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6

ORIGINAL FILED

JUN 28 2000

LOS ANGELES  
SUPERIOR COURT

8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 COUNTY OF LOS ANGELES, NORTHWEST DISTRICT  
10

11 DONNA HEAD and RICHARD HEAD, )  
12 Plaintiffs, )

13 v. )

14 MICHAEL VERMESH, M.D., individually )  
and d.b.a. Center for Human Reproduction )  
15 and d.b.a. The Center for Fertility and )  
Gynecology; SNUNIT BEN-OZER, M.D.; )  
16 AMI/HTI TARZANA ENCINO, a business )  
entity, form unknown, d.b.a. Encino/Tarzana )  
17 Regional Medical Center; WEST COAST )  
CLINICAL LABORATORIES, L.P., a )  
18 limited partnership; and DOES 1 through 50, )  
Inclusive, )  
19 Defendants. )  
20

CASE NO. LC 046 932

DECLARATION OF GIL N.  
MILEIKOWSKY, M.D. IN SUPPORT  
OF PLAINTIFFS' OPPOSITION TO  
DEFENDANTS' MOTION FOR  
SUMMARY ADJUDICATION

DATE: July 12, 2000  
TIME: 9:00 a.m.  
DEPT: Z

Complaint Filed: December 30, 1998

Discovery Cutoff: July 7, 2000  
Motion Cutoff: July 21, 2000  
Trial Date: August 7, 2000

21  
22 I, Gil N. Milcikowsky, M.D., declare as follows:

23 1. I have personal knowledge of the facts stated in this declaration, except as otherwise  
24 stated, and if called upon to do so I could and would competently testify thereto.

25 2. A summary of my qualifications to render an opinion in this matter is as follows: I am  
26 certified by the Board of Obstetrics & Gynecology in the United States and Belgium, and am licensed  
27 to practice medicine in California, Texas and Belgium. I obtained a medical degree, Cum Laude,  
28 from the Catholic University of Louvain, Belgium in 1979. I then completed four years of residency

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*Filed in Court*  
*6/28/00*  
*[Signature]*

7  
8 SUPERIOR COURT OF THE STATE OF CALIFORNIA  
9 COUNTY OF LOS ANGELES, NORTHWEST DISTRICT  
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11 DONNA HEAD and RICHARD HEAD, )

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13 v. )

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21  
22 I, Gil N. Mileikowsky, M.D., declare as follows:

23 1. I have personal knowledge of the facts stated in this declaration, except as otherwise  
24 stated, and if called upon to do so I could and would competently testify thereto.

25 2. A summary of my qualifications to render an opinion in this matter is as follows: I am  
26 certified by the Board of Obstetrics & Gynecology in the United States and Belgium, and am licensed  
27 to practice medicine in California, Texas and Belgium. I obtained a medical degree, Cum Laude,  
28 from the Catholic University of Louvain, Belgium in 1979. I then completed four years of residency

1 at the Department of Obstetrics & Gynecology at Baylor College of Medicine and a two-year  
2 fellowship at LAC/USC Medical Center, Women's Hospital Clinical Research Fellow Reproductive  
3 Endocrinology and infertility, including in-vitro fertilization. I was a Clinical Instructor in Obstetrics  
4 and Gynecology at USC School of Medicine from 1984 through 1987. Thereafter, I was Chairman  
5 of the Laser and Safety Committee of Northridge Hospital from 1987 through 1988. I was Medical  
6 Director of the In-Vitro Fertilization Program at Northridge Hospital Medical Center from 1988 to  
7 1994 and an Assistant Clinical Professor at UCLA from 1994 until 1998. I have just recently been  
8 accepted as a life member of the National Registry of Who's Who in medicine. I also continue to see  
9 private patients and have been on staff at Tarzana Regional Medical Center (formerly known as AMI)  
10 since 1986. A true and correct copy of my current curriculum vitae, which outlines my experience  
11 and expertise in further detail, is attached hereto as Exhibit A.

12 3. Based upon my education, training and experience, I am familiar with the standards of  
13 care applicable to medical practioners in the community who specialize in obstetrics, gynecology, and  
14 infertility and am qualified to render an opinion regarding the treatment of Donna Head at the hands  
15 of Drs. Michael Vermesh and Snunit Ben-Ozer.

16 4. I have reviewed the following in order to prepare this declaration:

- 17 a. medical records of Donna Head, including, but not limited to, the following:
- 18 i. the hospital consent form for Ms. Head's November 12, 1997 surgery;
  - 19 ii. the "Informed Consent" form signed by Dr. Ben-Ozer prior to Ms.  
20 Head's November 12, 1997 surgery;
  - 21 iii. the operative report of Ms. Head's November 12, 1997 surgery prepared  
22 by Dr. Ben-Ozer;
  - 23 iv. the Consent Form for Procedures Involved in In Vitro Fertilization and  
24 Pre-Embryo Replacement from the Center for Reproductive Medicine signed by Donna Head and her  
25 husband;
  - 26 v. the laboratory report from San Fernando Valley Institute for Reproductive  
27 Medicine regarding Ms. Head's embryo transfer procedure and the handling of her eggs;

28 ///

- 1 vi. the complete records provided by Dr. Michael Vermesh relating to Donna  
2 Head;
- 3 vii. the complete records provided by Dr. Snunit Ben-Ozer relating to Donna  
4 Head;
- 5 viii. the complete records provided by Encino-Tarzana Medical Center relating  
6 to Donna Head;
- 7 ix. the complete records provided by Dr. Karrie McMurray relating to Donna  
8 Head;
- 9 b. deposition testimony of Dr. Michael Vermesh;  
10 c. deposition testimony of Dr. Snunit Ben-Ozer;  
11 d. deposition testimony of Dr. Alan Bricklin;  
12 e. deposition testimony of Donna Head; and  
13 f. the moving papers served by Drs. Vermesh and Ben-Ozer and the Center for  
14 Human Reproduction in support of their motion for summary adjudication.

15 5. Based upon my education, training, and experience, and upon my review of the  
16 foregoing materials, it is my opinion that the actions admittedly taken by Drs. Vermesh and Ben-Ozer  
17 in failing to obtain Donna Head's informed consent to remove her Fallopian tubes fell far below the  
18 standard of care. There is no support in the doctors' deposition testimony or records for their  
19 contention that they obtained Ms. Head's permission to perform this procedure at all, let alone met  
20 the applicable standard of care for obtaining the patient's informed consent.

21 6. It is the obligation of the surgeon and the hospital nursing staff to obtain a patient's  
22 informed consent for any surgical procedure. Additionally, the standard of care in the United States,  
23 including this community, for any surgery dictates that the surgeon must obtain a patient's *written*  
24 consent where it is possible to do so (i.e., if the patient is unconscious, consent should be obtained  
25 from the family).

26 7. In this case there was ample time to obtain Ms. Head's written consent. Dr. Ben-Ozer  
27 met with Ms. Head the morning of the surgery to discuss the possibility that Ms. Head had an ectopic  
28 pregnancy. (This meeting is reflected in Dr. Ben-Ozer's patient notes, Ben-Ozer Depo., Exh. G.)

1 Further, there was clearly time for a hospital consent form to be filled out, as evidenced by the wholly  
2 inadequate form signed by Ms. Head. However, Ms. Head's written consent for removal of her  
3 Fallopian tubes was not obtained. There are only two consent forms in Ms. Head's records provided  
4 by Drs. Vermesh and Ben-Ozer and by the hospital. (Copies of these forms are attached hereto as  
5 Exhibits B and C for ease of reference.) The consent form signed by Dr. Ben-Ozer (Exh. B)  
6 indicates that the patient has given consent for the "noted procedure(s)." However, no procedures are  
7 noted on the form. The hospital consent form (Exh. C) indicates that the procedure to be performed  
8 is "ectopic pregnancy, laparoscopy." The notation "ectopic pregnancy" is a diagnosis, not a  
9 procedure. It indicates that the patient is either suspected or known to have an ectopic pregnancy.  
10 The only procedure listed on Ms. Head's form is a laparoscopy. As Dr. Ben-Ozer admits, a  
11 laparoscopy is merely a viewing procedure and does not involve the removal or dissection of any body  
12 parts. (Ben-Ozer Depo., 37:11-16.) To say that these two written forms are grossly insufficient if  
13 they are being championed as consent for a bilateral salpingectomy (removal of both Fallopian tubes)  
14 is an understatement.

