



Please note:

This file may contain sensitive information that we are not legally authorized to redact per *California Business and Professions Code § 22458*.

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

ADEL HANNA
DOB: 3/29/1946
SSN: XXX-XX-XXXX

AKA:
DOB:
SSN:

VS.

CALIFORNIA INSTITUTION FOR MEN , STATE FUND - RIVERSIDE - STATE
CONTRACTS

Case No: ADJ15547702

(IF APPLICATION HAS BEEN FILED, CASE NUMBER
MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the
above Case No. or attaching copy of the subpoena.)

NO PERSONAL APPEARANCE NECESSARY

Please refer to the In Bold summary description
found below to identify the documents requested by
this Subpoena

*The People of the State of California Sends Greetings to: **Custodian Of Records***

ABDELKARIM, BASIM MD

WE COMMAND YOU to appear before A NOTARY PUBLIC

At ONTELLUS, 27450 Ynez Road, Suite 300, Temecula, CA 92591-4680

On the 27th day of March, 2023, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and
produce the following described documents:

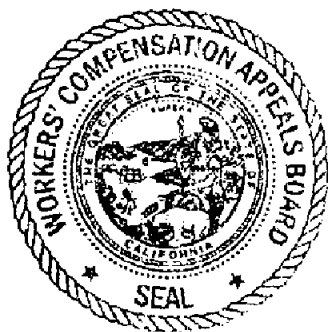
**ANY AND ALL MEDICAL/TREATMENT RECORDS PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF CLAIMANT/APPLICANT REGARDLESS
OF TIME PERIOD WHEN SERVICES WERE RENDERED.**

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and amages
sustained thereby and forfeit one hundred dollars in addition thereto.

This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 03/13/2023



**WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA**

Workers Compensation Judge

**Records copied and submitted to the designated
court by ONTELLUS will be deemed as full
compliance with this Subpoena.**

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1,
1990 AND BEFORE, JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration
under penalty of perjury that the Employee's Claim for Workers'
Compensation Benefits (Form DWC-1) has been filed pursuant to Labor
Code Section 5401 must be executed properly.

SEE REVERSE SIDE

[SUBPOENA INVALID WITHOUT DECLARATION]

CC: NATALIA FOLEY ESQ
295923

Order Ref #: 1968783

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid Code 1561) to the person and place stated
above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by notice from
this Board that deposit of witness fee has been made in accordance with Government Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ15547702

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

That he / she is (one of) the representative(s) for the defendant in the action captioned on the reverse hereof.

That ABDELKARIM, BASIM MD has in his / her possession or under his / her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reason:

To determine present and/or past physical condition; nature, extent and duration of sickness; injury, disability and/or necessity of further treatment.

Declaration for Injuries on or After January 1, 1990 and before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged Injured worker whose records are sought, or if the worker is deceased, by the dependant(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check Box if applicable and part of declaration below, See instructions on front of subpoena.)

I declare under penalty of perjury that the forgoing is true and correct.

Executed on 03/13/2023, at Temecula, California

[Signature] ONTELLUS, 27450 Ynez Road, #300 (951) 694-5770
Signature Address Telephone

ONTELLUS FOR: STATE FUND - RIVERSIDE - STATE CONTRACTS
THE INSURANCE CARRIER: DIANA MUNOZ
/S/ PO BOX 65005 ATTN: CLAIMS PROCESSING
FRESNO, CA 93650-5005
(888) 782-8338

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: _____

I, the undersigned, state that I served the forgoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

Name of Person Served Date Place
March, 14 2023 1310 SAN BERNARDINO RD, STE 103
ATTN: AMANDA, UPLAND, CA 91786

I declare under penalty of perjury that the forgoing is true and correct.

Executed on 3-14-23 at UPLAND, California

[Signature]
Signature

ADEL HANNA, ABDELKARIM, BASIM MD



Order Ref #: **1968783**

SUBP-025

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): DIANA MUNOZ STATE FUND - RIVERSIDE - STATE CONTRACTS PO BOX 65005 ATTN: CLAIMS PROCESSING FRESNO, CA 93650-5005 (888) 782-8338 ATTORNEY FOR (<i>Name</i>): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	FOR COURT USE ONLY CASE NUMBER: ADJ15547702
NAME OF COURT: WCAB - SAN BERNARDINO STREET ADDRESS: 464 W 4TH ST STE 239 CITY AND ZIP CODE: SAN BERNARDINO, CA 92401-1411 BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE	
PLAINTIFF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	
<p align="center">NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)</p>	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): ADEL HANNA VIA HIS/HER ATTORNEY OF RECORD

