Rx for Lawyers:
How to Help Your Medical Experts Do Their Best for You

By David S. Marshall

This article is based on a lecture Mr. Marshall gave in September 2012 at a conference organized by the National Child Abuse Defense and Resource Center.

Criminal defense attorneys often turn to physicians and other medical experts for consultation and testimony. Rarely, though, does an attorney give a medical expert what he or she needs to provide maximum help to the attorney. Practical suggestions for changing this situation follow.

Protecting Intellectually Honest Experts

Many physicians willing to testify for a criminal defendant pay a heavy personal price for that.

Physicians who testify for the defense are often vilified and ridiculed by physicians who testify for the prosecution. Sometimes prosecution-oriented physicians try to damage or destroy the careers of the physicians willing to testify for the defense. They have sought to have defense witnesses punished by medical professional societies for their testimony questioning controversial theories, such as Shaken Baby Syndrome.

Criminal defense lawyers must protect intellectually honest experts from those in the medical profession who wish them ill—and from prosecutors who will, if they can, sideline the experts for good.

Most important, a lawyer must not ask an expert to go beyond his expertise. The lawyer must not ask a pediatrician for opinions outside pediatrics, or a pathologist for opinions outside pathology.

Experts who testify for the defense are being watched. Files on them are passed from one prosecutor’s office to another. If a defense lawyer prevails on an expert to testify to something that medical science doesn’t fully support, that expert may be confronted in a later trial with a transcript of that testimony. In this way, expert witnesses can lose their credibility permanently. Then they can no longer do any good for the accused or for those of who represent the accused.

This need for protection goes both ways. Not only must defense lawyers protect medical experts. Lawyers also must insist the experts protect them. When a lawyer first contacts an expert, he or she must ask what baggage the expert carries, what in the expert’s background may become cross-examination material.

Maybe the expert is an academic who has never treated a patient. Maybe she’s a nurse who didn’t finish college. Maybe he was convicted of shoplifting while in college. Or he
failed in his first attempt to get board certified. Maybe he has a pending complaint before a licensing board, perhaps one brought by the physicians who testify only for the prosecution.

Whatever it is, the lawyer doesn’t want to learn about it when the expert’s being cross-examined. The lawyer doesn’t even want to learn about it after sending the expert a fee deposit. The lawyer needs to ask before engaging the expert.

**Experts as Consultants**

Every expert a lawyer engages is first a consultant, not a witness. Only after the expert provides an opinion can the lawyer decide whether to have the expert testify. And even when after deciding to present the expert as a witness, the lawyer should continue to use the expert as a consultant. This is an essential part of getting the most help one can from the expert.

One subject for consultation will likely be how to cross-examine the prosecution’s medical expert.

Consider the imbalance, at the outset, between the prosecution’s medical expert and the defendant’s medical expert.

The prosecution’s expert is probably local. She may have served many years at a local children’s hospital that people in town love.

The defense expert is probably from far away, maybe from a hospital the jurors have never heard of.

The prosecution’s expert may have testifying as a part of her job description. Maybe she works at a public institution. The defense expert has taken time away from her normal job and is being paid an hourly rate that, to many jurors, sounds like it puts her in the 1%.

So the prosecution’s expert is the local hero, and the defense expert is the hired gun. The defense expert starts with a credibility deficit—before she even steps into the courtroom.

In cross-examining the prosecution’s expert, the defense attorney has a chance to build the defense expert’s credibility. One can get the prosecution’s expert to agree with some of what the defense expert is going to say. The defense attorney can probably get the prosecution’s expert to concede that some things cannot be determined by medical science. The defense attorney can get into evidence, during cross, that certain tests were not done, certain things not checked. The prosecution’s expert may insist on adding that those tests didn’t need to be done, those things didn’t need to be checked, but the jurors will know it’s agreed they weren’t done and weren’t checked—and the jurors will be primed to hear another view on whether that matters.
The defense attorney may want the defense expert to sit in the courtroom for the opposing expert’s testimony. There’s good authority in many jurisdictions that the court has discretion to exempt expert witnesses from an order excluding witnesses.

