

1 p.m. depending on the day.

2 Q. Tell me what days of the week you work?

3 A. I saw patients Mondays and Tuesday. Occasionally
4 on Tuesdays I worked late. Usually, I was done in the
afternoon.

6 Q. Okay.

7 A. And I operated every Thursday sometimes lasik
8 sometimes cataract.

9 Q. And what about Wednesday, Friday?

10 A. I wasn't scheduled to see patients those days.

11 Q. Now, I'm talking about 1997?

12 A. Yes.

13 Q. And how about Saturday and Sunday?

14 A. Sometimes I saw patients but that wasn't normal.
15 Saturday and Sunday again, I was not scheduled.

16 Q. Do you have any idea how many patients you were
17 seeing during 1997 during the course of a week?

18 MS. NEWMAN: Go ahead, you can
answer.

THE WITNESS: In the office, not
21 counting surgeries?

22 MR. KAFRISSEN: Yes.

23 THE WITNESS: I was seeing four to
24 five, no I would say three to five patients

an hour.

BY MR. KAFRISSEN:

3 Q. Three to five patients per hour?

4 A. Per hour.

5 Q. Okay.

6 A. Of course some were long visits and some were
short visits depending on what that person's problem
was.

9 Q. When you were operating, is there any way to
10 estimate that?

11 A. Estimate what?

12 Q. To estimate how many patients you were operating
13 on a week?

14 MS. NEWMAN: I'm going to object only
15 because it would seem to me that answer
16 could vary widely depending on surgeries
17 that were being done.

18 MR. KAFRISSEN: Well, I think if she
19 can estimate it then she can estimate it, I
20 mean, I understand that one week she could
21 be in a four hour surgery and another week
22 she could be in a dozen, but if that's the
23 case, then that's what you would tell me.

THE WITNESS: Again, that varied

1 between four and 14.

2 BY MR. KAFRISSEN:

3 Q. Okay, that's fair. Do you have any idea let's
4 say during the year of 1997 how many patients, overall,
5 were your patients?

6 A. Not how many office visits but how many human
7 beings?

8 Q. Human beings.

9 A. Whether I saw them once or I saw them 50 times?

10 Q. Right.

11 A. No, I'm sorry.

12 Q. That's okay. I mean, these aren't things that
13 you would be counting. Like, some people would say to
14 a lawyer, how many files do you have in your office, a
15 lot of lawyers have a good idea of where they stand,
16 that's why I was curious for doctors.

17 A. Sorry, I don't. I apologize.

18 MS. NEWMAN: Just answer the
19 question.

20 BY MR. KAFRISSEN:

21 Q. That's fine. Let me ask it this way, do you
22 think it was over 500 or under 500 different people in
23 1997?

24 A. I don't know.

1 MS. NEWMAN: Then stop, just say, I
2 don't know.

3 THE WITNESS: I don't know.

4 BY MR. KAFRISSEN:

5 Q. Okay. Now, the conversation that you have been
6 describing for us, for instance, the conversation on
7 the 3rd of March, in your note it looks like, the note
8 says, at least my translation of it says, discussed in
9 detail that best corrected visual acuity not expected
10 to improve with surgery, do you see that?

11 A. Yes.

12 Q. And there's nothing in here about discussion of
13 the risks, the complications, any of that type of
14 thing, am I correct that there is nothing in your note
15 about that?

16 A. There is a very important phrase in that note.

17 Q. Okay.

18 A. Discussed in detail. Normally, I would only
19 write discussed and that means, I went through risk
20 complications, my entire speech. And then after I got
21 done with that and I had written discussed in detail,
22 if you look in the actual chart the slant of the
23 letters is different after discussed in detail. I
24 added that best corrected visual acuity not expected to