15 8. Additionally, California law requires that physicians obtain their patients' written  
16 consent prior to performing elective, i.e. non-emergency, sterilization procedures. The patient must  
17 sign a Health and Welfare Agency ("HWA") consent form. (A true and correct copy of this form is  
18 attached hereto as Exhibit D.) The consent form must be used before doctors perform even less  
19 drastic procedures than the tubal removal performed on Ms. Head, such as tubal ligations (tying the  
20 Fallopian tubes to prevent future pregnancies). There was no emergency requiring the removal of Ms.  
21 Head's Fallopian tubes and her consent on this form should have been obtained. However, even if  
22 Ms. Head's ectopic pregnancy could be deemed an emergency situation, the 1997 California  
23 Healthcare Association Consent Manual makes clear that if the emergency does not mandate a  
24 procedure that could result in sterilization, the HWA form must be used. Included in the definition  
25 of an elective sterilization is a "sterilization that is performed at the same time as emergency  
26 abdominal surgery or premature or early delivery, but is not a necessary incident to the emergency  
27 abdominal surgery or premature or early delivery." (CHA Consent Manual, 24th Edition, 1997, p.  
28 3-10.)

1           9.       Setting aside for a moment that the doctors' failure to obtain the patient's *written*  
2 consent in and of itself falls below the standard of medical care, the doctors' allegations that they  
3 obtained Ms. Head's *oral* consent are not supported by either the records or testimony in this case.

4           a.       First, Ms. Head testified at her deposition that she never gave consent to the  
5 removal of either of her Fallopian tubes. The procedure explained to her was that the doctors would  
6 look with the laparoscope to determine if she had an ectopic pregnancy and, if so, that the pregnancy  
7 would have to be removed. (Head Depo., 40:16-41:14.) She was never told that the Fallopian tube  
8 the ectopic pregnancy was in would have to be removed and she was certainly never told by either  
9 doctor that the uninvolved Fallopian tube would be examined at all, let alone removed. (Head Depo.,  
10 41:15-22.)

11           b.       Second, Dr. Vermesh admitted he had no memory of obtaining Ms. Head's  
12 consent to remove her Fallopian tubes. (Vermesh Depo., 16:23-17:4, 20:4-6, 20:19-23, and 31:3-5.)

13           c.       Third, Dr. Ben-Ozer admitted twice during her deposition that she had no  
14 memory of obtaining Ms. Head's consent to remove her Fallopian tubes. When asked at her  
15 deposition if she obtained Ms. Head's consent, Dr. Ben-Ozer responded, "Yes, I did, if necessary."  
16 (Ben-Ozer Depo., 25:9-11.) She then expanded upon the purported consent discussion by saying that  
17 she discussed "that a *possible* treatment for the ectopic pregnancy *may* 'require' a salpingostomy or  
18 salpingectomy or *perhaps* a salpingo hysterectomy." (Ben-Ozer Depo., 25:12-26:9, internal quotes  
19 added.) After again contending that she obtained Ms. Head's consent for the bilateral tube removal,  
20 (yet providing no *details* of the consent supposedly given), Dr. Ben-Ozer made a very telling  
21 admission. She testified, not once but twice, that she had no memories of *any* consent discussions  
22 with Ms. Head. (Ben-Ozer Depo., 26:10-27:20.)

23           d.       Finally, Ms. Head's medical records contain absolutely no evidence that the  
24 doctors obtained her consent to remove her Fallopian tubes. I have reviewed Dr. Ben-Ozer's  
25 November 12, 1997 patient notes which she asserts reflects her discussion about treatment for Ms.  
26 Head's possible ectopic pregnancy. I see nothing in these notes that reflects an oral consent from Ms.  
27 Head's for the removal of her Fallopian tubes. The only note that directly relates to Ms. Head's  
28 November 12, 1997 surgery states: "plan - repeat HCG => if ↑ing consider L/S, D&C." (This

1 meeting is reflected in Dr. Ben-Ozer's patient notes, Ben-Ozer Depo., Exh. G.) Dr. Ben-Ozer's notes  
2 merely suggest that she may have had a discussion with Ms. Head regarding a possible laparoscopy  
3 and D&C. Again, a laparoscopy is simply a viewing procedure. A D&C is a removal of the uterine  
4 content. Thus, Dr. Ben-Ozer's notes also do not support her contention that she obtained Donna's  
5 consent to remove her Fallopian tubes.

6 10. It is the usual practice in this community and, therefore, part of the requisite standard  
7 of care, for doctors to put procedures in place to ensure that a patient is sufficiently informed about  
8 the details, risks, and scope of any anticipated surgery. On a more basic level, doctors must, and in  
9 this community generally do, have procedures and safeguards in place to ensure that they have the  
10 patient's permission to perform the surgical procedure. Most doctors, myself included, have their own  
11 office written consent forms that they discuss and complete with patients prior to surgery. This form  
12 is the primary consent form, and is only supplemented by the hospital consent form which is  
13 completed by the patient along with hospital staff just prior to the surgery.

14 11. My own practice of obtaining informed consent from my private patients in a case such  
15 as Ms. Head's would be as follows:

16 a. I would discuss the details of any proposed surgical procedure, including the  
17 reasons for the procedure, the nature and scope of the procedure, and any potential risks and  
18 complications;

19 b. I would ask the patient to read and sign my office form entitled "Laparoscopy -  
20 Informed Consent" (a true and correct copy of this form is attached hereto as Exhibit E);

21 c. I would ask the patient to read and sign my office form entitled "Laparotomy -  
22 Informed Consent" (a true and correct copy of this form is attached hereto as Exhibit F);

23 d. I would fill out a general consent form to reflect the planned procedure as  
24 "video-laparoscopy,<sup>1</sup> possible laparotomy,<sup>2</sup> possible salpingostomy<sup>3</sup> (unilateral vs. bilateral),<sup>4</sup> possible

25 \_\_\_\_\_  
26 <sup>1</sup> A video-laparoscopy is a viewing procedure achieved by inserting a "telescope" into the patient's  
abdomen through the navel.

27 <sup>2</sup> A laparotomy is an incision made through the abdominal wall, thus exposing the abdominal  
28 organs.

1 salpingectomy<sup>5</sup> (unilateral vs. bilateral), possible laser lysis of adhesions.<sup>6</sup> I would then ask the  
2 patient to read and sign the form and would have all three forms witnessed by a nurse and sometimes  
3 a family member (a true and correct copy of this form is attached hereto as Exhibit G); and

4 e. I would prepare pre-operative admission orders and would attach all three  
5 consent forms as part of the patient's admission orders.

6 12. It is common knowledge in the medical community that doctors use their own office  
7 written consent forms. This is particularly so in the field of reproductive medicine where a woman's  
8 ability to reproduce in the future is vulnerable. As practicing fertility doctors in this community, Drs.  
9 Vermesh and Ben-Ozer are either conscious of these consent practices or have made a conscious effort  
10 to avoid ascertaining what standard consent practices are. Their failure to obtain an intra-office  
11 written consent before performing a bilateral tubal removal on Ms. Head constitutes a flagrant and  
12 conscious disregard of community practice established to protect the rights of patients to make  
13 fundamental decisions regarding their own fertility and their own bodies.

14 13. Another particularly surprising and alarming observation I have made in my review of  
15 this matter is the complete lack of pre-operative admitting orders for her November 12, 1997 surgery.  
16 Pre-operative admission orders provide another opportunity for the physician to verify that the  
17 appropriate informed consent has been obtained from the patient. Attached hereto as Exhibit H is a  
18 true and correct copy of Tarzana Regional Medical Center's Physician's Order Outpatient Surgery  
19 form for Ms. Head's surgery. The top half of the form is to be used for the physician's pre-operative  
20 admission orders. In Ms. Head's case, the entire top half of the form -- including the portion where  
21 the specifics of the patient's consent are to be filled in -- is completely *blank*! Sometimes physicians  
22 submit their own pre-operative orders on a separate form, but after a complete review of Ms. Head's  
23

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24 <sup>3</sup> A salpingostomy is simply the opening of a Fallopian tube (in this case in order to remove the  
25 ectopic pregnancy).

26 <sup>4</sup> Unilateral v. bilateral means that the procedure might be performed on one or both sides.

27 <sup>5</sup> A salpingectomy is the surgical removal of a Fallopian tube.

28 <sup>6</sup> Adhesions are a union of bodily parts by a growth of tissue. A laser lysis of adhesions is a  
process by which the adhesions are disintegrated with the use of a laser.



1 hospital records, I cannot locate such a form. The hospital records are completely devoid of any  
2 physician pre-operative orders.

3 14. It is basic standard practice for physicians to complete admission orders for all patients  
4 they admit to a hospital for surgery. Further, Ms. Head's surgery was performed at Tarzana Regional  
5 Medical Center where I am also a staff physician, so I can attest that it is the practice of physicians  
6 operating at Tarzana to submit admitting orders. The failure of Drs. Vermesh and Ben-Ozer to  
7 complete any patient admission orders for Ms. Head's November 12, 1997 surgery also fell well  
8 below the community standard.