There are two good reasons for exempting them. First, the point of excluding witnesses is to keep them from tailoring their testimony to the testimony of other witnesses. This is a problem that generally cannot extend to expert witnesses.

The purpose behind excluding witnesses from the courtroom during trial is to prevent witnesses from being influenced or tainted by the testimony of other witnesses. See Morvant v. Construction Aggregates Corp., 570 F.2d 626, 629-30 (6th Cir.1978). The majority of both state and federal courts recognize the difference between “percipient” witnesses who testify to observed facts in controversy, and expert witnesses who base their opinions on hypothetical facts, personal knowledge of facts not in controversy, or testimony they hear in court.” People v. Valdez, 177 Cal.App.3d 680, 223 Cal.Rptr. 149, 152 (1986); see, e.g., Johnson v. District of Columbia, 655 A.2d 316, 318 (D.C.1995); Polythane Sys., Inc. v. Marina Ventures Int’l, Ltd., 993 F.2d 1201, 1209-10 (5th Cir.1993); Morvant, 570 F.2d at 629-30. These courts agree that the presence in the courtroom of an expert witness who does not testify to the facts in controversy hardly seems suspect, and in most cases the expert’s presence may be beneficial or even necessary if the expert’s opinion is based on the facts of the case. See, e.g., Polythane Sys., 993 F.2d at 1209-10; Morvant, 570 F.2d at 629-30.


Also, the common rule for bases of expert testimony contemplates that expert opinion may be based on information learned at trial. The rule in Washington state is typical:

The facts or data in the particular case upon which an expert bases an opinion or inference may be those perceived by or made known to the expert at or before the hearing. If of a type reasonably relied upon by experts in the particular field in forming opinions or inferences upon the subject, the facts or data need not be admissible in evidence.

Washington Evidence Rule 703 (emphasis added). (Federal Rule of Evidence 703, on which this Washington rule is based, has since changed and no longer includes the emphasized phrase, but there is no indication the rule was revised to discourage permitting experts to gather facts or data by attending trial.)

While it is possible for an expert witness to learn second-hand the information presented at trial, there’s no reason to think that in any way better than having the witness hear it directly in the courtroom. Hearing the testimony in person can be, as Astill v. Clark notes, at least “beneficial.”
Giving Experts the Tools They Need to do Their Best for You

Now we turn to what the attorney can give the medical expert in order to get the most value from her.

First, the attorney should give her time. Contacting her early in the case raises the odds she can work your case into her schedule, and it means the attorney won’t make mistakes in the early going for lack of expert advice.

Second, the attorney can provide the expert a very short overview of the case in writing. It can be an email message. Some experts find it useful to keep a short written description handy so they can quickly distinguish a case from the others on which they’re working. “Oh, yeah, this is the case about the ten-month-old boy whose dad said he rolled down the stairs, but at the ER the x-rays showed rib fractures of various ages.”

The most important thing the attorney sends the expert will almost always be medical records. Every expert has complaints about the way many attorneys send medical records.

It is not exciting to organize medical records. No lawyer will ever get an article in the newspaper about his or her superlative organization of medical records. But putting a lot of care into organizing medical records will lay the groundwork for trial victories that might get articles in the newspaper.

Some of the things the attorney needs to do in organizing medical records are obvious, but some are not. And a lot of lawyers aren’t bothering to do some of the obvious ones; that’s what the experts I contacted before writing this article told me.

The attorney should weed out duplicate records or hire someone to do it. The expert shouldn’t get the impression she’s the one the attorney hired to weed out duplicates.

Most medical experts choose to work with hard copies of medical records in loose-leaf binders, rather than with digital documents. But the world gets more digital every day, so the attorney should check.

Medical images—X-rays, CT scans, and so on—must be digital. Only on digital images can the expert see maximum detail.

Unless the attorney is medically trained, it won’t be obvious to him or her how to organize medical records. Doctors and nurses are accustomed to seeing medical records organized in certain ways.

Figure 1 is the table of contents from a “shaken baby” case. The first sections are for the baby’s medical emergency that is at the heart of the case. He went first to Evergreen Hospital and then to Seattle Children’s Hospital. Within each section, records are
subdivided in the categories customary in the medical profession. Within each sub-
section, records are chronological, earliest records first.

