

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

ALI, MOHAMMED 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**

Suzanne M. Banks

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 #: 1968772

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 ALI, MOHAMMED 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 RANCHO CUCAMONGA, California

Signature

ADEL HANNA, ALI, MOHAMMED MD



Order Ref #: **1968772**

Person: **Hanna, Adel S**

DOB/Age/Sex: **3/29/1946 / 77 years / Male**

MRN: **3943**

PCP:

CMRN: **MALI_CANP7208**

Address: **5688 COUSINS PL
Rancho Cucamonga, CA 91737**

Home Phone: **9095786061**

Language: **English**

Mobile Phone:

Ethnicity: **Patient Declined**

Work Phone:

Email:

Allergies

Substance	Reaction	Status	Updated By	Updated Date
Reglan ^{IP1}		Active	Rodriguez ,Socorro	7/9/2021 14:04 PDT

Internal Provenance Source

IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro

Problems

Problem Name: **HTN (hypertension),benign** ^{IP2}

Status: Active

Responsible Provider: Ali M.D.,Mohamed

Last Updated: 7/9/2021; Ali M.D.,Mohamed

Last Reviewed: 7/9/2021

Confirmation: Confirmed; **Code:** 18632012; **Status Date:** 7/9/2021

Problem Name: **Inguinal hernia** ^{IP2}

Status: Active

Responsible Provider: Ali M.D.,Mohamed

Last Updated: 7/9/2021; Ali M.D.,Mohamed

Last Reviewed: 7/9/2021

Confirmation: Confirmed; **Code:** 1776213016; **Status Date:** 7/9/2021

Problem Name: **Prediabetes** ^{IP2}

Status: Active

Responsible Provider: Ali M.D.,Mohamed

Last Updated: 7/9/2021; Ali M.D.,Mohamed

Last Reviewed: 7/9/2021

Confirmation: Confirmed; **Code:** 3299036015; **Status Date:** 7/9/2021

Internal Provenance Source

IP2: Ali Etemedian D.O; Ali M.D., Mohamed

Medications

Documented Medications

Order: **amLODIPine (amLODIPine 5 mg oral tablet)** ^{IP3}

Order Date: 7/9/2021 14:05 PDT

Status: Discontinued

Status Date: 8/6/2021 15:22 PDT

End-state Reason:

Ordering Physician:

Entered By: Rodriguez ,Socorro on 7/9/2021 14:05 PDT

Order Details: = 1 tab(s) (5 mg), Oral, daily, # 30 tab(s), 0 Refill(s), Type: Maintenance

Comments:

Medications

Documented Medications

Order: **atenolol (atenolol 50 mg oral tablet)** ^{IP4}

Order Date: 7/9/2021 14:05 PDT

Status: Discontinued

Status Date: 11/8/2021 15:50 PST

End-state Reason:

Ordering Physician: Ali M.D.,Mohamed

Entered By: Rodriguez ,Socorro on 7/9/2021 14:05 PDT

Order Details: = 1 tab(s) (50 mg), Oral, daily, # 30 tab(s), 0 Refill(s), Type: Maintenance

Comments:

Internal Provenance Source

IP3: Mohamed Ali, M.D.; Moreno MA, Maira

IP4: Mohamed Ali, M.D.; Ali M.D., Mohamed

Prescriptions

Order: **atenolol (atenolol 100 mg oral tablet)** ^{IP4}

Order Date: 11/8/2021 15:51 PST

Status: Prescribed

Ordering Physician: Ali M.D.,Mohamed

Entered By: Ali M.D.,Mohamed on 11/8/2021 15:51 PST

Order Details: = 1 tab(s) (100 mg), Oral, daily, # 90 tab(s), 3 Refill(s), Type: Maintenance, Pharmacy: SAV-ON PHARMACY

#3177, 1 tab(s) Oral daily, 66, in, 11/08/21 15:26:00 PST, Height Measured, 158.4, lb, 11/08/21 15:26:00 PST, Weight

Measured

Comments:

Internal Provenance Source

IP4: Mohamed Ali, M.D.; Ali M.D., Mohamed

Past Medical History

Problem Name: **HTN (hypertension),benign**

Status: **Active**

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Ali M.D.,Mohamed

Problem Name: **Inguinal hernia**

Status: **Active**

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Ali M.D.,Mohamed

Problem Name: **Prediabetes**

Status: **Active**

Age at Onset: ; Onset Date: ; Age at Resolved: ; Resolved Date: ; Responsible Provider:

Ali M.D.,Mohamed

Procedure History

Procedure: **Cholecystectomy** ^{IP1}

Status: Active

Last Updated: 7/9/2021

Created: 7/9/2021 16:08 CDT; Rodriguez , Socorro

Comments: 7/9/2021 16:08 CDT; Rodriguez , Socorro; 30 YEARS AGO

Procedure History

Internal Provenance Source

IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro

Social History

Alcohol (Current - Last Update: 7/9/2021 16:36 CDT by Rodriguez ,Socorro)^{IP5}

Detail: Current, SOCIALLY, Started age 60 Years. (Last Update: 7/9/2021 16:36 CDT by Rodriguez ,Socorro)^{IP5}

Electronic Cigarette/Vaping (Denies Electronic Cigarette Use - Last Update: 7/9/2021 16:36 CDT by Rodriguez ,Socorro)^{IP5}

^{IP5}

Detail: Electronic Cigarette Use: Never. (Last Update: 7/9/2021 16:37 CDT by Rodriguez ,Socorro)^{IP5}

Substance Abuse (Denies Substance Abuse - Last Update: 7/9/2021 16:37 CDT by Rodriguez ,Socorro)^{IP5}

Detail: Never (Last Update: 7/9/2021 16:37 CDT by Rodriguez ,Socorro)^{IP5}

Tobacco (Past - Last Update: 7/9/2021 16:36 CDT by Rodriguez ,Socorro)^{IP5}

Detail: PAST, Cigarettes, Started age 20 Years. Stopped age 34 Years. (Last Update: 7/9/2021 16:36 CDT by Rodriguez , Socorro)^{IP5}

Internal Provenance Source

IP5: Ali Etemedian D.O; Rodriguez MA, Socorro

Immunizations

Vaccine	Date Given	Age	Admin Site By	Route	Amount	Mfr	Lot Nbr	Exp Date	Documented By	Funding Source	Facility	History Location n/Pers on	Vaccine Information State ment	Vaccine Information State ment	Vaccine Information State ment	Publish ed Date	Given Date
SARS-CoV-2 (COVID-19) Moderna-1273 IP3	1/26/2021	74 years							Moreno MA, Maira								
SARS-CoV-2 (COVID-19) Moderna-1273 IP3	12/29/2020	74 years							Moreno MA, Maira								
SARS-CoV-2 (COVID-19) Pfizer-162b2 IP3	11/3/2021	75 years							Moreno MA, Maira								
tetanus	5/9/2021	75 years							Rodriguez, Socorro			per pt. had vaccine 2 months ago					

Internal Provenance Source
 IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro
 IP3: Mohamed Ali, M.D.; Moreno MA, Maira

Visit Information

Recorded Date	Recorded By	Chief Complaint	Immunizations Current
11/8/2021	Moreno MA, Maira	F/U IP3	-
8/6/2021	Moreno, Maira	1 mth F/U IP3	-
7/9/2021	Ali M.D., Mohamed	-	Yes IP4
7/9/2021	Rodriguez, Socorro	NEW PT. PHYSICAL IP1	-

Visit Information

Internal Provenance Source

IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro
 IP3: Mohamed Ali, M.D.; Moreno MA, Maira
 IP4: Mohamed Ali, M.D.; Ali M.D., Mohamed

Measurements

Measurements

Recorded Date	Recorded By	Height Measured in	Weight Measured lb	BSA m2	Body Mass Index kg/m2
11/8/2021	Moreno MA, Maira	66 ^{IP3}	158.4 ^{IP3}	1.83 ^{IP3}	25.56 ^{H IP3}
8/6/2021	Moreno, Maira	66 ^{IP3}	158 ^{IP3}	1.82 ^{IP3}	25.5 ^{H IP3}
7/9/2021	Ali M.D., Mohamed	66 ^{IP4}	-	-	-
7/9/2021	Rodriguez, Socorro	66 ^{IP1}	158 ^{IP1}	1.82 ^{IP1}	25.5 ^{H IP1}