9 15. The standard of practice in this community additionally requires that a woman's written  
10 consent be obtained before her eggs or embryos are discarded. Consent is required regardless of the  
11 stage of development. Here, Drs. Vermesh and Ben-Ozer also failed to obtain Ms. Head's consent,  
12 written or otherwise, for the disposal of three fertilized eggs. Such failure also fell well below the  
13 applicable standard of care.

14 16. The only consent form in Ms. Head's medical records that addresses the handling of  
15 her eggs is the Center for Reproductive Medicine's "Consent Form for Procedures Involved in In  
16 Vitro Fertilization and Pre-Embryo Replacement." This form indicates that the patient's eggs  
17 (oocytes) may be used in one of only three listed ways:

- 18 ▶ the eggs may be combined with sperm in the laboratory and immediately  
19 transferred into the patient;
- 20 ▶ the eggs may be combined with sperm in the laboratory, examined for  
21 fertilization and, if embryonic development takes place, the "pre-embryos" may  
22 be then be transferred into the patient; or
- 23 ▶ the eggs may be combined with sperm, fertilized, and then frozen for later use.

24 The form further indicates that embryos will be frozen and stored if the patient requests. The form  
25 specifically states: "We understand that if we request spermatozoa to be added to more oocytes than  
26 the number of pre-embryos we want replaced in this cycle of treatment, that any excess pre-embryos  
27 may be cryopreserved [frozen] for our future use."

28 17. Importantly, embryos can be frozen at any stage of development. Consequently, the

1 laboratory form used for Ms. Head's embryo transfer procedure has a line for the technician to  
2 indicate at what stage any embryos are frozen. (A copy of this form is attached hereto as Exhibit I  
3 for ease of reference.) There is no mention in the consent form that embryos will be monitored for  
4 a period of time to determine whether they reach the blastocyst stage and then be automatically  
5 discarded if they do not. Rather, the consent form simply states that unused embryos will be frozen  
6 if the patient wishes.

7 18. There is evidence in this case regarding the potential mishandling of Ms. Head's unused  
8 embryos that I find quite disturbing and possibly reminiscent of the Irvine situation -- there are at least  
9 three (3) embryos unaccounted for. The Post Embryo Transfer Instructions from Ms. Head's embryo  
10 transfer procedure indicate that 14 of the 19 eggs retrieved were fertilized. (Ben-Ozer Depo., Exh.  
11 I.) Ms. Head and her husband were told that seven (7) of these fertilized eggs reached a  
12 developmental stage appropriate for transfer to Ms. Head. (Head Depo., 97:3-22.) The Heads  
13 decided to use only four (4) of the seven (7) available embryos in order to minimize the risk of  
14 multiple births. (Head Depo., 97:3-22.) Ms. Head was told by Dr. Ben-Ozer that there were three  
15 (3) embryos remaining after the transfer procedure that had reached the blastocyst stage and that these  
16 embryos had been frozen and stored. (Head Depo., 51:23-53:11.) However, when Ms. Head went  
17 to see Dr. Vermesh several days after her tubes were removed (only one month after the embryo  
18 transfer), Dr. Vermesh could not account for the three (3) remaining embryos, barely one month after  
19 Ms. Head's embryo transfer procedure. (Head Depo., 51:15-22.)

20 19. A note on the laboratory report from Ms. Head's embryo transfer procedure appears  
21 to state: "embs discarded did not reach blast," suggesting that some embryos did not reach the  
22 blastocyst stage. However, there is no number of allegedly discarded embryos reflected on this form.  
23 More fundamentally, this notation contradicts what Ms. Head was told -- that she had three remaining  
24 embryos that had reached the blastocyst stage.

25 20. Even if it were the case, as Defendants contend, that none of the embryos actually did  
26 reach the blastocyst stage, there is no assertion in the doctors' declarations or deposition testimony that  
27 they obtained Ms. Head's oral permission to dispose of her remaining embryos. Indeed, both doctors  
28 testified that they have no memory of the egg retrieval or embryo transfer procedures, and are relying

1 only on the medical records to determine what occurred.

2 21. It is fundamental and basic that the disposal of fertilized eggs or embryos at any  
3 developmental stage must be consented to, in writing, by the patient. A doctor's failure to obtain a  
4 woman's consent to dispose of her embryos at any stage of development is clearly below the standard  
5 of care. The doctors' failure to obtain Ms. Head's permission, let alone informed consent, to dispose  
6 of her remaining embryos constituted an egregious breach of their duty to Ms. Head, falling well  
7 below the standard of care they owed her.

8  
9 I declare under penalty of perjury under the laws of the State of California that the foregoing  
10 is true and correct.

11 Executed this 28<sup>th</sup> day of June, 2000, at Los Angeles California.

12  
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14 Gil N. Mileikowsky, M.D.  
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EXHIBIT "A"

# Curriculum Vitae

Gil N. Mileikowsky, M.D.  
Obstetrics & Gynecology, Infertility, In-Vitro Fertilization  
Reproductive Surgery & Laser Surgery

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Suite 300  
Beverly Hills, California 90210  
(310) 858-1888

5363 Balboa Boulevard  
Suite 245  
Encino, California 91316  
(818)981-1888

Nationality: US Citizen  
M.D. License: In USA (TX, IL, CA)  
In Europe (Belgium)

## Biographical Information:

September 28, 1951	Born in New York
1951-1956	Resided in Israel
1956-1979	Resided in Belgium Educated in Belgium (in French)
1979 to present	Residence in USA (New York, Chicago, Houston & Los Angeles)

## Education

July 1979	M.D. Degree with Honors "Cum Laude" Catholic University of Louvain, Belgium
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Note: Medical Education in Belgium is a seven year plan divided into:  
Three "Candidature" and Four "Doctorat"  
-"Candidature" at the Free University of Brussels (U.L.B.), Belgium  
-"Doctorat" at the Catholic University of Louvain, Belgium

July 1979-June 1980	<i>Internship:</i> Cook County Hospital Chicago, Illinois
July 1980-January 1984	<i>Residency:</i> Department of Obstetrics & Gynecology Baylor College of Medicine, Houston
July 1984-June 1986	<i>Fellowship:</i> LAC/USC Medical Center, Women's Hospital Clinical Research Fellow Reproductive Endocrinology and Infertility including In-Vitro Fertilization

Certifications

July 1978 Passed the ECFMG

December 1980 Passed the FLEX

December 1991 Board Certified-*American* Board of Obstetrics & Gynecology  
Board Active-Reproductive Endocrinology

July 1994 Board Certified-*Belgian* Board of Obstetrics & Gynecology with  
Reciprocity in the *European* Common Market

Appointments:

August 1, 1994-Present Assistant Clinical Professor-University of California, Los Angeles

1992-Present Medical Director- IVF Program Northridge Hospital Medical Center

1988 Chairman, Laser Committee Northridge Hospital Medical Center

1988-Present Lecturer for Residents and Attending Physicians-Northridge Family  
Practice Residency Program

1986-Present Clinical Investigator and Lecturer on Estraderm Patch/Menopause  
CIBA Pharmaceuticals

1984-1987 Clinical Instructor in Obstetrics and Gynecology  
USC School of Medicine

1984-1985 Lecturer for Physician Assistant, USC School of Medicine  
\*Contraception  
\*Infertility  
\*Reversible and Irreversible Sterilization  
\*Abortion

1976-1977 Pathology Instructor-University of Louvain Medical School, Belgium

1972-1974 Lecturer in the Course of "Physiologie Vegetale" (second year  
"Candidature" of Medicine, Université Libre de Bruxelles) Subject:  
Remote Sensing Spatial Technology and It's Applications in Medicine.  
(see publications)

Clinical Training/Externships:

May-June 1979 Saint Luc Hospital, Louvain/Brussels, Belgium  
Internal Medicine

April 1979 National Naval Medical Center, Bethesda, Maryland  
Hematology-Oncology, Professor.E. Perlin

March 1979 Neurosensory Center, Baylor College of Medicine  
Houston, Texas

January-March 1979 Diagnostic Center Hospital, Houston, Texas  
Internal Medicine, Dr. H. Kaplan

August-December 1978 (December) (November) (October) (August-September)	Mount Sinai Hospital, New York, New York Orthopedic Surgery General Surgery Endocrinology-Professor D. Krieger, M.D. Obstetrics & Gynecology
June-July 1978	Saint Luc Hospital, Louvain, Belgium Internal Medicine, MICU
February-May 1978 (April-May) (February-March)	Hadassah Hospitals Pediatrics - (Tel-Aviv) Dr. I. Heyman Neurosurgery (Jerusalem)-Professor A. Beller, M.D.
February-October 1976	Saint Michel's Hospital, Brussels, Belgium Internal Medicine
December 1973-January 1974	Assaf Harofe-Tel Aviv, Israel Obstetrics and Gynecology, Professor E. Caspi, M.D.

