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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
 DISTRICT OF OREGON

EAST PORTLAND IMAGING CENTER,
 P.C., an Oregon professional
 corporation doing business as
 EPIC IMAGING-EAST; and BODY
 IMAGING, P.C., an Oregon
 professional corporation doing
 business as BODY IMAGING
 RADIOLOGY,
 Plaintiffs,

v.

PROVIDENCE HEALTH SYSTEM-OREGON,
 an Oregon nonprofit corporation;
 PROVIDENCE HEALTH PLAN, an Oregon
 nonprofit corporation; PORTLAND
 MEDICAL IMAGING, LLC, an Oregon
 limited liability company;
 RADIOLOGY SPECIALISTS OF THE
 NORTHWEST, P.C., a professional
 corporation; CENTER FOR MEDICAL
 IMAGING, LLC, an Oregon limited
 liability company; and ADVANCED
 MEDICAL IMAGING, LLC, an Oregon
 limited liability company,
 Defendants.

Civil No.

DECLARATION OF PATRICK
 Y.H. LEE, M.D.

By Plaintiffs

1. I, Patrick Y.H. Lee, M.D. declare and state as follows:

2. I am a physician and surgeon who specializes in diagnosis and treatment of patients with diseases of the small bowel, colon, rectum and anus. I practice in Portland with five other doctors under the name The Colon and Rectal Clinic, Surgical Specialty Group, P.C.

3. I have practiced in Portland since 1995. Immediately preceding opening of my practice, I completed a one-year residency under Dr. Victor Fazio at the Cleveland Clinic Foundation in colorectal surgery. My other residencies were taken in general surgery at the Oregon Health Sciences University and the Loyola University Medical Center. I am a graduate of Northwestern University Medical School and received a B.S. with honors from the University of California Davis. A copy of my complete curriculum vitae is attached.

4. Cystodefecography is a radiological study of the anatomical and physiological function of the rectum and anal canal. The procedure allows physicians like myself to gain valuable insight through observation of the shape and position of the rectum and the movement of the pelvic floor as the rectum empties. A cystodefecography test is a diagnostic tool relied on by rectal and colon specialists like myself to evaluate disorders of the lower bowel that are not evident during a physical exam.

5. The list of conditions for which cystodefecography can be used to gather more information and/or confirm a diagnosis are: constipation or other defecation dysfunction; fecal

incontinence; spasm of the anal sphincter; unwanted pressure on rectum (enterocele); the colon wall protruding from the anus (rectal prolapse); and bladder incontinence.

6. Well over ninety percent of cystodefecography studies I order are for women. For a great number of my patients who complain of the problems listed in paragraph 3, I consider a cystodefecography study an essential tool which allows me to properly diagnose the medical condition and to craft a treatment plan for the patient in question. For such patients, a properly performed cystodefecography is part of standard of care in our community. *

7. EPIC has been an innovator at the forefront of developing techniques that have improved the cystodefecography testing which is vital to the care of many patients in the Portland area. I have worked closely with Dr. Jerry Warnock and Dr. Daniel Kocarnik of EPIC Imaging over the past 10 years to develop techniques and protocols for cystodefecographic studies that ensure the studies provide me the maximum amount of useful diagnostic information.

8. Working together with Drs. Warnock and Kocarnik, myself and EPIC Imaging have introduced many technical improvements in cystodefecographic studies which have been invaluable to my work and ultimately have allowed me to provide surgical treatment plans for patients that quite often result in greatly improved quality of life.

9. EPIC Imaging has been conducting cystodefecographic studies for me since 1995. I have also worked with Providence on

cystodefecographic studies during that same time period. During the period of my practice, EPIC Imaging typically has been ahead of Providence in terms of technical expertise in performing the cystodefecographic studies I need for my patients. I am confident EPIC Imaging will conduct the cystodefecographic studies it conducts for my patients in a fashion which ensures the information I need is captured and then presented in a fashion which makes the information useful and usable to me as I work to provide patients the highest quality of care possible. Accordingly, it is extremely unfortunate, both for my patients and for me as my patients' physician, that patients with Providence health insurance or health plans which rely on Providence to credential health care providers will by default be forced to have Providence radiology facilities perform their cystodefecographic studies.

10. The service provided by EPIC Imaging to me and my patients is first rate. EPIC Imaging has the ability to see my patients the same day I refer them if same day service is necessary. EPIC Imaging in my experience always been extremely accommodating to my patients' needs.

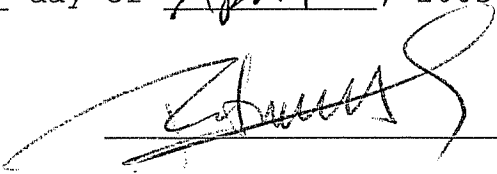
11. The service provided by EPIC Imaging is also distinguished by the fact that radiology reports are provided timely to my office without prompting by my staff, and through the effort made by EPIC Imaging radiologists to personally consult with me regarding tests, both prior to and following the tests.

12. Patient welfare is important enough to the doctors of EPIC Imaging that these physicians are willing to be innovative

when innovation is necessary for patient welfare. For example, during November 2004, the sole supplier of barium paste - a necessary material used in cystodefecography studies - recalled all existing lots of barium paste because of contamination. This recall threatened to halt cystodefecographic studies completely, a problem which would indefinitely delay diagnosis and treatment of many of my patients. Rather than stop providing cystodefecographic studies, Drs. Warnock and Kocarnik used trial and error to create their own batch of barium paste. As a result, I was able to continue diagnosis and treatment of my patients because of EPIC Imaging's dedication to customer service and patient well-being. Providence, in contrast, was much slower to react and was unable to provide cystodefecographic studies for many weeks after EPIC Imaging had concocted a solution to the barium paste recall. As a result, as of March 21, 2005, doctors and patients requesting cystodefecographic studies through Providence were being advised that although Providence was again providing cystodefecographic studies, individual patients needing such studies would need to wait several weeks. I have no doubt that my referrals to EPIC Imaging will be able to obtain cystodefecographic studies timely if I advise EPIC the study needs to be provided right away.