Later sections contain other kinds of records. Notice the baby’s neonatal records are in a 
section separate from the mother’s birth records. And there are other sections for the 
mother’s pregnancy and post-partum records.

The pages in the medical records binder need their own numbering system. The lawyer 
applies these numbers after the binder is assembled, so the numbers are sequential, like 
the numbers on the pages of a book. That permits experts, when they write reports, to cite 
to the medical records by page numbers, and it permits anyone who wants to find a cited 
page—the attorney, for example—to do it easily.

When the records were first organized in this example, they all went into sections A 
through J. Section K was created to accommodate records that came in later. Why not put 
the records that arrived late in the sections where they would have gone if they’d been 
available at the beginning? Why not put late-arriving pediatric records in section C, for 
example? Because that would ruin the sequential numbering of the medical records 
binder.

Pages can be numbered automatically by Adobe Acrobat, or by hand, or by applying a 
small numbered sticker at the bottom of each page. One can put the letters “MED” at the 
beginning of each number, to avoid confusing medical records page numbers with any 
other page numbers.

When photocopying records for the binders, one should not copy on both sides of the 
page. If the expert wants to produce working copies of the records she receives, it’s more 
of a bother if she has received double-sided records.

Most important, the attorney shouldn’t hold back any records. One doesn’t want the 
prosecutor to be able to score any cheap points in cross-examination by showing the 
defense expert had fewer records than the prosecution expert had. If the records are 
organized well, the defense expert will quickly identify the records that don’t merit much, 
or any, of her attention, so providing her all the records needn’t increase the expert’s fees.

So much for gathering and organizing the medical records. Now we turn to something 
the lawyer can create for the expert:  a time line. Figure 2 is an example.

Time lines are powerful ways to organize evidence. What happened, and what didn’t 
happen, is easy to grasp when events are presented in a time line. When the lawyer comes 
back to a case after having been away from it for a while, a few minutes with a time line 
gets the lawyer’s head fully back into the game. Medical experts say they find them very 
useful, too.

For the time line to have maximum value for the expert, it must have citations to the 
medical records. Time consuming? Yes. But providing the citations to the expert can 
dramatically improve the quality of her report and her testimony. She could dig up all the
citations herself, but she may not have time to, and the attorney probably can have it done by someone who costs less. One can contract with a medically-trained paralegal to build the time line.

Some information that belongs on a medical time line may not come from the medical records. The time line needs to make it clear when information comes a different source. Figure 2’s entries for 1200 hours, 4/26/11, and 2100 hours, 4/28/11, illustrate this.

**Learning about the Field**

To get good value from an expert, the lawyer has to learn something about her field. The lawyer has to understand it well enough to describe the expert’s opinion persuasively in opening statement; to examine the expert in a way that is easy for both the expert and the jury to follow; and to cross-examine the opposing expert effectively.

One can think of a trial as a journey the defense attorney and the jury are taking together. At the beginning of the case, neither understands the scientific evidence in the case. The attorney serves as the scout for the jurors. They send the attorney ahead, to find the science, get to know it, and bring them a report on it.

The attorney should ask the expert for help in his or her study. If the attorney seems genuinely interested in learning and willing to read some medical literature, most experts will want to teach him or her. They may even enjoy doing it. For many experts, love of teaching is a reason they do forensic work.

There will probably be many more studies in the relevant field than the attorney could read. The expert can help the attorney identify a few that most merit attention.

**Protecting Experts from Impeachment with Their Preliminary Opinions**

An expert’s initial opinions on reading the medical records will not be ready for prime time. There will likely need to be some back-and-forth between the attorney and the expert before the expert writes her final report.

The prosecutor may get a complete copy of the expert’s file in discovery. That file should contain nothing that looks like a well-considered opinion but is really just preliminary thinking.

A simple way to avoid this is to get the expert’s initial impressions by phone. That may also be the most efficient way. On the phone, the lawyer can easily and quickly tell the expert that some of her initial impressions are irrelevant to the lawyer’s theory of the case—so she shouldn’t spend more time on them—and to tell her what ideas sound promising and should be developed further.
Also, the phone promotes candor. It’s easier for the expert to say, “I think the medical evidence proves your client guilty,” on the phone than in a letter or email. If that is what the expert thinks, the attorney needs to hear her say it unmistakably.