Theses:

1978	"Eosinophilic Granuloma-Four Cases, Review and Discussion of Various Treatments" Theses with Professor A. Beller, Department of Neurosurgery, Hadassah, Jerusalem.
1978	"Applications of CO2 Laser in Surgery and Microsurgery" Special Report for the Department of General Surgery and Plastic Surgery-University of Louvain, Belgium
1979	"Applications of Radio Frequency in the Treatment of Solid Tumors" Theses with Professor Maisin, Chairman, Department of Oncology, University of Louvain and Professor H. LeVein, M.D. (USA)
1979	"On the Use of Busulfan During Pregnancy" theses with Dr. N. Gleicher, Department of Obstetrics & Gynecology, Mount Sinai Hospital, New York

Publications:

1. "Remote Sensing Spatial Technology and It's Applications in Medicine" Gil N. Mileikowsky, M.D. Published in October 1972 in "Universitaire Medical"-U.L.B. Belgium
2. "Pergolide and Bromocriptine for the Treatment of Patients with Hyperprolactinemia" Oscar Kletzky, M.D., Richard Borenstein, M.D., Gil N. Mileikowsky, M.D.-American Journal of Obstetrics & Gynecology 9/8/85 154:431
3. "Responses of LH, PRL and TSH to Dopaminergic Blockade in Polycystic Ovary Syndrome (PCO): Lack of Evidence for Decreased Dopaminergic Activity" R. Barnes, M.D., Gil N. Mileikowsky, M.D., C. Spencer, M.D., and R. Lobo, M.D.- Journal Clin. Endocrinol. Metab. 63:506-509, 1986

4. "Human Pharmacokinetics of Ethynyl Estradiol 3 Sulfate and 17-Sulfate" (in Ovariectomized Women), Joseph W. Goldzicher, M.D., Gil N. Mileikowsky, M.D., Jerold Newburger, M.D., Angelica Dorantes, M.D., Solomon A. Stavehansky, M.D. "Steroids" 51:1-2-January-February 1988
5. "Influence of Norepinephrine Administration upon Pituitary Hormone Secretion in Normal Men" Gil N. Mileikowsky, M.D., R.M. Farmer, M.D., V de Quatrico, M.D., Oscar A. Kletzky, M.D. - Journal of Endocrinological Investigation 11:641, 1988
6. "Evidence that Smoking Alters Prostacyclin Formation and Platelet Aggression in Women Who Use Oral Contraceptives" Gil N. Mileikowsky, M.D., Jerry L. Nadler, M.D., Florence Huey, M.D., Robert Francis, M.D., Subi Roy, M.D. American Journal of Obstetrics & Gynecology, 159, No. 6:1547-1552, December 1988
7. "Potential Applications and Limitations of Radionuclide Hysterosalpingo Tomography (RHST) in the Evaluation of the Reproductive Tract in Infertility." Gil N. Mileikowsky, M.D., R. Anderson, M.D., D. Chen, M.D., M. Spiegel, M.D., R. Lobo, M.D. (in preparation)
8. "Clomiphene-Antiestrogen Effects on Gonadotropin and Uterus in the Ovariectomized Rat" Ronald L. Young, M.D., Gil N. Mileikowsky, M.D., Charles H. Bridges, M.D., Walter B. Panko, M.D., and Prabir K. Chakraborty, M.D. (in preparation)
9. "Effects of Clomiphene on Osteoporosis in an Ovariectomized Rat Model" with R.L. Young, M.D., Gil N. Mileikowsky, M.D., P.T. Beall, M.D., H.J. Spute, M.D., A.D. Le Blanc, M.D., H.J. Evans, M.D. (in preparation)

Chapters in Books:

1. "Inhibin Activity in Women" Gil N. Mileikowsky, M.D., Anna S. Leung, M.D., Sharon A. Tonetta, M.D., Gere S. diZerega, M.D. Chapter in "Inhibins, Isolation, Estimation and Physiology" in CRC Press, Inc. May 1985.
2. "FSH Clinical Applications and Induction of Ovulation" Gil N. Mileikowsky, M.D., D. Hoffman, M.D., G. S. diZerega, M.D. for Serono Symposia.
3. Quoted by Dr. Lilian Glass in her Book "He Says, She Says-Closing the Communication Gap Between the Sexes" page 64.

Presentations at Scientific Meetings:

1. "Influence on Noradrenergic System on Pituitary Hormone Secretion in Normal Men and Menopausal Women." Gil N. Mileikowsky, M.D., Richard Farmer, M.D., Oscar Kletzky, M.D.- at the Society for Gynecologic Investigation- Meeting Phoenix, Arizona. March 20-23, 1985. Poster presentation #383
2. "Treatment of Hyperprolactinemia with Two Different Dopamine Agonists." O.A. Kletzky, M.D., R. Borenstein, M.D. & Gil N. Mileikowsky, M.D.-Pacific Coast Fertility Society-33rd Annual Meeting-Las Vegas, NV April 24-28, 1985 Poster Presentation



3. "Role of Oral Contraceptives on Smoking Induced Changes in Prostacyclin Excretion." Gil N. Mileikowsky, M.D., S. Roy, M.D., J. Nadler, M.D.-Endocrine Society-67th Annual Meeting, Baltimore, Maryland June 19-21, 1985-Poster Presentation
4. "Comparison of Two Different Therapeutic Agents for the Treatment of Hyperprolactinemia" O.A. Kletzky, M.D., R. Borenstein, M.D. & Gil N. Mileikowsky, M.D. International Federation of Obstetrics and Gynecology-Berlin, September 1985 Poster Presentation
5. "Radionuclide Hysterosalpingo Tomography (RHST) for the Evaluation of the Reproductive Tract in Infertility." Gil N. Mileikowsky, M.D., R. Anderson, M.D., D. Chen, M.D., M. Spiegel, M.D., R. Lobo, M.D.-American Fertility Society-41st Annual Meeting-Chicago, Illinois 9/28/85 Poster Presentation
6. "Evidence that Smoking Alters Prostacyclin Formation and Platelet Aggregation in Women Who Use Oral Contraceptives." Gil N. Mileikowsky, M.D., Jerry L. Nadler, M.D., Florence Huey, M.D., Robert Francis, M.D. & Subir Roy, M.D.- 33rd Annual Meeting of the Society for Gynecologic Investigations-Toronto, Ontario Canada-March 19-22, 1986. Oral Presentation

Teaching Experiences/Lectures:

- Feb 24, 1987 Lecture to Hospital Medical Staff "In-Vitro Fertilization" Northridge Hospital Medical Center
- March 24, 1987 Lecture to Nursing Staff "In-Vitro Fertilization" Northridge Hospital Medical Center
- April 23, 1987 Lecture to Hospital Medical Staff "In-Vitro Fertilization" Valley Hospital Medical Center
- May 1, 1987 Lecture to Hospital Medical Staff "Estrogen Replacement Therapy-Transdermal Approach" Humana-West Hills Hospital sponsored by CIBA GEIGY
- May 29, 1987 Lecture to Hospital Medical Staff "Estrogen Replacement Therapy" Tarzana Regional Medical Center
- January 4, 1988 Lecture to Hospital Medical Staff-"In-Vitro Fertilization" Tarzana Regional Medical Center
- February 2, 1988 Lecture to the Hospital Medical Staff "Estrogen Replacement Therapy-Transdermal Approach". San Fernando Community Hospital sponsored by CIBA GEIGY
- March 1988 Lecture at Hospital Medical Staff "Estrogen Replacement Therapy-Transdermal Approach" San Luis Obispo sponsored by CIBA GEIGY
- January 9, 1989 Lecture to Hospital Medical Staff "CO2 Laser Surgery in Gynecology." Tarzana Regional Medical Center
- January 29, 1989 Lecture to Hospital Medical Staff USC Community Hospital Network. "Osteoporosis Lecture" sponsored by CIBA Geigy. Charter Hospital.

