Using <u>Clearbrief</u> in Word to build a hyperlinked Medical Records Index (or any other interactive index for trial or depo prep)

STEP 1. Open a Word document and create columns that represent the fields you want to document in order to create a helpful index that you can refer to throughout the life of a case.

• For example, for a medical records index, create columns for "Date" "Provider" "Description" and "Link."

STEP 2. Add an example reference/Bates number showing how you want to refer to the batch of medical records you're indexing (here, I used "DOE" and the page number, but you can use anything you want, like "TRIAL EX at 4").

• Note that if you are creating the index in a formatted **table**, you will need to add a period at the end of your page number. For example, DOE 3.

Date of Service Provider Description Link 02/24/2015 DRA of Morris Sussex at Randolph MRI left knee without contrast DOE 3	Matter Name: John	Doe v. Clinic		
02/24/2015 DRA of Morris Sussex at Randolph MRI left knee without contrast DOE 3	Date of Service	Provider	Description	Link
		DPA of Morris Sussay at Pandolph	MRI left knee without contrast	DOE 3.
	02/24/2015	DRA of Morris Sussex at Randolph		2020
	02/24/2015			

STEP 3: Click the Clearbrief icon at the top right of your toolbar to launch the Add-In, and click on the Matter that is relevant to the index you're creating (or create a New Matter).

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STEP 4: Upload the pdfs of medical records into that folder and follow the prompts to tell Clearbrief that you will cite to this batch of pdfs as "DOE" and page number.

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STEP 5: Click the blue Analyze Draft button, and Clearbrief will process your index and display the medical records pdf on the right-hand side of Word. (You can drag to enlarge the pdf side of the screen so you can see it better!)

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Matter Number: 87437 Matter Name: John Doe v. Clinic		Original Citations	John Doe 07242051 50:02 AM Location: Bridgewater Office DOB:	I
INDEX OF MEDIC	AL RECORDS DISCOVERY	DOE 3	History of Present Illness The patient is a 72 year old female who presents for a recheck of transition	ion into care.
Date of Service Provider	Description Link		Note: John is a 72-year-old active individual 6 feet tail and 245 pounds who un on January 14, 2014, at the Hospital for Special Surgery in New York under the din did wel; however, he developed pain about the laterat aspect of his left knee, w become more anterolateral and unremitting. He had physical therapy, analgesis points, and the trager point in the lateral aspect of his left total knee, all which	nderwent previous left total knee arthroplasty rection Dr. David Mayman. Postoperatively, he which started more posterolateral and has ics, multiple injections in and about the trigger did not resolve. He underwent left knee
02/24/2015 DRA of Morris Sussex at Randolph	MRI left knee without contrast	Suggestions Add to draft	arthrosopy on May 20, 2015, by Dr. Thomas Sculoo his original treating physic some exuberant synoxida Issue. Postoperatively, he still has persistent pain in and about the left knee. He stopp was a concern that this may be further inflating his left knee. He is still doing so begoing thereating.	cian and had debridementand synovectomy of ed his formal physical therapy since there one bent knee activities, is considering if be better helied and staying more with
			Examination of the left index neuralia a million gear from his lab index neckeds the index of the left index neuralistic and index in a index need needs to state portion just before the lateral antiferencepy postal and before to the million which have been inseted in the pass with some indexnover relief, due to perma- mination of the state of the state index of the state of the state instability and mild calking, however, this is not significant at this time. He, oth ambulate with a relatively normal just.	nents and his recent arthroscopy portals He has had tenderness about the ITP band at nendsch. He has several tender areas, nend relef. The range of motion of the knee There is some minimal anteriotiposterior nervise, has good stability and he is able to
			Radiographs have been reviewed. He has some minimal lateral publies th: Then This is a directly problem. I have had several patients with this and it is not ass been knee activities for now, especially his since extensions from a flexed post- region. He is applying a company, which includes licebanks and drefer analysis to if not all of 1. He had been applying his resears for approximately 2 months. O versal, he quadrops and hamsting function is good. His paties tracking appr	overall prosthesis is in excellent position. sy to resolve. I have asked him to stop his fion, which may be further intraining this c mixtures that has releved some of his pain, ears to be good also.
			My recommendation for now is to proceed with the avoidance of bent three acti- no vigorous swimming and he is not to do the treaststroke. Ne will be seeing to see if there is anything further that can be done short of a formal arthrotomy an difficult assues to following the exact cause of the pain and thy to adale this. I will and how he thinks Mr. Doe should proceed. He will work on VMO strengthening seets the can be at bability the phela mace, lotted more can be at the phela more lotted more than the phela more lotted more more more lotted more more more than the phela more lotted more more more lotted more more more than the phela more lotted more more more more more more more more	lvities. He may do some walking in a pool, but r. Soulco in approximately 2 to 3 weeks to nd reexploration of the knee joint. These are be interested in Dr. Soulco's followup visit g (vastus medicals obliquus strengthening) to stic or neoprene knee support with a lateral may the way to see whether or not be bas
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• **BONUS:** Since you have created a sample entry to kick things off, Clearbrief will look for the relevant description text you've added and suggest which page of the pdf is likely to contain this medical record. Here, by analyzing the date and text in your entry, Clearbrief's AI correctly suggests that this medical record is actually located at DOE page 1 (instead of DOE 3, as you originally put).

