11. As a result from the manual prostate biopsy, Plaintiff has sustained the lost of the ability to obtain an erection, urinarary function improper and at times. Plaintiff has problems up in his rectum, and also the result of two surgeries, which result into lost part of his prostate.

12. Counsel for Dr. Razdan is asserting in His Motion for Summary Judgment on page 2, and paragraph 4. Stated that Johnson, "Must establish he suffered from a serious medical need, that Dr. Razdan was deliberately indifferent to that need; and his purported injury was caused by Dr. Razdan's deliberate indifference.

13. When plaintiff was transferred from Century Correctional Institution and arrived at Dade Correctional Institution there was not any thing wrong with me until Dr. Razdan performed the manual prostate biopsy on plaintiff which has caused me to under go two surgery, lost the ability to obtain an erection and a part of my prostate taking out and suffered unbearable pain, and will suffer physical and mental the rest of my life. No one else was deliberate indifference toward my medical needs, but Dr. Razdan. He is the only one performed the medical procedure on me.

See Exhibit E-F

The counsel for the defendant, does not have a command of the "facts" as is evident of his referencing a plaintiff that has nothing to do with the instant case. Example in Counsel Memorandum in support of Dr. Razdan's Motion for Summary Judgment Mention of another plaintiff four times. page 3, 9, 17 and 19. That should be prohibit.

It is a well settle principal with in the medical community that before the defendant, Dr. Razdan could perform the Holmium laser ablation procedure a non-routine procedure. Informed consent must be obtain from plaintiff.

Dr. Razdan failure to give rise to the risk and potential treatment alternative treatment associated with the Holmium Ablation procedure deprived plaintiff of his federal constitutional rights of

1. not to be infilition with pain.
2. to be free from intrusion into my body and
3. the right to sufficient information for plaintiff to intelligentely exercise these rights.

The consent to administration Anesthesia plaintiff did not signed it. either was there any thing explained to me about the risk involve with the Holmium laser Ablation procedure.

under "informed consent doctrine." a physician has an obligation to advise his patient of the material risk of undergoing a medical procedure. Its common when a physician is sued for some reckless acted. He will utilize the position that He has explain the risk to the patient and with the assistance of some co-worker paper works will appear orderly, but all unsigned by the patient that in itself under the informed consent doctrine is a violation of plaintiff right secured by the constitution.

Conclusion

Wherefore, based upon the foregoing facts presented in this case, and demonstrated to the best of the plaintiff ability to clarify the fact that Dr. Razdan being reckless and disregarded plaintiff as being a Human-being although plaintiff has spend most of his adult live in prison, Plaintiff has the right to refused without being victimized by pain, suffering unbearable, two surgery, lost part of his prostate, and the ability to erection.

Dr. Razdan created plaintiff health problems by his decision to take a less and easier procedure at his office without utilizing the hospital equipment, and by doing so, He has damage plaintiff for the rest of his life.

Plaintiff assert that He has demonstrated a genuine dispute and issue for trial.

Wherefore, plaintiff request that this Honorable Court to deny the Defendant's motion for Summary Judgment, Memorandum in support Motion for Summary Judgment, and Statement of facts in support of motion for Summary Judgment.

And grant plaintiff the right to proceed to trial. It is so prayed.

/s/ Elbert Johnson

Elbert Johnson #013118

Proof of Service

I Hereby Certify that a true copy of the foregoing response Motion to Summary Judgment and all exhibits A-E and F was placed in the hands of prison official for Mailing to the following parties. UNITED STATES DISTRICT Court office of the Clerk-Room 8N09, 400 North Miami Avenue, Miami, Florida 33128-7716, and Patrick R. Dahl, 515 E. Las Olas Boulevard SunTrust Center, Suite 1400, P. O. Box 14460 Ft. Lauderdale, Florida 33302 this 23 day of July 2012

/s/ Elbert Johnson
Elbert Johnson #013118
Dade Correctional Institution
19000 S. W. 377 Street
Florida City, Florida 33034

RECEIVED
JUL 23 2012
DADE C.I.