- Feb 27, 1990 Lecture to Public at Large "Helping Couples Become Families"  
Northridge Hospital Medical Center
- Feb 21, 1991 Lecture to Resident and Attending Physicians- "Laser Applications in Gynecology"  
Northridge Family Practice Residency Program.
- March 1, 1991 Lecture to Hospital Medical Staff "Ectopic Pregnancy Management via  
Laparoscopic/Laser Surgery." Centinella Hospital
- May 22, 1991 Lecture to Hospital Medical Staff "Advances in Infertility Surgery and In-Vitro  
Fertilization." Midway Hospital Medical Center
- May 31, 1991 Lecture to Hospital Medical Staff "Advances in Operative Laparoscopy and Laser  
Surgery"-Humana Hospital West Hills
- Sept 20, 1991 Lecture to the Hospital Medical Staff- "Update from the World Congress of In-Vitro  
Fertilization"- Tarzana Regional Medical Center
- Jan 28, 1992 Lecture "Laser Applications in Gynecology"  
Northridge Family Practice Residency Program
- Jan 30, 1992 Lecture to Public at Large "Helping Solve Infertility"  
Northridge Hospital Medical Center.
- April 9, 1992 Lecture "Ovulation Induction"  
Northridge Family Practice Residency Program
- March 4, 1993 Lecture to Hospital Medical Staff "Advances in In -Vitro Fertilization and Other  
Reproductive Technologies" Northridge Hospital Medical Center
- Feb 25, 1994 Lecture to Hospital Medical Staff "Infertility Update"  
Tarzana Regional Medical Center
- March 8, 1994 Lecture to Coders/Transcriptionist "Laparoscopic Hysterectomies"  
Valley Presbyterian Hospital
- May 20, 1994 Lecture to Operating Room Nurses " Latest advances in Gynecology, Infertility &  
Assisted Reproductive Technology" Valley Presbyterian Hospital
- July 12, 1994 Lecturer to Hospital Medical Staff "Latest Advances in Gynecology, Infertility and  
Assisted Reproductive Technologies" Valley Presbyterian Hospital.
- August 9, 1994 Lecture to Physicians "Caring for the Infertile Couple" sponsored by Serono.
- Sept 22, 1994 Lecture to Family Practice Residency Program "Latest Advances in GYN & Assisted  
Reproductive Techniques" Northridge Hospital Medical Center
- Oct 2, 1994 Lecture on "Latest Advances in GYN, Infertility and Assisted Reproductive Technology"  
sponsored by Global Alliance.
- Oct 28, 1994 Lecture to Hospital Medical Staff "Latest Advances in GYN, Infertility and Assisted  
Reproductive Technology" West Hills Regional Medical Center

- Nov 2, 1994 Lecture to Hospital Medical Staff " Latest Advances in Infertility, Gynecology and Assisted Reproductive Technologies" Midway Hospital sponsored by American Israeli Medical Society.
- Nov 28, 1994 Lecture to Hospital Medical Staff " Latest Advances in Gynecology and Laser Surgery" Daniel Freeman Memorial Hospital.
- Nov 29, 1994 Lecture on "Latest Advances in GYN, Infertility and Assisted Reproductive Technology" sponsored by Women's ORT.
- July 15, 1995 Lecture on "Women's Health Issues" at the Oaks at OJAI.

Other Medical Activities:

- 1978 "Endorphine Levels in C.S.F. and Plasma" in collaboration with Dr. N. Aronin and Professor D. Krieger, M.D. (Department of Endocrinology-Mount Sinai Hospital New York, unpublished)
- 1982 "Malignant Brenner Tumor of the Ovary-Review of Seven Cases and Long Term Follow up" with Professor R. H. Kaufmann, M.D.-Baylor College of Medicine-Unpublished.
- 1983 "Experimental Reconstructive Surgery of the Oviduct of Rabbit Model with Amniotic Membranes" with Dr. R.L. Young, Kevin Doody, M.D., P. Claman, M.D., and Y. Nosovitsky, M.D.-Residents Project-Unpublished.
- 1984 "Severe Endometriosis Six Years Post Hysterectomy"-Case report with Dr. R.R. Franklin-Baylor College of Medicine.
- "Role of Steroidal and Non Steroidal Ovarian Factors in Human Infertility Granulosa and Theca Cells Culture" with Dr. Gere S. diZerega.
- "Gonadotrophin Releasing Hormone (GnRH) Induction of Ovulation in Clomiphene Resistant Patients" with Dr. R.A. Lobo.

Courses Attended:

- June-July 1968 Weizman Institute of Science, Rehovot, Israel (Physics-NMR)
- April 1978 Beilenson Hospital Tel-Aviv University " Applications of CO2 Laser in Surgery" Professor Isaac Kaplan
- 1983 Baylor College of Medicine, Women's Hospital of Texas "Infertility-Laser Workshop"
- Jan 1984 Baylor College of Medicine, Houston Texas "Laboratory Microsurgery Course (40 Hours), Department of Plastic Surgery
- April 1984 "Hysteroscopy Course with Dr. Hamou-Paris, France
- May 8, 1985 Hysteroscopy Course with Dr. Robert Israel and Dr. Charles March USC Los Angeles

- March 12-13, 1987 "Update and Future Perspectives in the Management of the Menopausal and Post Menopausal Patients." Invited participant/investigator. St. Tomas, U.S. Virgin Islands. Symposium sponsored by CIBA Geigy.
- April 12-15, 1988 "Clinical Course for Surgical Pelviscopy" University of Kiel, West Germany- Department of Obstetrics & Gynecology with Professor H.C. Semm, M.D.
- November 3-4, 1988 "Current Role of GnRH Agonists in Obstetrics & Gynecology." Invited participant/investigator. Naples, Florida Symposium sponsored by TAP Pharmaceuticals.
- April 24-29, 1989 "Obstetrics & Gynecology Review (62 Hours) University of California San Francisco
- December 8-9, 1989 "Hysteroscopy: Diagnostic/Operative Principles and Techniques Including the Use of Resectoscope" The American Association of Gynecologic Laparoscopist. Cedars-Sinai Medical Center. Professor P. Brooks.
- December 1990 "Current Perspectives on Managing the Menopausal and Post Menopausal Patient." Irving, Dallas, Texas. Invited Investigator sponsored by Ciba Geigy.
- March 1991 "Perinatal Infections, 1991: What's New and Important" The Hospital of Good Samaritan, Los Angeles
- April 18-21, 1991 "11th Annual AMA Health Reporting Conference Category" AMA, Chicago, Illinois.
- April 22-26, 1991 "Serono Symposia, Frontiers in Reproductive Endocrinology" sponsored by the AFS and Serono, Washington, DC
- November 3-5, 1991 "Course in Hysterectomy-Greater Baltimore Medical Center
- November 8-12, 1991 "Clinical and Histopathological Overview of Obstetrics and Gynecology." New York City. Sponsored by Saint Barnabas Medical Center
- December 7, 1991 "The Obstetrics and Gynecology Course" The Osler Institute, Chicago.
- May 30, 1992 "The Use of ND: YAG Laser in Gynecology: Hands-On and Didactic Instruction Symposium" Cedars-Sinai Medical Center
- June 11-12, 1994 "Advanced Operative Laparoscopy Including Laser laparoscopic-Assisted Hysterectomy, Laparoscopic Burch Procedure, Appendectomy & Myomectomy & Advanced Operative Hysterectomy at Irvine Medical Center.

Societies

Membership Date

1. American Fertility Society May 1, 1983-present
2. American College of Obstetrics & Gynecology
  - (Fellow) June 1993-present
  - (Junior Fellow) March 1991

3. Los Angeles County Medical Association March 1985-present
4. American Association of Gynecologic Laparoscopist November 14, 1987-present
5. California Medical Association January 1, 1985-present
6. American Medical Association June 27, 1984-present

Languages Spoken:

Fluent in French, Hebrew, English, some Dutch and learning Medical Spanish

References:

1. Val Davajan, M.D. Professor, Department of Obstetrics and Gynecology  
USC Women's Hospital, Los Angeles, California
2. Raymond H. Kaufman, M.D. Professor and Chairman, Department of Obstetrics and  
Gynecology Baylor College of Medicine, Houston, Texas
3. R. Lobo, M.D. Associate Professor and Director, Reproductive  
Endocrinology-USC Women's Hospital, Los Angeles,  
California

Gil N. Mileikowsky, M.D.

TELEVISION APPEARANCES AND RADIO INTERVIEWS

- 1987 \* Television appearance on KABC Tawny Little Show spoke about " In-Vitro Fertilization "
- Summer 1988 \*1/2 Hour Cable Show with Catherine Van Dyke "Global Challenge" covering Infertility, Laser Surgery, In-Vitro Fertilization & Methods of Contraception
- December 1988 \*Television appearance on ABC News Interview about my publication regarding Birth Control Pills, Smoking and Thromboembolic Disease.
- December 1988 \*Radio Interview on 1070 AM KNX (CBS) about my publication regarding Smoking, Birth Control Pills and Thromboembolic Disease
- May 1990 \*Television appearances regarding a patient of mine that became pregnant by a method called ZIFT:
- \* KABC TV News, interviewed by Joanne Ishimine
  - \* FOX 11 News, interviewed by Cristina Gonzales
  - \* FOX 11 News, interviewed by Jane Walls
  - \* KTLA Channel 5 News, interviewed by Warren Wilson
- January 1993 \*Radio Interview on KNX (CBS) 1070 am by Frank Motek about Health Care Reform
- October 8, 1994 \*Interviewed by KNBC Channel 4 News  
\*Interviewed by ABC Channel 7 News  
\*Interviewed by FOX Channel 11 News regarding Celebration of the Birth of 100th Baby held in the LA Zoo
- November 6, 1995 \*Interview by FOX Channel 11 News regarding Infertility

1  
2 **PROOF OF SERVICE**

3 **STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

4 I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not  
5 a party to the within action; my business address is: 11500 Olympic Blvd., Ste. 316, Los Angeles,  
6 CA 90064.