STEP 6: Now that you have the pdf pulled up for you right in Word, continue filling in your medical records index as you scroll through the document, and add the correct page numbers as you work on the index.

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1	INDEX OF MEDICAL RECORDS DISCOVERY		DOE 3	History of Present Illness The patient is a 73 year of limite who presents for a recheck of knee pain. Too injury involved the left knee. Additional requeres for yest.
Date of Service Provider	Description	Link		Bedrack of Prince use is described as the following: The procedure scheduled is a latt trave exploration/attroaccopy. The surgeon for the procedure will be Vincent K. McInemey. The chief compliant is used in the major and eventing.
02/24/2015 DRA of Morris Su	ssex at Randolph MRI left knee without contrast	DOE 1.	Suggestions	Note: Still having pain upon the left knee total knee replacement in addition to chronic swelling. His left total knee replacement was performed by Dr. Mayman from the Hospital for Special Surgery on 111414. He states that approximately 2 months after surgery the begin experiencing left knee pain and twelling which became expected with physical therapy.
07/24/2015 New Jersey Orthon	paedic Institute Postoperative knee visit note with Vincent	t DOE 3.	Suggestions	In May of 2015 Dr. Sculco proceeded with a arthroacopoc debridement of the left knee and most recently Mr. Doe underwent an open patellar revision of the left knee without relief of symptoms. The patient states that an aspiration was most recently performed by Dr. Sculco which revealed bloody fluid out of the left knee. All bloodwork including SED rate and
08/12/2016 New Jersey Orthog	R Memerney MD paedic Institute Pre-op Visit note from Vincent K Meinerney MD to discuss arthroscopy exploration of left knee	DOE 6.	DOE 1 (+)	OP studies have core took organity do X-RAV of the late have reveals that the portion is a table. Upon hybrid Mark the studies of the studi
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STEP 7: When you're done creating the index, simply click the blue "back" button at the bottom to analyze the document again. Now Clearbrief will recognize all of your references to the DOE pdfs and **display the correct page of the document when you click on any DOE reference in the column!** You can come back to add to this index whenever you get more documents in, and share this interactive Word doc index with others at your firm.