Internal Provenance Source

IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro
 IP3: Mohamed Ali, M.D.; Moreno MA, Maira
 IP4: Mohamed Ali, M.D.; Ali M.D., Mohamed

Vital Signs

Vital Signs

Recorded Date	Recorded By	Temperature Oral DegF	Temperature Temporal DegF	Peripheral Pulse Rate bpm
11/8/2021	Moreno MA, Maira	-	97.1 ^{L IP3}	76 ^{IP3}
8/6/2021	Moreno, Maira	-	97.3 ^{IP3}	72 ^{IP3}
7/9/2021	Rodriguez, Socorro	97.3 ^{IP1}	-	58 ^{L IP1}

Recorded Date	Recorded By	Systolic Blood Pressure mmHg	Systolic Blood Pressure mmHg
11/8/2021	Moreno MA, Maira	140 ^{H IP3}	-
8/6/2021	Moreno, Maira	120 ^{IP3}	-
7/9/2021	Rodriguez, Socorro	-	132 ^{H IP1}

Recorded Date	Recorded By	Diastolic Blood Pressure mmHg	Mean Arterial Pressure mmHg
11/8/2021	Moreno MA, Maira	80 ^{IP3}	100 ^{IP3}
8/6/2021	Moreno, Maira	80 ^{IP3}	93 ^{IP3}
7/9/2021	Rodriguez, Socorro	80 ^{IP1}	97 ^{IP1}

Internal Provenance Source

IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro
 IP3: Mohamed Ali, M.D.; Moreno MA, Maira

Doc - Progress Notes

Document Type: General Progress Note (Physician)
 Service Date/Time: 11/8/2021 15:48 PST
 Result Status: Auth (Verified)
 Document Title: Routine Visit
 Sign Information: Ali M.D., Mohamed (11/8/2021 15:53 PST)

Routine Visit

Internal Provenance Source: Mohamed Ali, M.D.; Ali M.D., Mohamed

Patient: **Hanna, Adel S** MRN: 3943 FIN: 49557
 Age: **75 years** Sex: **Male** DOB: **3/29/1946**
 Associated Diagnoses: **HTN (hypertension), benign; Headache**
 Author: **Ali M.D., Mohamed**

Chief Complaint

11/8/2021 3:26 PM PST F/U
 Routine Visit
 Routine Visit

History of Present Illness

BP went up while at work, c/o HA on Thursday, SBP was 190, that came down to 170 with rest
 He refused to go to the ER
 He was off-work x 4 days, feels better

Review of Systems

Constitutional: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.
All other systems reviewed and negative

Health Status

Allergies:

Allergic Reactions (All)
Severity Not Documented
 Reglan (No reactions were documented)

Medications: (Selected)

Documented Medications
Documented
 atenolol 50 mg oral tablet: = 1 tab(s) (50 mg), Oral, daily, # 30 tab(s), 0 Refill(s), Type: Maintenance

Problem list:

All Problems
 HTN (hypertension), benign / SNOMED CT 18632012 / Confirmed
 Inguinal hernia / SNOMED CT 1776213016 / Confirmed
 Prediabetes / SNOMED CT 3299036015 / Confirmed

Histories

Past Medical History:

Active
 HTN (hypertension), benign (18632012)
 Inguinal hernia (1776213016)

Doc - Progress Notes

Prediabetes (3299036015)

Family History:

No family history items have been selected or recorded.

Procedure history: Include procedure history

Cholecystectomy (64698015).

Comments:

7/9/2021 2:08 PM PDT - Rodriguez , Socorro

30 YEARS AGO

Social History:

Electronic Cigarette/Vaping Assessment: Denies Electronic Cigarette Use

Electronic Cigarette Use: Never.

Alcohol Assessment: Current

Current, SOCIALLY, Started age 60 Years.

Tobacco Assessment: Past

PAST, Cigarettes, Started age 20 Years. Stopped age 34 Years.