But the attorney needn’t fear written preliminary reports, so long as it is clear they are preliminary. Simply putting the word “Draft” prominently on the first page may suffice.

When one gets an expert’s draft report, one should read it and ask the expert to explain things one doesn’t understand. Remember, the attorney is the jury’s scout. If the report isn’t clear enough for the attorney, then it isn’t clear enough.

The prosecutor may get all the defense attorney’s email to the expert. Any written response to a draft expert report must not seem to ask the expert to fudge her opinion.

Simple proof-reading is important. Many experts cut and paste from their earlier reports. If the patient in a case is “Samuel,” but at page 24 of the expert’s report, she refers to him as “Robert,” cutting and pasting is probably the problem. The attorney shouldn’t let the expert be embarrassed on the stand because no one discovered this error before her report was issued.

**Avoiding conflict between two defense experts**

In some cases, and with some budgets, a lawyer can use more than one medical expert. In that situation, there’s a danger their opinions will conflict, or can be made to seem to conflict by a clever cross-examiner.

There’s a simple way to prevent that: circulate every expert’s draft report to all the other experts. Ask them whether they disagree with any part of it. If the experts agree with each other’s opinions, each can say so at the end of his own report, or in an addendum.

If two experts disagree, the attorney needs to consult with them to see whether their opinions can be reconciled. If they cannot, one of the experts must go. This will be disappointing, but not as disappointing as discovering the conflict between them during cross-examination.

**Uses of Experts’ Reports**

The attorney may have to show that the expert’s opinion is admissible under Federal Rule of Evidence 702 or the corresponding state court rule. The attorney probably must show that it meets the *Daubert* or *Frye* standard, whichever the jurisdiction uses. The expert’s report should make at least a part of that showing. It probably will make all of it.

If the prosecution will have a medical expert, ask the court to require the prosecution’s expert to produce a report first. It’s not reasonable to expect the defense expert to answer the prosecution expert’s opinions without knowing the extent of them.
In some situations one can go on the offensive with an expert’s report. Consider collateral proceedings—perhaps to establish a child’s dependency or to revoke a license. In a civil case, either side can move for summary judgment. Doing so, in reliance on the expert’s report in the form of an affidavit, may force the other side to put up or shut up well before the criminal trial. That might serve a criminal defense strategy.

**The Defense Expert’s Direct Examination**

The substance of an expert’s direct examination testimony is often best divided into two sections. In the first, the expert explains the relevant science in general, without mentioning the case at hand. In the second, the expert applies that science to the facts of the case.

It’s tempting to ask one’s expert to start punching the prosecution right away, but it usually works much better to teach all the science in the abstract first. Here’s why.

First, the defense expert’s credibility is suspect. Remember, she’s seen, at least at first, as a hired gun. The defense attorney can change that perception by having her teach science, pure and simple, for a while. If she wants to step up to a board and draw a diagram or two, better still.

Also, it’s easier for jurors to understand the application of the science to the facts if they first have gotten comfortable with the science.

Most medical experts want to illustrate their testimony with PowerPoint—yet another of the blessings of the modern age which, through overuse, has become a curse. The attorney should limit the number of slides in the expert’s testimony. A hundred and fifty is far too many. That many could make for a powerful stroboscopic light show, but not for powerful testimony.

None of the slides should simply put on screen the witness’s testimony. If the expert gives lectures at medical gatherings, she may have slides that consist of nothing but a sentence or two from her lecture text. This is not a proper illustrative exhibit, and many judges won’t allow it.

One can make sure of these things only if one receives the slides well ahead of the witness’s appearance on the stand. One should give the expert a due date for completing and sending the slides.

Who should compose the direct examination questions, the attorney or your expert?

Many experts like to do it. They’ve had bad experiences with lawyers who didn’t ask the questions that needed to be asked.

But if all the attorney’s questions have been provided, word for word, by the expert, the testimony may sound rehearsed—not good for credibility. Also, when one knows one is
just going down a list, it’s difficult to stay engaged with the answers. The attorney may not even notice when the expert leaves out something important.