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02/24/2015	DRA of Morris Sussay at Randolph	MRI left knee without contrast	DOF 1			Clinical Notes		
07/24/2015	New Jersey Orthopaedic Institute	Postoperative knee visit <u>note</u> with Vincent K <u>Mcinerney</u> MD	DOE 3.	DOE 15	\bigcirc	04/12/2018 - Rst Conve Consults	rsion Encounter	
08/12/2016	New Jersey Orthopaedic Institute	Pre-op Visit note from Vincent K <u>Mcinerney</u> MD to discuss arthroscopy exploration of left knee	DOE 6.		\otimes	Dinic Number: Patient Name: Mr. John DoeAge 75Y Bithdoes: Service Data/Time: 12-Apr-2018 11:27		
09/10/2016	New Jersey Orthopaedic Institute	Follow up office visit note by Vincent K Meinemey MD for drain removal in left knee	DOE 10.	Suggest	ions	Providor: David G. Lowallon, MD. Pagor: Service: ORTHO TypeDesc: CON. Statu REFERRAL Dr. Edward A. Torieto 7815 Eloc/Ave	x Frit Revision /F. 3	
09/17/2016	New Jersey Orthopaedic Institute	Follow up post-op visit for removal of sutures	DOE 11.			Middle Village NY 11379-1300 HISTORY OF PRESENT ILLNESS The patient is a 75-yeer-old male refers consilex story which open back to 2014.	ed by Dr. Ed Toriello fives New York because of a failed, when on November 14 of that vater, he undetwant primary	painful revision left total knee arthropiasty. He has a left TKA by Dr. Manmen III New York because of
04/12/2018	Mayo Clinic	Clinical note by DG Lewallen MD regarding low-grade infection, discussed future surgery option for left knee	DOE 15.	₽ DOE 16	⊕ ■	underlying DJD of the joint. He sitiote he uncomplicated, no wound healing proble by Dr. Peter Soulos at Special Surgery b component revision was apparently carri for infection was reportedly negative at	dd have significant after this and pain prior to this surgery, is or other issues. Within less than a year, he developed occurs of patential component locearing, according to the of out. Again, the wound healed without complication, but halt time.	and his Initial postoperative course appeared pairs and problems and underware triviation in Bay of 2015 patient and available costation notes. An isolated patellar he developed recurrent effusions in the knee. A workup
06/05/2018	Mayo Clinic	Op Note for revision femoral component, exchange of polyethylene insert	DOE 17.			A year later, in May of 2016, he underwe It is hard for me to left whether other con apparently had an aspiration in February March of 2017, he underwert an isolated This fathed to control the infectious proce	nt his second revision of the patiellar component, apparent ponents were invised at that time such as the tibul Insent of 2017, some eight months following the prior revision sur debridement at the joint apparently with 17 warronrycis in sur, and by June of 2017, he required removal of this previ- ted the second	by because of loosening and fragmentation of the patella. will: he these developed coordinated pain and eventing and gery, which was positive for Stoph epidemidis. In if 5 wretisk, followed by domycipcline and daptomycin. Does components. Apgaretty, the joint was growily
06/05/2018	Mayo Clinic	Discharge Summary, surgeon Dr. Lewallen	DOE 19.	€> DOE 19	Ð	Infected by the operative note from the Au debride the joint thoroughly, use a combi single stage exchange of the infected co components. At the time of that procedur patellar component. A rotating hinge de	re 2011 procedure by Dr. Sculoo again; and at the time o nation of hydrogen periodic and diske Betadiore loads as reponents. They closed the wound, reprepared and radrup is a nearly complete pathlectomy was performed, and he vice was placed at the time of that procedure.	I that suggery. They elected to remove his components, well as copious irrigation of the joint, and them a formal well the first, and than proceeded to place the current was left without any significant method patella or
					\otimes	He has had ongoing pain and problems in does not have pain in the knee when held The femu, besically acro88 the antenior, or wheekhale or occasionally crutches to and he coreas in today off antibiotics for procedure on March 24 at our Instruction	All the knee since then. He states his symptoms are diff satestor at right, but he gets pain with any weightbank speed of the joint with each heat. It is quite limiting for his walk as he is unable to walk any significant distance with spectramary is weeks. He took he last are a speersive. Is allow us to aspirate the joint foro use as needed.	rent now than when he was previously infected. He g. Pain is localized to the proximal blas, distal end of and unocceptation is forms of neverity. He uses a cone out assistance. He has not been fetche or ill systemically, infibiolics that he was on following the June 2017
					(+) (*)	SYSTEMS REVIEW PAIR SCALE Patient's pair was reported using the nur PYTEICAL EXAMINATION Musculoskelets: His record is well head across the Joint line anteriorly. His range codemice.	enic pain scale. Patient/caregiver rates left knee pain et ed. He has what seems to be a small effusion and some of motion is passively from 000 110 degrees. Actively, he	010. minimal disconfort with palpetion in the proximal this and can actend to ebout-8 degrees, lacking a little active
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LAST STEP (OPTIONAL): Click on the "Share" button in Word to create a web-based version of this document in your account on the Clearbrief **website**. You can now securely email a web-based version of this interactive medical records

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index to anyone, such as to co-counsel at another firm, and they will be able to review the referenced medical record documents simply by clicking on the "DOE" citations (they do NOT need a paid version of Clearbrief).