J. C.

I Hereby Certify under the penalty of perjury that the contents of this Motion to response to the Summary Judgment is true and Correct to the best of my Knowledge.

EXhibit A

Exhibit A

2nd Request

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
CONSULTATION REQUEST/CONSULTANT'S REPORT

TO Institution: Urologist	FROM Institution: DCI	DATE OF REQUEST: 4-28-09
Reason(s) for consultation: Evaluate and recommend diagnostic plan / Evaluate and recommend treatment plan / Other (specify): _____ Follow-up consults require justification	Type of consultation: Emergency / Urgent Routine Follow-up	DATE APPOINTMENT MADE: Staff Signature: APPOINTMENT DATE:

Condition is (check one): ☐ Acute Trauma ☐ Acute Illness ☒ Chronic

History of present illness (include onset, presentation, progress, therapy):

% Prostate Ca

Physical findings:

Initial Urologic Consult was Refused by J/m

Diagnostic findings (explain laboratory, x-ray, or other test findings):

Please Consider Prostate Bx ASAP!!!

Other pertinent information:

Provisional diagnosis:

Health Care Provider Signature/Stamp: Julio Poveda, MD

CHO/Designee Approval Signature/Stamp:

AUTHORIZATION FOR SPECIALITY EVALUATION

I, the undersigned, have had explained to me and understand that I require _____ which cannot be accomplished at _____.
I also understand that should hospitalization and/or surgery be necessary, a separate consent form will be signed prior to such hospitalization and/or surgery. I therefore consent to be referred to a reception and medical center, or such other health care facility as may be appropriate for the reason(s) stated, and consent to undergo health care services as may be necessary to evaluate my health status.

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

Inmate Name Johnson Elbeni

DC# 013118 - Race/Sex B/m

Date of Birth 10-23-42

EOS DATE: _____

RECEIVED MAY 01 2009 L. INSUA HEALTH SERVICES COORDINATOR DADE CI

Form is not to be amended, revised or altered without approval of the Deputy Assistant Secretary of Health Services Administration

DC4-702 (Revised 10/05) Page 1 of 2

EXhibit B

CONSULTANT'S REPORT

EXHIBIT B

NO PROCEDURE(S) MAY BE PERFORMED WITHOUT PRIOR APPROVAL BY THE REGIONAL MEDICAL EXECUTIVE DIRECTOR, DEPARTMENT OF CORRECTIONS

Additional History: -64 year old Male
- Elevated PSA 27.5 ng/ml [12/28/07]
- Minimal LUTS → Nocturia, Hesitancy

Findings:

PATIENT REFUSED BIOPSY!

Recommendations:

Consultant Signature/Stamp: [signature] Date: 6/15/09

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

Inmate Name Elbert Johnson
DC# 013118 Race/Sex B/M
Date of Birth 10/23/1942
Institution
EOS DATE: 06/15/09

USE ADDITIONAL SHEET(S) AS NECESSARY

Form is not to be amended, revised or altered without approval of the Deputy Assistant Secretary of Health Services Administration

EXHIBIT C

EXHIBIT # 8

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
CONSULTATION REQUEST/CONSULTANT'S REPORT

TO Institution: Urology	FROM Institution: DCI	DATE OF REQUEST: 3-18-10
Reason(s) for consultation: Evaluate and recommend diagnostic plan ✓ Evaluate and recommend treatment plan ✓ Other (specify): ____ Follow-up consults require justification	Type of consultation: Emergency ____ Urgent ✓ Routine ____ Follow-up ____	DATE APPOINTMENT MADE: 3-30-10 Staff Signature: [illegible] APPOINTMENT DATE: 5-17-10

Condition is (check one): ☐ Acute Trauma ☐ Acute Illness ☐ Chronic

History of present illness (include onset, presentation, progress, therapy):

67 year old BM ET PSA. pt out to Urology on 3/17/10 & He requested TRUS Prostate Bx ASAP!

