IN THE DISTRICT COURT OF	COUNTY, [STATE]
[PLAINTIFF NAME],	
Plaintiff,	
v. Civ	vil Action No
[DEFENDANT NAME],	
Defendant.	
PLAINTIFFS FIRST SET OF INTE	ERROGATORIES AND REQUESTS FOR PRODUCTION
TO: [Defendant Name / Hospital /	Physician], by and through counsel of record
Pursuant to [state rules of civil pro	ocedure], Plaintiff requests the following within [30] days of service.
DEFINITIONS	
"Medical Record" means any clini	ical documentation, including EMR, handwritten notes, imaging, lab results
and any audit trails.	



## A. INTERROGATORIES

- 1. Please identify all health care providers who examined, treated, or consulted on the Plaintiff from [Date] to [Date].
- 2. State the dates and nature of care provided by each.
- 3. State whether any internal incident or quality assurance reviews were conducted.

## B. REQUESTS FOR PRODUCTION

- 1. Complete and unaltered medical records (including nurse's notes, orders, consults, radiology, labs, medication admin records) from [Facility Name] for dates [Date Range].
- 2. Copies of all consent forms signed by Plaintiff.
- 3. Policies and procedures relevant to [e.g., fall prevention, documentation standards] at the time of the incident.
- 4. Provider credentialing files and privilege information.
- 5. Incident reports or internal memos related to Plaintiff's care.

Respectfully submitted,

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