

Exhibit 2: Summary of Pertinent Medical Records

Plaintiff Summary of Pertinent Medical Records

Instructions: Each Plaintiff must produce a summary of all pertinent medical records in the format shown below. Each separate relevant medical event should be listed as a separate entry within each section. Entries should be listed chronologically within each section, with earlier events and records described before events and records that occur later in time. Please add additional entries if you need to include additional events and records in each section. All sections must be completed.

Citations to specific records reflecting each entry must be provided in the summary. In addition, excerpts of each record summarized or described must be attached as exhibits to this Summary of Pertinent Medical Records. Each excerpt should reflect the complete record of the visit described in the summary.

Counsel must supervise the creation of the Summary of Pertinent Medical Records and must attest that the summary is based on a comprehensive review of all Plaintiff's medical records and is complete and accurate. This Summary of Pertinent Medical Records along with all attached excerpted records must be served on Defendants by the deadline and in the manner required by the Court's orders.

PLAINTIFF INFORMATION

Plaintiff Name		Plaintiff Date of Birth	
Date Case Filed		Case Number	
PAQ Number		Plaintiff Counsel	

SUMMARY OF PERTINENT MEDICAL RECORDS FOR [INSERT PLAINTIFF NAME] ([PAQ No.])

SECTION 1: Documentation of Testing, Symptoms, and Diagnoses

List all medical records, tests, and appointments from any point in time related to:

- DaTscans or SPECT, MRI, and/or PET brain scans
- Genetic testing undergone related to PD
- Diagnoses, proposed diagnoses, and denials of (as documented in the records) PD, Parkinsonism, atypical parkinsonism, Lewy Body Dementia, progressive supranuclear palsy, corticobasal degeneration, or multiple system atrophy
- Diagnoses, proposed diagnoses, and denials of (as documented in the records) other neurodegenerative or neurological injuries or diseases, including Essential Tremor, Huntington's Disease, Wilson's Disease, Alzheimer's disease, other dementia diagnosis, and stroke

Event #	Date	Medical Provider, Specialty Facility Name/Location	Reason for Visit	Documentation of Testing	Documentation of Diagnoses	Describe All Testing-, Symptom-, and Diagnosis-Related Information in the Record	Exhibit # & Bates Citation
1				☐ DaTscan ☐ SPECT ☐ MRI ☐ PET ☐ Genetic testing	☐ Parkinson's disease ☐ Parkinsonism ☐ Atypical parkinsonism ☐ Progressive supranuclear palsy ☐ Corticobasal degeneration ☐ Multiple system atrophy ☐ Essential Tremor ☐ Lewy Body Dementia ☐ Other ☐ None of the above		
2				☐ DaTscan ☐ SPECT	☐ Parkinson's disease ☐ Parkinsonism		

Event #	Date	Medical Provider, Specialty Facility Name/Location	Reason for Visit	Documentation of Testing	Documentation of Diagnoses	Describe All Testing-, Symptom-, and Diagnosis-Related Information in the Record	Exhibit # & Bates Citation
				☐ MRI ☐ PET ☐ Genetic testing	☐ Atypical parkinsonism ☐ Progressive supranuclear palsy ☐ Corticobasal degeneration ☐ Multiple system atrophy ☐ Essential Tremor ☐ Lewy Body Dementia ☐ Other ☐ None of the above		
3				☐ DaTscan ☐ SPECT ☐ MRI ☐ PET ☐ Genetic testing	☐ Parkinson's disease ☐ Parkinsonism ☐ Atypical parkinsonism ☐ Progressive supranuclear palsy ☐ Corticobasal degeneration ☐ Multiple system atrophy ☐ Essential Tremor ☐ Lewy Body Dementia ☐ Other ☐ None of the above		
4							
5							

SECTION 2: Documentation of Head Injuries

List all records, reports, and documentation from any time of symptoms and incidents related to head injuries, including but not limited to:

- Blows to the head
- Loss of consciousness
- Headaches
- Reports or claims (whether confirmed/diagnosed or not) of concussions or Traumatic brain injury
- Diagnoses of concussions or Traumatic brain injury (TBI)

Event #	Date	Medical Provider, Specialty Facility Name/Location	Reason for Visit	Describe Head Injury Documented (including Date of Injury, Location of Injury, Cause)	Describe All Symptoms and Diagnoses (If Any) Associated with Head Injury	Exhibit # & Bates Citation
1						
2						
3						
4						

ATTORNEY ATTESTATION

I declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that I am an Attorney of Record for [Plaintiff Name]. I have supervised the creation of this Summary of Pertinent Medical Records. It is based on a comprehensive review of all Plaintiff's medical records and is complete and accurate.

Date: _____

Signature: _____

Name: _____