7 On June 19, 2000, I served the document described as **PLAINTIFF'S EXPERT WITNESS  
8 DESIGNATION AND DECLARATION OF SEVEN M. OSTROVE IN CONFORMITY WITH  
9 CODE OF CIVIL PROCEDURE SECTION 2034(f)** on all interested parties in this action as  
10 follows:

11 [X] by placing [ ] the original [X] true copies thereof enclosed in sealed envelopes addressed as  
12 follows:

13 Eileen S. Lemmon, Esq.  
14 Nancy McCoy, Esq.  
15 LaFOLLETTE, JOHNSON, DeHAAS, FESLER, SILBERBERG & AMES  
16 3403 Tenth Street, Suite 820  
17 Riverside, California 92501  
18 fax number: (909) 275-9249

19 Attorneys for: Defendants MICHAEL VERMESH, M.D.; SNUNIT BEN-OZER, M.D.; and THE  
20 CENTER FOR HUMAN REPRODUCTION, INC.

21 [X] BY MAIL

22 [X] As follows: I am "readily familiar" with the firm's practice for collection and  
23 processing correspondence for mailing. Under that practice it would be deposited with  
24 the U.S. Postal Service on that same day with postage thereon fully prepaid at Los  
25 Angeles, California in the ordinary course of business. I am aware that on motion of  
26 the party served, service is presumed invalid if postal cancellation date or postage meter  
27 date is more than one day after date of deposit for mailing in affidavit.

[ ] BY FEDERAL EXPRESS

[ ] On this date, I served the persons interested in said action by placing copies of the  
above-entitled document in sealed Federal Express envelopes in the Federal Express  
drop off box located at 11500 Olympic Blvd., Sate. 316, Los Angeles, CA 90064.

[X] (STATE) I declare under penalty of perjury under the laws of the State of California that  
the above is true and correct.

Dated: June 19, 2000

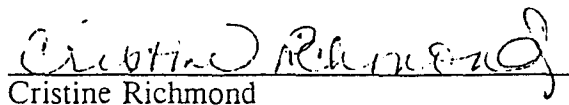
  
Cristine Richmond

EXHIBIT "B"



**AUTHORIZATION FOR AND CONSENT TO SURGERY OR SPECIAL  
DIAGNOSTIC OR THERAPEUTIC PROCEDURES**

To Donna Head  
Name of Patient

Your attending physician is \_\_\_\_\_, M.D.

Your supervising physician or surgeon is Dr. Verma, M.D.

1. The hospital maintains personnel and facilities to assist your physician and surgeons in their performance of various surgical operations and other special diagnostic and therapeutic procedures. These operations and procedures may involve risks of unsuccessful results, complications, injury, or even death from both known and unforeseen causes, and no warranty or guarantee is made as to result or cure. You have the right to be informed by the above named physicians of such risks, the nature and purpose of the operation or procedure, the available alternative methods of treatment and the risks thereof, and this form is not a substitute for such information. Except in cases of emergency, operations or procedures are not performed until the patient has had the opportunity to receive as much information as the patient needs in order to give informed consent to or refuse such operation or procedures. You have the right to actively participate in decisions regarding your own health care, including the right to consent to or refuse any proposed operation or procedure at any time prior to its performance.
2. Your physicians and surgeons have recommended the operations or procedures set forth below. Upon your authorization and consent, such operations or procedures, together with any different or further procedures which in the opinion of the supervising physician or surgeon may be indicated, due to any emergency, will be performed on you. The operations or procedures performed by the supervising physician or surgeon named above (or in the event of any emergency causing his or her absence, a qualified substitute supervising physician or surgeon to be selected by your attending physician together with associates and assistants, including anesthesiologists, pathologists and radiologists from the medical staff of Tarzana Regional Medical Center to whom the supervising physician or surgeon may assign designated responsibilities. The person in attendance for the purpose of performing specialized medical services such as anesthesia, radiology or pathology are not our agents, servants or employees of the hospital or your supervising physician or surgeon but are independent contractors, and therefore your agents, servants or employees.
3. The hospital pathologist is hereby authorized to use his or her discretion in disposition of any member, organ or other tissue removed from my person during the below-named procedure(s), except Not Applicable
4. Your signature below constitutes your acknowledgement (a) that you have read and understood and agree to the foregoing; (b) that the operation or procedure set forth below has been adequately explained to you, by your supervising physician or surgeon and by your anesthesiologist, in language/terms which can be comprehended; (c) that you have inquired into all areas pertaining to the operation or the procedure which you presently have questions; (d) that you have received all of the information you desire concerning such operation or procedure and alternatives; and (e) that after considering all of the factors presented, you authorize and consent to the performance of the operation or procedure.

Operation or procedure Ectopic Pregnancy, Laparoscopy

11-12-97  
Date  
1200  
Time

Signature Donna Head  
Patient/Parent/Legal Guardian

Kathleen Berry  
Witness

If signed by other than patient, indicate relationship  
Exhibit B  
For Identification  
Denise I. Pagano, CSR, RPR  
Date 4-3-00

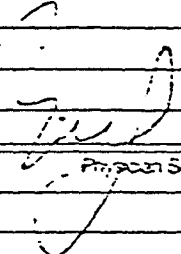
**Encino-Tarzana**  
Regional Medical Center  
Encino Hospital • Tarzana Hospital  
Tenet California HealthSystem

ENCINO HOSPITAL Date: 7-7-99 Patient Place Here  
 TARZANA HOSPITAL Wit: DONNA A. HEAD

**AUTHORIZATION FOR AND CONSENT TO  
SURGERY OR SPECIAL DIAGNOSTIC  
OR THERAPEUTIC PROCEDURES**

EXHIBIT "C"

### INFORMED CONSENT

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT.
11/17/97 ( )	<p>I have talked to the patient, or the patient's authorized representative, in simple layman terms about the nature of the scheduled procedure.</p> <p>I have discussed with him/her the benefit(s), risk(s) and possible complications and potential for blood transfusion, if applicable.</p> <p>Finally, I have presented to him / her the alternative treatment(s). He/she has chosen the noted procedure(s) and gives his/her informed consent.</p> <p>If applicable:  <input type="checkbox"/> Written information has been provided to patients having breast biopsy or breast                      cancer surgery</p> <div style="text-align: center; margin-top: 20px;">                       _____                      Physician Signature                 </div>

PFS EXHIBIT C for Identification  
 ALORN KENT, C.S.R. NO. 16912  
 Depoent SUNIT BEN-OR, M.D.  
 Date: 5-3-00

ENCINO <b>Encino-Tarzana</b> Regional Medical Center Encino Hospital • Tarzana Hospital Tenet California Health System	Encino Hospital 75227 Ventura Blvd. Encino, CA 91436 Tel 818.995.5000 Tarzana Hospital 16321 Cent St. Tarzana, CA 91356 Tel 818.581.0530
--	---

**PROGRESS NOTES**

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 2210...  
 TERENCE MICHAEL  
 0040950  
 01/30/92  
 TERENCE MICHAEL  
C

EXHIBIT "D"

CONSENT FORM (NON-FEDERALLY FUNDED)

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from \_\_\_\_\_

(Doctor or Clinic)

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I understand that I can change my mind at any time.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will undergo an operation known as a \_\_\_\_\_

\_\_\_\_\_ The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form except in specific instances that have been fully explained to me.

I wish to waive the 30-day waiting period to \_\_\_\_\_ days.

(Not less than 72 hours.)

I am at least 18 years of age

or

I am under 18 AND

I have entered into a valid marriage, or

I am on active duty with the U.S. armed services, or

I have received a declaration or emancipation pursuant to Section 64 of the Civil Code, or

I am over 15 years old, live apart from my parents or guardians and manage my own financial affairs.

I was born on \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

I, \_\_\_\_\_, hereby consent of my own free will to undergo an operation intended to sterilize me to be performed by \_\_\_\_\_

(Doctor)

by a method called \_\_\_\_\_

I am not in labor and it has been at least 24 hours since I gave birth or had an abortion. I am not seeking to obtain or obtaining an abortion at this time.