If the attorney has taken time to learn the science, he or she doesn’t need the expert to provide a list of questions. The attorney can work from an outline of the answers the attorney knows the witness can provide, composing questions on the fly until all the expected answers have been given.

Even then, though, the attorney may want to write out in advance a few key questions. This makes sense when the attorney needs a bit of testimony phrased in a very particular way. Precisely phrased questions raise the odds of getting precisely phrased answers.

**When the Prosecutor Saves her Expert for Rebuttal**

Consider this situation.

The prosecutor has listed a medical expert as a witness. The defense attorney has engaged a highly-capable, intellectually-honest expert to answer the prosecution’s expert. The defense attorney has done a lot of work, helping the expert prepare to do her very best at trial. The defense is ready.

But the prosecutor rests without calling her expert. The defense attorney realizes the prosecutor is probably saving her expert for rebuttal, so her expert will have the last word.

What can the defense attorney do?

The attorney could object to the prosecutor’s calling the witness in rebuttal. The attorney could point out that rebuttal is not designed as a way for a plaintiff to present controversial testimony too late for the defense to answer it. This is not likely to be a winning objection, though. And if it doesn’t win early, before the defense expert testifies in the defense case, the defense attorney has to examine the defense expert with the assumption it won’t win.

That means the defense attorney’s examination of the defense expert probably needs to anticipate the prosecution expert’s testimony.

*Q:* Dr. Smith, you’ve just explained that the child’s fractures were the kind that can result from falling out of a tree. Are you aware that any doctor has a different opinion?

*A:* Yes, I’ve seen a report by Dr. Prosecution. In his report, he said he didn’t think they could come from falling from a tree.

*Q:* Dr. Smith, where do you think Dr. Prosecution went wrong?
The other way to respond is to ask for sur-rebuttal. Maybe the judge doesn’t have the spine to deny the prosecutor improper rebuttal. But it takes less spine to allow sur-rebuttal to mitigate the effects of improper rebuttal.

Expert testimony on sur-rebuttal, though, can have severe logistical problems. Your expert may no longer be in town when it comes time for sur-rebuttal.

One can propose solutions to the judge. For example, one could ask the judge to prohibit the rebuttal testimony unless the prosecutor agrees that the defense expert may provide sur-rebuttal by Skype. Testifying by Skype isn’t as powerful as testifying in person, but it may be the best one can do in this situation.

**Keeping the Defense Experts Motivated**

Some physicians willing to testify for criminal defendants like to get follow-up reports after cases conclude. In the face of attacks on them by physicians who testify only for prosecutors, these physicians like to see that their work has made a difference to wrongly accused persons.

My last suggestion for defense attorneys, then, is to ask their clients to put their expert witnesses on their Christmas card lists. A little love can go a long way for all of us.

*The author is indebted to attorney Heather Kirkwood of Seattle for the medical records organization scheme and the time line format recommended here.*

*Further information for lawyers seeking help defending child abuse cases is available at the National Child Abuse Defense and Resource Center, P.O. Box 638, Holland, OH 43528, (419)865-0513. Kim Hart, Executive Director of NCADRC, provided help with this article.*
Figure 1: Medical Records Table of Contents - Baby and Mother

Volume I

A. Evergreen (1st hospital)
   1. Admit & discharge
   2. Radiology
   3. Labs
   4. Nursing notes
   5. Social work consult

B. Children’s Hospital
   1. ED
   2. Discharge
   3. Radiology & EEG
   4. Consults
      a. Neurology
      b. Neurosurgery
      c. Ophthalmology
      d. SCAN
      e. Audiology
      f. Social Work
      g. Physical Therapy
   5. Labs
   6. Meds
   7. PICU notes
   8. Floor notes
   9. Doctor notes
  10. Nursing notes

C. Pediatric records
   1. Pediatric visits
   2. Duplicate records provided to pediatrician (mostly re Children’s admission)