Physical findings:

Diagnostic findings (explain laboratory, x-ray, or other test findings): * 2/22/10 - PSA 5.4 *
11/9/09 - PSA 6.9
7/10/09 - PSA 6.9
6/5/09 PSA 6.0
11/7/08 PSA 6.9
12/28/07 PSA 27.5 *

Other pertinent information:

Provisional diagnosis:
R/o Prostate CA

Health Care Provider Signature/Stamp: [signature] D. WARES A.R.N.P. DADE CI

CHO/Designee Approval Signature/Stamp:

AUTHORIZATION FOR SPECIALITY EVALUATION

I, the undersigned, have had explained to me and understand that I require ____ which cannot be accomplished at ____.
I also understand that should hospitalization and/or surgery be necessary, a separate consent form will be signed prior to such hospitalization and/or surgery. I therefore consent to be referred to a reception and medical center, or such other health care facility as may be appropriate for the reason(s) stated, and consent to undergo health care services as may be necessary to evaluate my health status.

Signature of Patient: Johnson, Elbert Date: ____

Signature of Witness: ____ Date: ____

IT IS ABSOLUTELY NECESSARY THAT INMATES ARE NOT MADE AWARE OF ANY INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE INSTITUTION

Inmate Name: Johnson Elbert
DC#: 031178 Race/Sex: BM
Date of Birth: 10-23-42
EOS DATE: ____

L. INSUA
CONSULT COORDINATOR
DADE CI

RECEIVED
MAR 24 2010

Form is not to be amended, revised or altered without approval of the Deputy Assistant Secretary of Health Services Administration

EXHIBIT D

FLORIDA DEPARTMENT OF CORRECTIONS
Chronological Record of Health Care

Allergies: NKDA

DATE/TIME

6/23/10/9A

(S) ∅ pain, pull my foley, I want to go
(O) older B/M, appears comfortable, NAD
Supine
AFOX3
NECK: soft ∅ JVD FROM
HEENT: NCAT/ Sclera nonictric
CV: S1S2 RRR ∅ HLTM
LUNGS: CTA BILAT
ABD: ↓ abd now dist/ rigid
GU: ⊕ Hematuria, of rate: 240 cc irrigated yesterday afternoon (.9NSL) → total output since = approx 200. IE: No UA output since this irrigation yesterday per nursing report.
(A) S/P Trus Bx (i neg Bx results per Case discussion)
? Urinary Retention
Hematuria
BPH?
M/U RF ?? Renal Insufficiency
(P) Call placed again to Dr. Rayzdans office
Awaiting return call
Will get CMP + CBC and send this AM
(E) Reportable S/Sx, Δ'S
CDNP/

R. RUEL, RN DADE CI
noted 6/23/10 0915

6/23/10/920

Call again to Dr. Rayzdan's office answering service, message left — 2° abd dist limited UA output since irrigation and hematuria
Case now discussed i Dr. Pancorbo who requests direct admit to KRMC DOC floor.
CDNP/

R. RUEL, RN DADE CI
noted 6/23/10 0930

C. Dwares ARNP/FNP Dade CI

C. Dwares ARNP/FNP Dade CI

Inmate Name Johnson Elbert
DC# 613118 Race/Sex B/M
Date of Birth 10/25/42
Institution DADE CI.

S- Subjective Data
O- Objective Data
A- Assessment of S and O Data
P- Plan
E-Education

EXHIBIT F

Exhibit F

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS

INMATE REQUEST

Mail Number: 6
Team Number:
Institution:

TO: (Check One)
- [ ] Warden
- [ ] Asst. Warden
- [x] Classification
- [ ] Security
- [ ] Medical
- [ ] Mental Health
- [ ] Dental
- [ ] Other

FROM:	Inmate Name	DC Number	Quarters	Job Assignment	Date
	Johnson, Elbert	013118	H-12141	H/M	1-4-12

REQUEST Mr. Williams, Check here if this is an informal grievance [ ]

Sir, I will appreciate it very much if you will provide me with the date, month and year that I arrived here at Dade C. I.