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): DIANA MUNOZ, STATE FUND - RIVERSIDE - STATE CONTRACTS** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*):03/27/2023

The records are described in the subpoena directed to (*specify name and address of person or entity from whom records are sought*): **ABDELKARIM, BASIM MD 1310 SAN BERNARDINO RD, STE 103 ATTN: AMANDA UPLAND, CA 91786**

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:
- a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 03/13/2023

DIANA MUNOZ, EXAMINER

/s/ DIANA MUNOZ

(TYPE OR PRINT NAME)

(SIGNATURE OF

REQUESTING PARTY

ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

- 1. I object to the production of all of my records specified in the subpoena.
- 2. I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)

Page 1 of 2

PLAINTIFF/PETITIONER: ADEL HANNA
DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN

CASE NUMBER:
ADJ15547702

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail Order #: 1968783

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served : WORKERS DEFENDERS ANAHEIM /Opposing Counsel	(3) Date of mailing: 03/13/2023
(2) Address: NATALIA FOLEY (295923) State Bar 751 S WEIR CANYON RD STE 157-455 ANAHEIM, CA 92808	(4) Place of mailing (city and state): Temecula, CA

(5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.

c. My residence or business address is (specify): ONTELLUS, 27450 Ynez Rd, Temecula CA 92591

d. My phone number is (specify): (800) 660-1107

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 03/13/2023

Jeannie Gosiengfiao

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (specify):

4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 03/13/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

Ontellus

Accelerating Insight

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: ABDELKARIM, BASIM MD

ORDER REF #:



 THIS FORM MUST BE SIGNED
 & RETURNED WHETHER OR
 NOT YOU HAVE RECORDS.

 THANK YOU!

I, the undersigned, being the duly authorized Custodian of Records, or other qualified witness, and having authorization to certify the records declare:

CERTIFICATE OF RECORDS COPIED: *All records* requested by the attached Subpoena Duces Tecum / Authorization / Notice of Deposition were produced and delivered to ONTELLUS for duplication and conform to the Health Insurance Portability and Accountability Act. No records or documents have been withheld or removed from this file. If items have been omitted, please explain:

CERTIFICATE OF NO RECORDS: A thorough search of our files, carried out under my direction and control revealed no documents requested in the attached Subpoena Duces Tecum / Authorization / Notice of Deposition. It is understood that records could exist under another name, spelling or classification but that with the information furnished, no such records could be found. **(Please check appropriate box(es) below)**

Medical Records Billing X-Rays / Films Employment Other

Requested documents have been:

Lost / Misplaced Never Existed Destroyed after _____ years

Other Comments _____

I certify under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on 3-14-23 at, (city/state) Upland CA

Signature [Signature] Print Name Nancy Macia

Phone Number (909) 920-0444

ONTELLUS, 27450 YNEZ ROAD SUITE 300 TEMECULA, CA 92591-4680

www.ontellus.com lab@ontellus.com

Phone (800) 660-1107 FAX (951) 595-4875

Phone (951) 694-5770

Ref#: 1968783

Gastroenterology Consultation

Hanna, Adel - 37284

Chief Complaint

CRCs

Reason for Consultation

CRCs

History of Present Illness

76 y/o Egyptian Male
 colo showed polyps-he is due for a colonoscopy according to his last one that was 4-5 years ago
 Sean To is his pcp
 No symptoms
 no bleeding
 no constipation or diarrhea
 denies abdominal pain
 c/o HTN and takes meds
 denies ASA or NSAID use MEDS:
 amlodipine 10mg po qd Fhx:
 no gl cancers PSHX:
 cholecystectomy 25 years ago ROS:
 Constitutional: Negative except as documented in history of present illness.
 Eye: Negative except as documented in history of present illness.
 Ears/Nose/Mouth/Throat: Negative except as documented in history of present illness.
 Respiratory: Negative except as documented in history of present illness.
 Cardiovascular: Negative except as documented in history of present illness.
 Gastrointestinal: Negative except as documented in history of present illness.
 Genitourinary: Negative except as documented in history of present illness.
 Gynecological: Negative except as documented in history of present illness.
 Hematology/Lymphatics: Negative except as documented in history of present illness.
 Endocrine: Negative except as documented in history of present illness.
 Immunologic: Negative except as documented in history of present illness.
 Musculoskeletal: Negative except as documented in history of present illness.
 Integumentary: Negative except as documented in history of present illness.
 Neurologic: Negative except as documented in history of present illness.
 Psychiatric: Negative except as documented in history of present illness.