13. I declare that the foregoing is true and correct.

DATED this 4th day of April, 2005.



Patrick Y.H. Lee, M.D.

F.A.C.S, F.A.S.C.R.S.

Physician & Surgeon

DIPLOMATE

American Board of Surgery

American Board of Colon & Rectal Surgery

PATRICK. Y. H. LEE, MD

Education:

Medical School:

Northwestern University Medical School
Chicago IL, M.D. Sept 1984 - June 1988

Undergraduate:

University of California, Davis CA, B.S. with honors
Chemical Engineering. Sept 1978 - June 1983

Residencies:

Cleveland Clinic Foundation, Cleveland OH, Colorectal Surgery, Dr. Victor Fazio. July 1994
- June 1995

Oregon Health Sciences University, Portland OR, General Surgery, Dr. Donald Trunkey.
July 1990 - June 1994

Loyola University Medical Center, Maywood IL, General Surgery, Dr. William Baker. July
1988 - June 1990

Awards / Honors / Scholarships:

Young Surgeon Travel Award, American College Surgeons 1996.
Resident Award Paper, Am. Society of Colon and Rectal Surgeons 1995.
Northwest Society Colon and Rectal Surgeons Resident Award 1994.
Best Resident Clinical Research Award, Portland Surgical Society, 1994
Resident Travel Grant Recipient 92nd ASCRS meeting 1993.
Alpha Omega Alpha First Place National Student Essay 1988.
Sir William Osler Award, Honorable Mention, 1986.
Northwestern University, Journalistic Award, 1986.
University California, Davis Outstanding Senior Award 1982.
Pi Mu Epsilon Mathematic Honors 1981.
Tau Beta Pi Engineering Honors 1980.
Alpha Gamma Sigma Honors 1980.
San Mateo Retired Teachers Association Scholarships 1979, 1980.
College of San Mateo Scholarship 1979.
Bank of America Scholarship 1979.
Saber of Leadership, Jr. ROTC, 1977.
Superior Cadet Award, Jr. ROTC, 1976.

Organizations:

American Society of Colon and Rectal Surgeons, 1996, fellow.
International Society Colon and Rectal Surgeons, 1996, member.
American College of Surgeons, 1990, fellow.
Pacific Coast Surgical, 1998, member.
North Pacific Surgeons, 1997, member.
Portland Surgical Society, 1996, member.
Northwest Society of Colon and Rectal Surgeons 1995, member

Oregon Medical Association, 1995, member.
Oregon Crohn's and Colitis Foundation, 1995, member.
Multnomah Medical Society, 1995, member.

Committees:

Am Society Colon and Rectal Surgeons, Technology Development 1996.
Columbia River Oncology Group 1995.
National Cancer Institute, 1996.

Languages:

Fluent in French, Mandarin and Cantonese.

Medical License:

Oregon

Academic Appointments:

Associate Clinical Professor, Oregon Health Sciences University.
Clinical Preceptor, Pacific University Physician Assistant Program.

Guest Lectureships:

Mt Sinai Pelvic Anatomy Course, New York NY, February 2000
UCLA-Harbor View Grand Round, Los Angeles CA, September 1999
Rui Jin Hospital, Grand Round, Shanghai China, October 1998
Chang Hai Hospital, Grand Round, Shanghai China, October 1998
Oregon Health Sciences University, Grand Round, Portland OR, 1997
Bend Memorial Hospital, Tumor Board, Bend OR, September 1997
Providence Medical Center, Grand Round, Portland OR, November 1996

Publications:

Steele S, Lee P, Martin M, Mullenix P, Sullivan E: Parastomal Hernia Repair with Polypropylene Mesh Is it Safe?
Am J Surg 2003; 185:436-440.

Sullivan E, Longaker C, Lee P: Total Pelvic Mesh Repair, A Ten Year Experience.
Dis Colon Rectum 2001; 44:857-863.

Lee P, Oyama K, Homer L, Sullivan E: Effects of Endorectal Ultrasound in the Surgical Management of Rectal Adenomas and Carcinomas.
Am J Surg 1999; 177:388-391.

Vetto J, Koslin B, McDonald C, Goldman R, Lee P: Surgical Dilemma: When the Radiology Report Says "Porcelain Gallbladder"
Contemporary Surg 1988; 52:49-52.

Lee P, Fazio V, Church J, Hull T, Eu KW, Lavery I: Vaginal Fistula Following Restorative Proctocolectomy.
Dis Colon Rectum 1997; 40:752-759.

Ozuner G, Hull T, Lee P, Fazio V: What Happens to a Pelvic Pouch when a Fistula Develops?
Dis Colon Rectum, 1997; 40:543-547.

Lee P: Local Control of Rectal Cancer: The Role of Pre and Postoperative Radiation

Therapy. Selected Topics in Colon and Rectal Surgery 1995,
US Surgical Corp, 8: 48-52.

Lee P, Fletcher W, Sullivan E, Vetto J: Colorectal Cancer in Young Patients:
Characteristics and Outcome.
Am J Surg, 1994; 60 (8):607-612.

Lee P: In Pursuit of Platelets; The Third Blood Element,
The Pharos of AOA, 1988; 51:8-13.