Substance Abuse Assessment: Denies Substance Abuse

Never

Physical Examination

Vital Signs

11/8/2021 3:26 PM PST

Temperature Temporal

97.1 DegF LOW

Peripheral Pulse Rate

76 bpm

Systolic Blood Pressure

140 mmHg HI

Diastolic Blood Pressure

80 mmHg

Mean Arterial Pressure

100 mmHg

Measurements from flowsheet : Measurements

11/8/2021 3:26 PM PST

Height Measured - Standard

66 in

Weight Measured - Standard

158.4 lb

BSA

1.83 m2

Body Mass Index

25.56 kg/m2 HI

General: No acute distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.

HENT: Normocephalic, Tympanic membranes are clear, No pharyngeal erythema.

Neck: Supple, No carotid bruit, No jugular venous distention, No lymphadenopathy.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur.

Gastrointestinal: Soft, Non-tender, Normal bowel sounds.

Lymphatics: No lymphadenopathy.

Musculoskeletal: Normal range of motion.

Integumentary: No rash.

Neurologic: Non focal, Non focal.

Impression and Plan

Diagnosis

HTN (hypertension), benign (ICD10-CM I10).

Headache (ICD10-CM R51.9).

Summary: Will adjust Atenolol up for better BP control.

Orders

Orders

Pharmacy:

atenolol 100 mg oral tablet (Prescribe): = 1 tab(s) (100 mg), Oral, daily, # 90 tab(s), 3 Refill(s), Type: Maintenance, Pharmacy: SAV-ON PHARMACY #3177, 1 tab(s) Oral daily, 66, in, 11/8/2021 3:26 PM PST, Height Measured, 158.4, lb, 11/8/2021 3:26 PM PST, Weight Measured

atenolol 50 mg oral tablet (Discontinue)

Charges (Evaluation and Management):

99213 office o/p est low 20-29 min (Charge) (Order): Quantity: 1, HTN (hypertension), benign.

Signed and Authored by Mohamed Ali M.D. on 11/08/2021 03:53 PM PST

Doc - Progress Notes

Document Type:	General Progress Note (Physician)
Service Date/Time:	8/6/2021 15:52 PDT
Result Status:	Auth (Verified)
Document Title:	Routine Visit
Sign Information:	Ali M.D., Mohamed (8/6/2021 15:53 PDT)

Routine Visit

Internal Provenance Source: Mohamed Ali, M.D.; Ali M.D., Mohamed

Patient: **Hanna, Adel S** **MRN: 3943** **FIN: 49167**
 Age: **75 years** Sex: **Male** DOB: **3/29/1946**
 Associated Diagnoses: **HTN (hypertension), benign; Inguinal hernia**
 Author: **Ali M.D., Mohamed**

Chief Complaint

8/6/2021 3:21 PM PDT 1 mth F/U
 Routine Visit
 Routine Visit

Review of Systems

Constitutional: Negative.
Eye: Negative.
Ear/Nose/Mouth/Throat: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Hematology/Lymphatics: Negative.
Endocrine: Negative.
Immunologic: Negative.
Musculoskeletal: Negative.
Integumentary: Negative.
Neurologic: Negative.
Psychiatric: Negative.
All other systems reviewed and negative

Health Status

Allergies:

Allergic Reactions (All)
Severity Not Documented
 Reglan (No reactions were documented)

Medications: (Selected)

Documented Medications
Documented
 atenolol 50 mg oral tablet: = 1 tab(s) (50 mg), Oral, daily, # 30 tab(s), 0 Refill(s), Type: Maintenance

Problem list:

All Problems
 HTN (hypertension), benign / SNOMED CT 18632012 / Confirmed
 Inguinal hernia / SNOMED CT 1776213016 / Confirmed
 Prediabetes / SNOMED CT 3299036015 / Confirmed

Histories

Past Medical History:

Active
 HTN (hypertension), benign (18632012)
 Inguinal hernia (1776213016)
 Prediabetes (3299036015)

Family History:

No family history items have been selected or recorded.

<i>Doc - Progress Notes</i>

Procedure history: Include procedure history

Cholecystectomy (64698015).

Comments:

7/9/2021 2:08 PM PDT - Rodriguez , Socorro

30 YEARS AGO

Social History:**Electronic Cigarette/Vaping Assessment:** Denies Electronic Cigarette Use

Electronic Cigarette Use: Never.

