

1. Plaintiff Nacaira Abraham is an adult individual, citizen and resident of the Commonwealth of Pennsylvania, residing at [REDACTED], Philadelphia Pennsylvania 19121.

2. Plaintiff Nacaira Abraham is the parent and natural guardian of [REDACTED] [REDACTED] a minor.

3. Plaintiff Tyree Murphy is an adult individual, citizen and resident of the Commonwealth of Pennsylvania, residing at [REDACTED], Philadelphia Pennsylvania 19121.

4. Plaintiff Tyree Murphy is the parent and natural guardian of [REDACTED] [REDACTED] a minor.

5. [REDACTED] [REDACTED] is a minor individual, citizen and resident of the Commonwealth of Pennsylvania, residing with her mother, Nacaira Abraham and father Tyree Murphy, at [REDACTED] [REDACTED] Philadelphia Pennsylvania 19121.

MAY 28 2013

6. Plaintiff Nacaira Abraham and Tyree Murphy file this Complaint as the parents and natural guardians and on behalf of their son, [REDACTED] in addition to their own individual claims.

7. [REDACTED] was born on [REDACTED] at Thomas Jefferson University Hospital in Philadelphia, Pennsylvania 19107.

8. Defendant Ashley Caplan, D.O. ("Dr. Caplan") is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in anaesthesiology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Caplan was engaged in the provision of medical care and services to patients, including Nacaira Abraham and [REDACTED] at Thomas Jefferson University Hospital and/or Jefferson University Physicians. Plaintiffs are asserting a professional liability claim against this defendant.

9. Defendant Thao Pham, M.D. ("Dr. Pham") is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in anaesthesiology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107. At all relevant times, Dr. Pham was engaged in the provision of medical care and services to patients, including Nacaira Abraham and [REDACTED] at Thomas Jefferson University Hospital and/or Jefferson University Physicians. Plaintiffs are asserting a professional liability claim against this defendant.

10. Defendant Michelle R. Beam, D.O. ("Dr. Beam") is a physician duly licensed to practice medicine in the Commonwealth of Pennsylvania, specializing in anaesthesiology, with professional offices located at 834 Chestnut Street, Suite 300, Philadelphia, Pennsylvania 19107.