You'll be able to pull up this index on the fly on phone calls and during remote or in-person depositions and trials: simple share your screen and click to display the document in question.

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Matter Number: 17437 Matter Name: John Dee v. Clinic INDEX OF MEDICAL RI	ECORDS DISCOVERY	John Doe 07/24/2015 10:02 AM Location: Bridgewater Office Patient DOB: Language: English / Race: White / Ethnicity: Not Hispanic or Latin Gender: Fermale	New <u>Jersey Orthopaedic</u> Institute
Date of Service Provider Dese	ription Link	History of Present Illness	
02/24/2015 DRA of Morris Sussex at Randolph MRI 07/24/2015 New Jersey Orthonaedic Institute Dece	left knee without contrast DOE 1.	The patient is a 72 year old female who presents for a rec	neck or transition into care.
08/12/2016 New Jersey Orthopaedic Institute Pro- McControl Control Con	cinemey MD op Visit note from Vincent K nemey MD to discuss arthroscopy oration of left knee	Note: Journ is a 72-year-oid active individual to feet fall and 245 or January 14, 2014, at the Hospital for Special Surgery in New Yo did well; however, he developed pain about the lateral aspect of become more anterolateral and unremitting. He had physical the points, and the trigger point in the lateral aspect of the left total k	Kinder the direction brevious ent total knee anthropiasty Kinder the direction br. David Mayman. Postoperatively, he his left knee, which started more posterolateral and has rapy, analgesics, multiple injections in and about the trigger mee, all which did not resolve. He underwent left knee
09/10/2016 New Jersey Orthopaedic Institute Foll Mcii	we up office visit note by Vincent K DOE 10.	armroscopy on May zu, zu15, by Dr. Thomas Sculco his original some exuberant synovial tissue.	reauny physician and had debridementand synovectomy of
09/17/2016 New Jersey Orthopaedic Institute Foll sutu	ow up post-op visit for removal of DOE 11.	Postoperatively, he still has persistent pain in and about the left is was a concern that this may be further irritating his left knee. He stopping these, and L argree with him that for now the beat knee	mee. He stopped his formal physical therapy since there is still doing some bent knee activities, is considering activities would be better halted and staving more with
04/12/2018 Mayo Clinic Clin rega	ical note by DG Lewallen MD dring low-grade infection, discussed re surgery option for left hree.	straight leg raising. Examination of the left knee reveals a midling scar from his total	knee replacements and his recent advicesory potale
06/05/2018 Mayo Clinic Op 1 excl 06/05/2018 Mayo Clinic Disc Lew Lew Lew	Conservation of ten Market Ange of polyethylene insert harge Surmary, surgeon Dr. DOE 19, allen	Commescience on one error worder terretaris at minutine sourt from hits follat anteromedial, anterotaleral and supercollaterial all headed and in ge its distal portion just below the lateral arthroscopy portal and late which have been injected in the pass with some temporary relief is excellent with extension to O degrees and flexion to approximate instability and mild cumding, however, this is not significant at the	The comparison of the second s
		amourate with a relatively normal gait. Radiographs have been reviewed. He has some minimal lateral p	patellar tilt. The overall prosthesis is in excellent position.
		This is a difficult problem. I have had several patients with this a bent knee activities for now, especially his knee extensions from region. He is applying a compound, which includes litocaine and but not all of it. He has been applying this cream for approximate	nd it is not easy to resolve. I have asked him to stop his a flexed position, which may be further irritating this other analgesin mixtures that has relieved some of his pain, by 2 months.
		Overall, the quadriceps and hamstring function is good. His patell	a tracking appears to be good also.
		no vigorous swimming and he is not to do the breaststroke. He w	vill be seeing Dr. Sculco in approximately 2 to 3 weeks to

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