

SYNTHETIC INDEX OF MATERIALS PROVIDED BY COUNSEL

E. Example v. Sample Medical Center (SYNTHETIC)

Every document in this set is invented for a work sample. Physicians, facilities, NPIs and the child are fictional.

Bates	Document	Author	Date
EXB000002	NICU discharge summary	SYN Example Children's Hospital NICU	06/20/2024
EXB000003	Brain MRI report	SYN Example Children's Hospital Radiology	06/14/2024
EXB000004	Pediatric neurology recommendation letter	N. Example, MD, pediatric neurology (SYNTHETIC)	05/12/2026
EXB000005	Pediatric neurology recommendation letter (cont.)	N. Example, MD, pediatric neurology (SYNTHETIC)	05/12/2026
EXB000006	Pediatric neurology clinic note	N. Example, MD (SYNTHETIC)	05/12/2026
EXB000007	Physiatry recommendation letter	R. Sample, MD, physical medicine and rehabilitation (SYNTHETIC)	04/28/2026
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EXB000012	Pediatric orthopedic clinic note	T. Sample, MD, pediatric orthopedics (SYNTHETIC)	02/17/2026
EXB000013	Pediatric ophthalmology note	V. Example, MD, pediatric ophthalmology (SYNTHETIC)	01/22/2026
EXB000014	Speech-language and feeding evaluation	S. Sample, MS, CCC-SLP (SYNTHETIC)	03/05/2026
EXB000015	Speech-language and feeding evaluation (cont.)	S. Sample, MS, CCC-SLP (SYNTHETIC)	03/05/2026
EXB000016	Complex care clinic note	C. Example, MD, complex care pediatrics (SYNTHETIC)	06/09/2026
EXB000017	Pharmacy medication profile	SYN Example Pharmacy	06/30/2026

SYNTHETIC SYN EXAMPLE CHILDREN'S HOSPITAL NICU

NPI SYN-NPI-N0010 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

NICU discharge summary | 06/20/2024

Term infant born by emergency cesarean delivery after a Category III tracing. Cord arterial pH 6.84. Whole-body therapeutic hypothermia for 72 hours.

Discharge diagnoses: severe hypoxic-ischemic encephalopathy; neonatal seizures, resolved on levetiracetam; oropharyngeal dysphagia; gastrostomy tube placed on day 21.

Discharged home on day 34 on levetiracetam and gastrostomy feeds. Follow-up arranged with neurology, gastroenterology and the complex care clinic.

SYNTHETIC SYN EXAMPLE CHILDREN'S HOSPITAL RADIOLOGY

NPI SYN-NPI-N0011 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Brain MRI report | 06/14/2024

Day 6 brain MRI. Diffusion restriction in the basal ganglia and thalami bilaterally, with involvement of the posterior limb of the internal capsule.

Impression: pattern of injury in the deep gray matter. Clinical correlation recommended.

SYNTHETIC N. EXAMPLE, MD, PEDIATRIC NEUROLOGY (SYNTHETIC)

NPI SYN-NPI-N0012 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric neurology recommendation letter | 05/12/2026

I have followed Baby E. Example since the NICU. The diagnoses are spastic quadriplegic cerebral palsy after severe HIE, and epilepsy that is controlled on medication.

My recommendations for ongoing neurological care are as follows.

Neurology clinic follow-up every 3 months.

Routine EEG once a year, and sooner for any change in seizures.

Repeat brain MRI at approximately age 5 to document the injury after myelination.

SYNTHETIC N. EXAMPLE, MD, PEDIATRIC NEUROLOGY (SYNTHETIC) (continued)

Continue levetiracetam twice daily; the dose will be adjusted for weight.

Intranasal rescue benzodiazepine for seizures lasting more than 5 minutes, about 4 doses a year.

Antiseizure drug level, CBC and metabolic panel twice a year.

Continue follow-up with physiatry, gastroenterology, orthopedics and ophthalmology as they direct.

Electronically signed, N. Example, MD, pediatric neurology (SYNTHETIC), 05/12/2026.

SYNTHETIC N. EXAMPLE, MD (SYNTHETIC)

NPI SYN-NPI-N0012 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric neurology clinic note | 05/12/2026

Interval history: two breakthrough seizures since the last visit, each under 3 minutes. No rescue medication needed.

Exam: microcephaly, spastic quadriparesis, brisk reflexes throughout. Cortical visual impairment noted.

Plan: continue levetiracetam. EEG ordered. Return in 3 months.

SYNTHETIC R. SAMPLE, MD, PHYSICAL MEDICINE AND REHABILITATION (SYNTHETIC)

NPI SYN-NPI-N0013 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Physiatry recommendation letter | 04/28/2026

Baby E. Example has spastic quadriplegic cerebral palsy, GMFCS level V. I recommend the following rehabilitation services and equipment.

Physical therapy 2 times per week.

Occupational therapy 2 times per week.

Physiatry follow-up every 6 months.