RECEIVED
JAN 06 2012
BY

Thank you
Johnson, Elbert

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

DO NOT WRITE BELOW THIS LINE

RESPONSE

DATE RECEIVED:

You were received at Dade CI 9/23/2008

[The following pertains to informal grievances only:
Based on the above information, your grievance is _____. (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Signature): [signature] Date: 1/13/12

Original: Inmate (plus one copy)
CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.
You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

DC6-236 (Effective)

Exhibit F

Exhibit E

AmeriPath
Northeast Florida

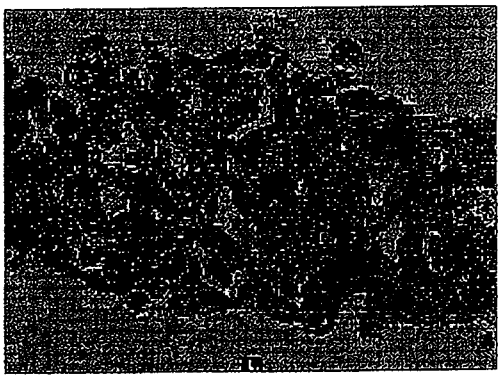
PATIENT INFORMATION
JOHNSON,ELBERT
Sex: M
Age: 64,10/23/1942
SSN/Hospital ID: NONE GIVEN
Patient ID: 013118

PHYSICIAN INFORMATION COS NFRJX
NORTH FLORIDA RECEPTION CNT
DR. ABRAMSON
7765 SOUTH COUNTY RD 231
LAKE BUTLER, FL 32054

SPECIMEN INFORMATION
Collected: 05/14/2007 at 01:00 PM ET
Received: 05/15/2007 at ET
Reported: 05/18/2007 at 08:00 AM ET
Accession #: MLJX-OH-1597-07

SURGICAL PATHOLOGY IMAGE

IMAGE



CLINICAL INFORMATION

HISTORY/PREOP DX:
NONE GIVEN
YB01

POST-OPERATIVE DIAGNOSIS:
NONE GIVEN

RESULTS

DIAGNOSIS:

1. **LEFT SIDE OF PROSTATE, BIOPSY:**
   BENIGN PROSTATIC GLANDS AND STROMA.

2. **RIGHT SIDE OF PROSTATE, BIOPSY:**
   BENIGN PROSTATIC GLANDS AND STROMA WITH AREAS OF GLANDULAR ATROPHY.

PATHOLOGIST: ROBERT BARNES, MD, ELECTRONIC SIGNATURE

SPECIMEN DATA

GROSS DESCRIPTION:
1. 'L' (LEFT PROSTATE PER REQ). FOUR CORES OF WHITE TAN TISSUE MEASURING FROM 1.1 CM TO 1.5 CM. TS.

2. 'R' (RIGHT PROSTATE PER REQ). FIVE FRIABLE CORES OF WHITE TAN TISSUE MEASURING FROM 0.8 CM TO 1.6 CM. TS LABELED '2A' AND '2B'.

MICROSCOPIC EXAMINATION:
A MICROSCOPIC EXAMINATION WAS PERFORMED TO ARRIVE AT THE DIAGNOSTIC CONCLUSION REPORTED.

