

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

LAI, GARY 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 #: 1968780

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 LAI, GARY 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, 13 2023

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

Executed on _____ at CHINO, California

Signature

ADEL HANNA, LAI, GARY MD



Order Ref #: 1968780

Gary T. Lai, M.D.
14335 Pipeline Ave, Chino, CA 917105642
Office: 909-548-3888; Fax: 909-548-3999

Office Visit Note

 ElationHealth

Patient Name: Adel Hanna

D.O.B.: 03/29/1946; 74 yrs, 1 mo at the time of visit
Seen by Gary Lai, M.D.

Date of Encounter: 05/19/2020

Exam Reason (CC): New Patient - Telemedicine; Rx refill

Subjective

1. This visit was provided through telemedicine
 - Patient verbally provided informed consent for this visit to be conducted via telemedicine
 - Location of patient: home
 - Location of clinician: office
 - Persons participating in telemedicine service and their role in the encounter: patient/doctor
 2. Hypertension
 3. Migraine
 - for the last 4-5 days
 - history of migraine headaches - but it has never been this bad
 - on the right side - mild temporary visual problems
 - no nausea, no vomiting
 - mild photophobia
 - works as a psychiatrist - unable to work secondary to headache
 4. Rectal Bleeding
 - ruptured polyp
 - admitted to Pomona Valley Hospital Medical Center for work up and evaluation
- Meds:
 - *Doc'd New* Atenolol 50 mg Tab 1 tablet orally daily
 - *Doc'd New* amLODIPine Besylate 5 mg Tab 1 tablet orally once daily

Assessment/Plan

1. Hypertension I10
2. Migraine G43.909


Care:

1. Note for off work until 5/24/2020
2. Prescription for imitrex 50 mg by mouth every 2 hours as needed (do not exceed 200 mg per 24 hours)
3. Call office or go to emergency room if symptoms worsen
4. Follow up in 2-3 months or as needed

Orders: *New* Imitrex 50 mg Tab 1 tablet orally 2 times per day at least 2 hours between doses as needed #15 RFx0

Follow-up

2-3 months or as needed

Signed electronically by Gary Lai, M.D. on 05/19/2020 12:30 pm in  ElationHealth