Review of Systems

as above

Physical Exam

General: A/O x 4
 HEENT: NCAT EOMI-PERRLA-OP CLEAR no icterus/telehealth appointment
 Heart: RRR
 Lungs: no labored breathing
 Abdomen:
 Ext: No edema
 Neuro: No asterixis
 Psych: Normal affect
 DRE:deferred

Assessment/Plan

1. Colon polyps (K63.5)
2. HTN (hypertension) (I10)

1. A colonoscopy will be scheduled

Patient Information

Name: Hanna, Adel
 Address: 6288 COUSIN PL
 Covina, CA 91723
 Sex: Male
 Date of Birth: 03/29/1946
 Phone: 9492447759
 MRN: 37284
 FIN: 142217
 Location: Basim Z Abdelkarim MD
 Date of Service: 09/06/2022
 Primary Care Physician:
 Abdelkarim MD, Basim, (909) 920-0444
 Attending Physician:
 Abdelkarim MD, Basim, (909) 920-0444

Problem List/Past Medical History**Ongoing**

No qualifying data

Historical

No qualifying data

Medications**Inpatient**

No active inpatient medications

Home

No active home medications

Allergies

No active allergies

Printed by: Macias, Nancy
 Printed on: 3/14/2023 2:19 PM PDT

Page 1 of 2

PROCEDURE/OPERATIVE REPORT**PATIENT'S NAME:** Hanna, Adel**PATIENT'S MRN:** 624-69-30**DATE OF PROCEDURE:** 09/10/22**SURGEON:** Dr. Basim Abdelkarim, M.D.**REFERRING PROVIDER:** Dr. Sean To, M.D.**INDICATIONS FOR PROCEDURE:** This 76-year-old male presents for colonoscopy for colon cancer screening. Patient has a personal history of colonic polyps.**PREPROCEDURE DIAGNOSES:**

1. Colon cancer screening
2. Personal history of colonic polyps

POSTPROCEDURE DIAGNOSES:

1. Colon polyp x1
2. Mild pandiverticulosis
3. Grade II internal hemorrhoids

PROCEDURE PERFORMED:

1. Colonoscopy with moderate sedation
2. Colonoscopy with biopsy

MEDICATIONS: Please see chart, medications given under direct and complete supervision: 6 mg Versed IV and 50 mg Demerol IV.**DETAILS OF PROCEDURE:** Informed consent was obtained after risks, benefits and alternatives were discussed at length with the patient. The patient gave consent to the procedure as well as the medication used for sedation, which was given under direct supervision.

The patient was placed in the left lateral decubitus position. Digital rectal exam showed internal hemorrhoids. An Olympus variable torsion adult colonoscope was inserted into the rectum and advanced to the cecum. The cecum was identified by the ileocecal valve and the appendiceal orifice. The scope was then withdrawn. The prep was good with only small amounts of stool. Small or flat lesions could have been missed. A 4 mm ascending colon polyp was visualized, which was removed entirely via biopsy forceps. Mild pandiverticulosis was visualized. There were no masses, strictures, or arteriovenous malformations. More than a six-minute withdrawal time was noted. Retroflexion showed 2+ internal hemorrhoids. The patient tolerated the procedure well.

Start Time: 13:14

Cecum Time: 13:18

End Time: 13:26

**PATIENT NAME:** Hanna, Adel**DOB:** 03/29/1946**MEDICAL RECORD NO:** 624-69-30**DICTATING PHYSICIAN:** Dr. Basim Abdelkarim, M.D.

IMPRESSION:

1. Colon polyp x1
2. Mild prodiverticulosis
3. Grade II internal hemorrhoids

RECOMMENDATIONS:

1. Repeat colonoscopy as indicated by symptoms given patient's age
2. Follow up in GI clinic for procedure and pathology results
3. High fiber diet
4. Follow up with Ian Donahue, PA for hemorrhoidal banding procedure in GI clinic if symptomatic
5. Hold anticoagulants for 3 days
6. Follow up with primary doctor; patient was given a copy of the procedure report

All medical record entries made by the Scribe were at my discretion and personally dictated by me. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam and medical decision-making. I have also personally directed, reviewed, and agreed with the discharge instructions and disposition.

I would like to thank Dr. To for the referral.

Dr. Basim Abdelkarim, MD

Date: 09/10/22



PATIENT NAME: Hanna, Adel
DOB: 03/29/1946
MEDICAL RECORD NO: 624-69-30
DICTATING PHYSICIAN: Dr. Basim Abdelkarim, M.D.