Sign Out Location: AmeriPath Northeast Florida 3599 University Blvd South Suite 1700 Jacksonville, FL 32216

Technical Services Performed At: AmeriPath Central Florida 8100 Chancellor Dr. Suite 130 Orlando, FL 32809

As per your request, a copy of this report has been sent to: **SHARON BRADY**

57221

RECEIVED IN AT
MAY 18 2007
RMC MEDICAL RECORDS

CPT CODES: 88305X2

Microscopic image is a symbolic representation of the key findings of your specific report.
The image is not intended to replace a complete review and reading of the final diagnostic report provided.
AmeriPath Northeast Florida, 3599 University Blvd South, Suite 1700, Jacksonville, FL 32216 (800)561-5991

APTX: 0

*** FINAL REPORT *** Page: 1 of 1

RECEIVED
MAY 21 2007
MEDICAL RECORDS
RECEPTION AND MEDICAL CENTER-WU

32475

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 11cv 21118 FAM

The attached hand-written document has been scanned and is also available in the SUPPLEMENTAL PAPER FILE

FILED by _____ D.C.
JUL 25 2012
STEVEN M. LARIMORE
CLERK U. S. DIST. CT.
S. D. of FLA. – MIAMI

United States District Court
Southern District of Florida

Elbert Johnson
Plaintiff,

vs.

Case No: 1:11-CV-21118-FAM

Sanjay Razdan
Defendant,

Affidavit

County of Miami-Dade
STATE of Florida

I, Espinal Gabriel, do hereby swear that the following statement is true and correct and made of my own free will, from my own personal knowledge:

1. My Name is Espinal Gabriel, my I.D. Number is 013046.
2. I am a inmate in the Department of Corrections who is house at Dade Correctional Institution.
3. I Have Never been found Guilty of fraud or perjury in any Jurisdiction.
4. I Have went to see Dr. Razdan for my enlarge prostate in the past.
5. While at Dr. Razdan's office, Dr. Razdan nor any Medical assistance explained the (Holeup) protedure to me in

detail including the risk, needed for the treatment as well as the available treatment alternatives, see Exhibit A.

6. When I was at the Hospital. Hospital personal presented to me several forms for me to signed without the benifit of reading them.

7. I learned later that the forms that the Hospital rushed me into signed: prior to the (Holeap) procedure that certain procedures had not been explained to me, including (1) the risk, benefits alternative treatment options and potential complication of the Holeap procedure, was in fact not explained to me.

I declare under penalty of perjury that the following foregoing Affidavit is true and correct.

Executed on: 23.....

/s/ Espinal Gabriel...

problem's.

5. While I was at DR. RAZDAN'S office, before my Surgery, no-one not DR. RAZDAN nor any of his assistances had explained to me anything in detail including the risks, or other available treatments.

6. When I was at the hospital, hospital personal presented to me several forms for me to sign without the benifit of reading them, or having someone read them to me, if I could not read, them myself.

7. I learned later that the forms that the hospital personal rushed me into signing prior to my Surgery procedure that certain procedure's had been explained to me including (1) the risks, benefits, alternative treatment options and protential complications of my surgical procudure, was in fact, not explained to me.

I Declare under penalty of perjury that the foregoing affidavit is true and correct.

RECEIVED
JUL 23 2012
PAGE 6 I

C. E.

Exected on July 23 2012

/s/ [signature]

Urology Center Of Excellence of South Florida

HOLMIUM LASER ABLATION OF PROSTATE

Mr. _____ returned to our office today for an extensive discussion on the different modes of treatment available for his enlarged prostate and the associated symptoms of bladder outlet obstruction.

1 Watchful waiting
2 Alpha blockade
3 Proscar
4 Microwave Therapy
5 Balloon Dilation
6 Laser Vaporization
7 Transurethral Resection

We went over the different risks and benefits of each of the above listed approaches.
He is aware that the risks of HOLAP might include all or some to the following:

1 Incontinence
2 Persistent Voiding Symptoms
3 Bladder Injury
4 Rectal Injury
5 Bleeding and clot formation
6 Electrolyte imbalances
7 Sepsis
8 Thromboembolic Phenomenon
9 Cerebrovascular accident
10 Retrograde ejaculation
11 Stricture formation

The patient undestands the above mentioned risks and consents to have the procedure performed We will schedule Mr. _____ for an elective HOLAP of the prostate.

By signing below, I acknowledge that I have read and understood the information given to me and accept the risks of the procedure.

_____ (Patient)

_____ (Witness)

_____ (Date)