Volume II

D. Birth records (3/21/2011, 8:20 a.m.)
   1. Midwife discharge summary
   2. Midwife history & physical w/ labs
   3. Midwife labor and delivery record
   4. Neonatologist delivery note
   5. Progress notes (no nursing notes 7:43 to 1:21; born 8:20)
   6. Orders
   7. Placenta/labs
   8. Meds
   9. Flowsheets
  10. Care plans/patient education
E. Postpartum records (mother) (3/24-5/3)
   1. ED visit Swedish 3/24 (UTI, hypertension, edema)
   2. Evergreen ED visit 4/25 (mastitis)
   3. Evergreen postpartum evaluation 5/3 (Davis)
   4. Dr. Pollack, MD/Swedish Ob-Gyn – See supplemental records

F. Neonatal records (baby)
   2. Transfer to First Hill Swedish
   4. Newborn screening

G. Pregnancy/prenatal records
   (no records 10/22/10-3/28/11) – request pending

H. Family history
   1. mother (pre-pregnancy)
   2. Other family members

I. Interviews

J. Kindering – Individualized Evaluation Summary (baby) for 6/15/11

K. Supplemental Records
   1. mother’s OB-GYN physician – postpartum records
### Figure 2: Medical Time Line
(24 hr. clock for time entries)
(In Source column, use MED # or Bates #.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/19/2011</td>
<td>1300</td>
<td>1 month well-child check up with pediatrician Graham.</td>
<td>MED322-324 MED92,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reported recent increasing fussiness to Dr. Told it was colic.</td>
<td></td>
</tr>
<tr>
<td>4/25/2011</td>
<td>2022</td>
<td>Elaine visits Redmond ER b/c of suspected kidney infection. Diagnosed</td>
<td>MED520-521 MED538</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with mastitis and put on Keflex.</td>
<td>MED546</td>
</tr>
<tr>
<td>4/26/2011</td>
<td>1200</td>
<td>Harold projectile vomits while in Elaine’s care.</td>
<td>MED 75 (two episodes of vomiting; date not noted in records, supplied here by Elaine)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Harold sleeps better than usual over this night.</td>
<td></td>
</tr>
<tr>
<td>4/28/2011</td>
<td>2100</td>
<td>Harold projectile vomits again while in both Ted &amp; Elaine’s care.</td>
<td>MED 41 MED75 (two episodes of vomiting; date not noted in records, supplied here by Elaine) MED92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Harold sleeps better than usual over this night.</td>
<td></td>
</tr>
<tr>
<td>4/29/2011</td>
<td>1055</td>
<td>Elaine calls Pediatrician’s office after noticing “twitching”, runnier</td>
<td>MED325-326 MED1, MED37</td>
</tr>
<tr>
<td></td>
<td></td>
<td>stools, &amp; elevated temperature (99.8). Nurse who called back</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>“reassured”, said that “legs and arms twitch at times”, and indicated</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>that it sounded like baby was “acting normal”. “Education &amp;</td>
<td>MED75, MED81, MED92-93, MED109</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reassurance given”, meaning the nurse told Elaine that the baby’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>behavior was “normal”/WNL.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Event</td>
<td>Notes</td>
</tr>
<tr>
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<td>------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>4/29/11</td>
<td>2000</td>
<td>Harold taken to Evergreen Hospital Redmond emergency room by maternal grandmother (MGM) &amp; Ted (Dad) after MGM (a nurse) observed twitching and did not think it was normal. Elaine had dropped Harold off at her parents to attend a Yoga class, and had let her dad know to keep an eye on the twitching/have her mom take a look at it when she returned from work. Temperature at Evergreen 100.2</td>
<td>MED1, MED35, MED75, MED81</td>
</tr>
<tr>
<td>4/29/2011</td>
<td>2150</td>
<td>CT of Harold’s head done. Initially, the CT done at Evergreen indicates that the subdural hemorrhage extends from the high right vertex along the falx to the level of the tentorium. No reference made to anything on the left?? LARGER one over the right frontotemporal region extending into the vertex, smaller one in the left posterolateral occipital region.</td>
<td>MED2-3, MED17, MED152, MED77</td>
</tr>
<tr>
<td>4/29/2011</td>
<td>2215</td>
<td>Harold transferred to Children’s via ALS</td>
<td>MED23</td>
</tr>
</tbody>
</table>