Botulinum toxin injections to the lower limbs up to every 3 months.

Baclofen by mouth, three times daily, for tone.

**SYNTHETIC R. SAMPLE, MD, PHYSICAL MEDICINE AND REHABILITATION
(SYNTHETIC) (continued)**

Bilateral ankle-foot orthoses, replaced yearly for growth.

Custom tilt-in-space wheelchair with seating system, replaced about every 5 years.

Adaptive stroller for community mobility, replaced about every 3 years.

Supine stander for daily standing program, replaced about every 5 years.

Adaptive bath chair, replaced about every 5 years.

Electronically signed, R. Sample, MD, physical medicine and rehabilitation (SYNTHETIC), 04/28/2026.

SYNTHETIC R. SAMPLE, MD (SYNTHETIC)

NPI SYN-NPI-N0013 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Physiatry clinic note (botulinum toxin) | 04/28/2026

Procedure: botulinum toxin injected to bilateral gastrocnemius and hamstrings under ultrasound guidance. Tolerated well.

Tone: Modified Ashworth 3 at the ankles. Plan: repeat injections in 3 months. Continue therapy program.

SYNTHETIC G. EXAMPLE, MD, PEDIATRIC GASTROENTEROLOGY (SYNTHETIC)

NPI SYN-NPI-N0014 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric gastroenterology recommendation letter | 03/30/2026

Baby E. Example has oropharyngeal dysphagia with gastrostomy dependence. My recommendations are these.

Gastroenterology follow-up every 6 months.

Replace the gastrostomy button every 6 months, and as needed.

Continue omeprazole daily for reflux.

Pediatric enteral formula by gastrostomy, about 1,000 mL a day, adjusted for growth.

Enteral feeding pump with monthly supplies.

Speech and feeding therapy once a week.

Videofluoroscopic swallow study once a year to reassess oral feeding safety.

Electronically signed, G. Example, MD, pediatric gastroenterology (SYNTHETIC), 03/30/2026.

SYNTHETIC G. EXAMPLE, MD (SYNTHETIC)

NPI SYN-NPI-N0014 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric gastroenterology clinic note | 03/30/2026

Weight at the 8th percentile. Tolerating continuous overnight and bolus daytime feeds. Button site clean.

Plan: continue current regimen. Swallow study to be repeated in 12 months.

SYNTHETIC T. SAMPLE, MD, PEDIATRIC ORTHOPEDICS (SYNTHETIC)

NPI SYN-NPI-N0015 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric orthopedic clinic note | 02/17/2026

Referral for hip surveillance in cerebral palsy, GMFCS V.

AP pelvis X-ray today: migration percentage 22 percent on the right, 18 percent on the left.

Recommend AP pelvis X-ray yearly for hip surveillance through age 8, then every 2 years.

Recommend spine X-ray yearly from age 8 for scoliosis surveillance.

Orthopedic follow-up yearly.

SYNTHETIC V. EXAMPLE, MD, PEDIATRIC OPHTHALMOLOGY (SYNTHETIC)

NPI SYN-NPI-N0016 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pediatric ophthalmology note | 01/22/2026

Cortical visual impairment. No retinopathy. Normal optic nerves.

Recommend dilated eye examination once a year.

Recommend a teacher of the visually impaired consultation each school year.

SYNTHETIC S. SAMPLE, MS, CCC-SLP (SYNTHETIC)

NPI SYN-NPI-N0017 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Speech-language and feeding evaluation | 03/05/2026

Oral motor skills: limited lip closure and delayed swallow initiation. Aspiration risk with thin liquids.

Communication: uses eye gaze and vocalization; no verbal words.

SYNTHETIC S. SAMPLE, MS, CCC-SLP (SYNTHETIC) (continued)

Recommend speech-language and feeding therapy once a week.

Recommend trial and purchase of an eye-gaze speech-generating device, replaced about every 5 years.

SYNTHETIC C. EXAMPLE, MD, COMPLEX CARE PEDIATRICS (SYNTHETIC)

NPI SYN-NPI-N0018 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Complex care clinic note | 06/09/2026

Complex care clinic visit for a child with HIE, cerebral palsy, epilepsy and gastrostomy dependence.
Recommend complex care clinic visits every 2 months, including well-child care and immunizations.
Recommend care coordination through the clinic nurse case manager, about 1 hour a month.
Family reports difficulty with bathing and transfers at home. Discussed community resources.

SYNTHETIC SYN EXAMPLE PHARMACY

NPI SYN-NPI-N0019 (fake identifier) | Patient: Baby E. Example (SYNTHETIC) | DOB XX/XX/2024 (redacted)

Pharmacy medication profile | 06/30/2026

Active medications: levetiracetam oral solution twice daily; baclofen oral three times daily; omeprazole suspension daily; diazepam nasal spray as needed for seizures over 5 minutes.

Dispensing history: 6 fills in the last 6 months for each maintenance medication.