I am not under the influence of alcohol or other substances that affect my state of awareness.

I understand that I may have a witness of my choice present during the time my consent is obtained.

My consent expires 180 days from the date of my signature below.

I have received a copy of this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized.

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in \_\_\_\_\_

language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

Interpreter \_\_\_\_\_ Date \_\_\_\_\_

STATEMENT OF PERSON OBTAINING CONSENT

Before \_\_\_\_\_ signed the \_\_\_\_\_ (Name of Individual)

consent form, I explained to him/her the nature of the sterilization operation

\_\_\_\_\_, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

I certify that I explained orally to the person to be sterilized the requirements for informed consent as set forth on this form and in applicable regulations.

Signature of Person Obtaining Consent \_\_\_\_\_ Date \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon \_\_\_\_\_

Name of Individual to be Sterilized \_\_\_\_\_ on \_\_\_\_\_

Date of Sterilization Operation \_\_\_\_\_, I explained to

him/her the nature of the sterilization operation \_\_\_\_\_, the \_\_\_\_\_ Specify type of operation

fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery, or emergency abdominal surgery, or patient waiver where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) I certify that this sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- a.  Premature delivery
- Individual's expected date of delivery: \_\_\_\_\_
- b.  Emergency abdominal surgery: \_\_\_\_\_ (describe circumstances): \_\_\_\_\_
- Date individual intended to be sterilized \_\_\_\_\_
- c.  Patient waived the 30-day waiting period to \_\_\_\_\_ days (Not less than 72 hours.)

Physician \_\_\_\_\_

Date \_\_\_\_\_

EXHIBIT "E"

GIL N. MILEIKOWSKY M.D.

436 N. Bedford Drive, # 310  
Beverly Hills, CA 90210  
Tel : (310) 858-1888

5363 Balboa Boulevard, # 245  
Encino, CA 91316  
Tel : (818) 981-1888

LAPAROSCOPY - INFORMED CONSENT

This is a technique which permits a trained physician to view the abdominal cavity by means of a laparoscope, a tube containing a telescope and light. A harmless gas is used to distend the abdomen to prevent internal injuries. Through one or a few small incisions below the navel, the physician inserts the laparoscope and other instruments into the cavity. After the instruments are removed and the gas is released, the incision may be covered with a band-aid and therefore the operation has become known as "band-aid" surgery.

The postoperative period for most patients is unremarkable, and one usually may return to work in one or two days. There may be a slight sore throat and the possibility of some pain in the shoulders or some abdominal bloating. You can resume full activity as soon as you are able. However, it is best not to have intercourse for approximately two weeks. You may have a small amount of vaginal bleeding for several days, if a D & C is done at the same time.

While the risk as stated above is quite small, there can on occasion be complications. These include possible bleeding from the tubes and possible injury to other structures, such as blood vessels or the intestines. This injury may be from the point of instruments or from the electrocautery or the laser beam used to cut and control bleeding. This may on very rare occasions necessitate opening up the abdomen with an incision. It is for this rare possibility that you are asked to sign for a possible "laparotomy" (abdominal incision). This will be discussed on a different consent form which you will be given. There may also be complications from the D & C, though these are rare.

If a sterilization is requested, alternative methods of contraception and sterilization will also be discussed with you prior to finally agreeing to this procedure.

It is imperative that on the day of surgery, the patient have nothing by mouth, no eating nor smoking nor drinking from midnight prior to the surgery. This is important because you will be under a general anesthesia.

These statements are given to you not so that you will become frightened and not have the operation, but to make you aware of the inherent risks and potential hazards in any surgical procedure. Your laparoscopy has been recommended because it is felt that its benefits far outweigh any potential hazards. We will now ask you to sign at the bottom of this document to show that you have read and understood this information, and that we have discussed this subject with you.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

EXHIBIT "F"



GIL N. MILEIKOWSKY M.D.

---

43 N. Bedford Drive, #  
Beverly Hills, CA 90210  
Tel : ( ) 858-1888

5363 Balboa Boulevard, # 245  
Encino, CA 91316  
Tel : (818) 981-1888

LAPAROTOMY - INFORMED CONSENT.

A laparotomy, or exploration of the abdominal cavity through an abdominal incision, has been recommended to you because of your particular problem. This procedure is relatively simple, necessitating entrance into the abdominal cavity to observe the problems and to correct them, whether it means removal of your tubes and ovaries or of adhesions ( scars or attachments between various structures in the abdominal cavity ), or plastic repair of any structures, mainly those regarding the fallopian tubes and ovaries.

This is a major operation and has certain risks. There can be damage to the urinary bladder and/or intestines, resulting in the need for further corrective surgery. These situations are rare. There can be damage to the nerves of the pelvis. Almost all of the complications, however, are correctable. There can be bleeding, requiring blood transfusions, which have certain risks in themselves. There can be urinary tract infection because of the need for a catheter in the bladder. And there can be late problems, such as infection of the wound. Although there, is of course, no guarantee that the procedure offers a permanent cure, it usually does.

It is imperative that on the day of surgery, the patient have nothing by mouth, no eating nor smoking nor dinking from midnight prior to the surgery. This is important because you will be under a general anesthesia.

These statements are given to you not so that you will become frightened and not have the operation, but to make you aware of the inherent risks and potential hazards in any surgical procedure. Your laparotomy has been recommended because it is felt that its benefits far outweigh any potential hazards. We will now ask you to sign at the bottom of this document to show that you have read and understood this information, and that we have discussed this subject with you.

---

Patient's Signature

---

Witness

---

Date

---

Date

EXHIBIT "G"

**GIL N. MILEIKOWSKY M.D.**

---

435 N. Bedford Drive, # 206  
Beverly Hills, CA 90210  
Tel : (213) 858-1888

5363 Balboa Boulevard, # 245  
Encino, CA 91316  
Tel : (818) 981-1888

I \_\_\_\_\_ WILLINGLY SUBMIT

TO \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TO BE PERFORMED BY GIL N. MILEIKOWSKY M.D., THE SURGERY AND THE NEED FOR IT, HAS BEEN THOROUGHLY EXPLAINED TO ME AS WELL AS POSSIBLE COMPLICATIONS AND POSSIBLE ALTERNATIVE MANAGEMENT (S).

I FULLY UNDERSTAND THESE AND AM WILLING TO ACCEPT ALL REASONABLE RISKS.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

EXHIBIT "H"

**CENTER  
FOR  
REPRODUCTIVE  
MEDICINE**

**CONSENT FORM FOR PROCEDURES INVOLVED IN  
IN VITRO FERTILIZATION AND PRE-EMBRYO REPLACEMENT**

We, Donna Head (female partner) and Richard A. Head (male partner), have been informed by our physician, Dr. Ben Oza, about and understand the reasons for carrying out the procedures outlined below, and accept the consequences and risks of such procedures. We understand that our physician is responsible for the provision of medical services discussed herein.

The procedures will include:

1. Stimulation of the ovaries by hormonal drugs to try to obtain more than one mature oocyte.
2. Collection of the oocytes by laparoscopy or ultrasound guided follicle aspiration.
3. Addition of spermatozoa, isolated from semen, to oocytes.
4. Observation and handling of oocytes, spermatozoa and pre-embryos.
5. Replacement of pre-embryos into the uterus or fallopian tubes as indicated.
6. Maintenance of uterine environment by hormonal drugs.
7. Freezing and storage of pre-embryos if we request it.

As part of her initial evaluation, female partner will complete a medical and genetic history, and physical exam. Furthermore, we understand that female partner will undergo testing for diseases, including, but not necessarily limited to, gonorrhea, chlamydia, hepatitis and acquired immune deficiency syndrome (AIDS).

We understand that in order to produce several oocytes (eggs) female partner will be required to take medication on a specific schedule to stimulate her ovaries. These medications may potentially produce temporary enlargement and cysts of the ovaries. Rarely would such changes produce severe complications (such as twisting of the ovary, rupture of ovary, or fluid/electrolyte problems) that would require subsequent hospitalization. As result of taking this medication, there is a chance that female partner would be required to restrict strenuous and/or sexual activity for 1-2 weeks. Use of the medications should not make menopause occur earlier than expected.

PA00MT1566492

Exhibit F  
For Identification  
Denise J. Pagano, CSR, RPR  
Date: 7-7-99  
Wit: DONNA A. HEAD

PLS EXHIBIT H for Identification  
ALDEN KENT, C.S.R. NO. 10012  
Depositor Sylvia Ben-Oza, M  
Date: 5-3-00  
(10F3)

11/21/96 6:55pm

11 1 11

We recognize that oocyte retrieval involves the use of a vaginal ultrasound probe and attached needle guide to allow insertion of a needle through the vagina and into the ovary/ovaries. There is the potential for intra-abdominal bleeding, damage to female partner's ovaries, and/or infection that could potentially render female partner sterile, but available clinical experience suggests that the risk is low. The oocyte collection procedure will require the use of intravenous analgesia. The procedure generally lasts approximately forty-five (45) to ninety (90) minutes.

After oocytes have been recovered, they may be used in one of three ways: 1) They may be combined with sperm which has been treated in the laboratory and transferred immediately into female partner's fallopian tube(s) by laparoscopy. This procedure is known as gamete fallopian transfer (GIFT). The term "gamete" means either sperm or oocyte. 2) The oocytes may be combined with sperm and fertilized within the laboratory. The oocytes will be examined carefully to see if fertilization has occurred and (later) if normal embryonic development has taken place. Pre-embryos may then be transferred into female partner's fallopian tube (TET) or uterus (IVF-ET) through a small catheter placed through the cervix. Currently, fallopian transfer requires laparoscopy. 3) The oocytes may be combined with sperm, fertilized within the in vitro fertilization laboratory and then cryopreserved (frozen) for subsequent release. Following thawing of cryopreserved pre-embryos, they will be assessed for viability, and if viable, transferred into female partner's tube/uterus as described above. This procedure is known as frozen embryo transfer (FET).

Preceding the ovarian stimulation for female partner, an endometrial biopsy will be performed to document endometrial development necessary for the establishment and maintenance of pregnancy. Should female partner's endometrial biopsy prove to be abnormal, subsequent biopsies may be required before a gamete or pre-embryo transfer is performed.

Replacement of gametes or pre-embryos must occur at an appropriate time in female partner's menstrual cycle. This timing in female partner's menstrual cycle will be determined by our physician. With GIFT, oocytes and sperm are replaced into the fallopian tube through a small plastic catheter at the appropriate time. Placement of pre-embryos for TET, IVF-ET or FET involves the insertion of a small plastic tube containing the pre-embryos, through which they are expelled into the fallopian tube or uterine cavity.

We understand that if we request spermatozoa to be added to more oocytes than the number of pre-embryos we want replaced in this cycle of treatment, that any excess pre-embryos may be cryopreserved for our future use.

We understand that there is no guarantee that female partner will become pregnant as a result of the procedures, and that, if a pregnancy is established and carried to term, there is no guarantee that the child will be normal. Children born of GIFT/TET/IVF-ET/FET in women with normally functioning ovaries have not displayed a higher incidence of abnormalities than the general population.

We have been informed of the generally expected chance of pregnancy when multiple pre-embryos are replaced and have been informed of the probability of twins or triplets when more than one pre-embryo is replaced.

We have been advised and understand that the risk of GIFT, Zygote, IVF-ET, and FET procedures, include, without limitation, the possibility of tubal (ectopic) pregnancy needing surgical treatment, multiple pregnancy, and miscarriage, and that all pregnancies carry with them the risk of major surgery to effect delivery and the possibility of major complications including, without limitation, hemorrhage, stroke, and death.

We agree to the treatment being abandoned if for any medical reason our physician or the staff of the Center do not think it wise or appropriate to continue.

We understand that the records of this procedure are confidential and will be handled in the same manner as any other records of the Center for Reproductive Medicine. Summary data about the program may be published in the scientific literature, but these data will not contain patient identifying information.

We understand that we will be responsible for paying the costs of these procedures, including, but not limited to: the oocyte retrieval, laboratory fertilization, pre-embryo storage and/or transfer, or surgical complications.

Our signatures on this form indicate that: (1) we have read and understand the information provided in this form including all terminology used in describing the IVF Program; (2) we understand that this form cannot possibly include all of the information that is relevant to the procedure in question, and we have had the opportunity to ask questions of our physician about the IVF Program in which we are participating and the contents of this form, and our questions have been answered to our satisfaction; (3) we have had a sufficient amount of time to think about and to consider our decision; and (4) we hereby authorize and consent to participate in the IVF Program. If we have additional questions about any information in this form, we understand that we can contact Dr. Blm Gf at 881-9800.

Signed:

Donna Head

FEMALE PARTNER

10/3/97

DATE

Richard Head

MALE PARTNER

10-3-97

DATE

Alma R. McC

WITNESS

10-3-97

DATE

EXHIBIT "I"



LABORATORY SUMMARY

DEPARTMENT OF REPRODUCTIVE MEDICINE

PATIENT: Donna Head AGE: 35 PARTNER: Dick RETRIEVAL PHYSICIAN + TECH: WV SURGERY DATE: 10-1-17

SURGERY TIME: 8:30 CAUSE OF INFERTILITY: Male LUPRON:  YES  NO MICROMANIPULATION PERFORMED:  YES  NO TIME: \_\_\_\_\_

NUMBER OF FOLLICLES / OOCYTES RETRIEVED: UKD 1 19 MEDIA I.D.: 19 ASSISTED HATCHING PERFORMED:  YES  NO TIME: \_\_\_\_\_

DROP #	OOCYTE GRADE	INSEMINATION			PRONUCLIEI			CLEAVAGE			TRANSFER
		DROP #	ICSI	# NORMAL	HYAL	DROP #	ICSI	NORMAL	DROP #	ICSI	
	(10) HZ	1	7X2PD				7X2PD				2x8 cells (A)
	(19) HZ	2	7X2PD				7X2PD				2x6 cells (A)

ANDROLOGY: OBTAINED FROM: PARTNER / DONOR # DATE: 10-1-17 TIME: 10 EGG YOLK BUFFER  YES  NO

SPECIMEN #1 INITIAL COUNT: 15m NEW COUNT: 30M

SPECIMEN #2 INITIAL COUNT: \_\_\_\_\_ NEW COUNT: \_\_\_\_\_

INITIAL MOTILITY: 40% NEW MOTIL: 21%

PURIFICATION BY: SOLUNT TECH: GA

TRANSFER INFORMATION:

CATHETER USED: Cliff

PROCEDURE: easy

NO. EMBRYOS: 4

TECHNICIAN: ga

EMBRYO'S FROZEN  YES  NO DATE / TIME: \_\_\_\_\_

# EMBRYO'S FROZEN: \_\_\_\_\_ #VIAL'S FROZEN: \_\_\_\_\_

STAGE FROZEN: \_\_\_\_\_

PROTOCOL USED: \_\_\_\_\_ TECH: \_\_\_\_\_

COMMENTS: only 4 oocytes did not use best

FORM 021-17-01 (REV. 6-98)

EXHIBIT K

5-3-20

ADAMS SCOPARPH

ADAMS KENT, C.S.R. NO. 10012 for identifice

1 PROOF OF SERVICE

2 STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

3 I am employed in the County of Los Angeles, State of California. I am over the age of 18 and not  
4 a party to the within action; my business address is: 11500 Olympic Blvd., Ste. 316, Los Angeles,  
CA 90064.

5 On June 28, 2000, I served the document described as **DECLARATION OF GIL N.  
6 MILEIKOWSKY, M.D. IN SUPPORT OF PLAINTIFFS' OPPOSITION TO DEFENDANTS'  
MOTION FOR SUMMARY ADJUDICATION** on all interested parties in this action as follows:

7  by placing  the original  true copies thereof enclosed in sealed envelopes addressed as  
8 follows:

9 Eileen S. Lemmon, Esq.  
10 Nancy McCoy, Esq.  
11 LaFOLLETTE, JOHNSON, DeHAAS, FESLER, SILBERBERG & AMES  
12 3403 Tenth Street, Suite 820  
Riverside, California 92501  
13 fax number: (909) 275-9249  
14 Attorneys for: Defendants MICHAEL VERMESH, M.D.; SNUNIT BEN-OZER, M.D.; and THE  
15 CENTER FOR HUMAN REPRODUCTION, INC.

16  BY MAIL


17  As follows: I am "readily familiar" with the firm's practice for collection and  
18 processing correspondence for mailing. Under that practice it would be deposited with  
19 the U.S. Postal Service on that same day with postage thereon fully prepaid at Los  
20 Angeles, California in the ordinary course of business. I am aware that on motion of  
21 the party served, service is presumed invalid if postal cancellation date or postage meter  
22 date is more than one day after date of deposit for mailing in affidavit.

23  BY FEDERAL EXPRESS

24  On this date, I served the persons interested in said action by placing copies of the  
25 above-entitled document in sealed Federal Express envelopes in the Federal Express  
26 drop off box located at 11500 Olympic Blvd., Sate. 316, Los Angeles, CA 90064.

27  (STATE) I declare under penalty of perjury under the laws of the State of California that  
28 the above is true and correct.

29 Dated: June 28, 2000

30   
31 Cristine Richmond