Alcohol Assessment: Current

Current, SOCIALLY, Started age 60 Years.

Tobacco Assessment: Past

PAST, Cigarettes, Started age 20 Years. Stopped age 34 Years.

Substance Abuse Assessment: Denies Substance Abuse

Never

Physical Examination

Vital Signs

8/6/2021 3:21 PM PDT

Temperature Temporal	97.3 DegF
Peripheral Pulse Rate	72 bpm
Systolic Blood Pressure	120 mmHg
Diastolic Blood Pressure	80 mmHg
Mean Arterial Pressure	93 mmHg

Measurements from flowsheet : Measurements

8/6/2021 3:21 PM PDT

Height Measured - Standard	66 in
Weight Measured - Standard	158 lb
BSA	1.82 m2
Body Mass Index	25.5 kg/m2 HI

General: No acute distress.**Eye:** Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.**HENT:** Normocephalic, Tympanic membranes are clear, No pharyngeal erythema.**Neck:** Supple, No carotid bruit, No jugular venous distention, No lymphadenopathy.**Respiratory:** Lungs are clear to auscultation.**Cardiovascular:** Normal rate, Regular rhythm, No murmur.**Gastrointestinal:** Soft, Non-tender, Normal bowel sounds.**Lymphatics:** No lymphadenopathy.**Musculoskeletal:** Normal range of motion.**Integumentary:** No rash.**Neurologic:** Non focal, Non focal.**Impression and Plan****Diagnosis**

HTN (hypertension), benign (ICD10-CM I10).

Inguinal hernia (ICD10-CM K40.90).

Summary: BP/HR are much improved with taking Amlodipine off.**Orders**

Orders

Charges (Evaluation and Management):

99213 office o/p est low 20-29 min (Charge) (Order): Quantity: 1, HTN (hypertension), benign | Inguinal hernia.

Signed and Authored by Mohamed Ali M.D. on 08/06/2021 03:53 PM PDT

Document Type:

General Progress Note (Physician)

Service Date/Time:

7/9/2021 16:26 PDT

Result Status:

Auth (Verified)

Document Title:

Well Adult Exam - Male * (Ali)

Sign Information:

Ali M.D., Mohamed (7/9/2021 16:30 PDT)

Doc - Progress Notes

Well Adult Exam - Male * (Ali)

Internal Provenance Source: Mohamed Ali, M.D.; Ali M.D., Mohamed

Patient: **Hanna, Adel S** **MRN: 3943** **FIN: 49130**
Age: **75 years** Sex: **Male** DOB: **3/29/1946**
Associated Diagnoses: **Prediabetes; Inguinal hernia; HTN (hypertension), benign**
Author: **Ali M.D., Mohamed**

Visit Information

Date of Service: 07/09/2021 01:57 pm **Performing Location:** Mohamed Ali, M.D. **Encounter#:** 49130

Chief Complaint

7/9/2021 2:23 PM PDT NEW PT. PHYSICAL

Well Adult History

Well Adult History

The patient presents for well adult exam. The patient's general health status is described as good. The patient's diet is described as balanced. Exercise: occasional. Associated symptoms consist of none. Additional pertinent history: occasional caffeine use, tobacco use none and alcohol use socially.

Review of Systems

- Constitutional:** Negative.
 - Eye:** Negative.
 - Ear/Nose/Mouth/Throat:** Negative.
 - Respiratory:** Negative.
 - Cardiovascular:** Negative.
 - Gastrointestinal:** Negative.
 - Genitourinary:** Negative.
 - Hematology/Lymphatics:** Negative.
 - Endocrine:** Negative.
 - Immunologic:** Negative.
 - Musculoskeletal:** Negative.
 - Integumentary:** Negative.
 - Neurologic:** Negative.
 - Psychiatric:** Negative.
- All other systems reviewed and negative**

Health Status

Allergies:

Allergic Reactions (All)
Severity Not Documented
Reglan (No reactions were documented)

Medications: (Selected)

Documented Medications
Documented
amLODIPine 5 mg oral tablet: = 1 tab(s) (5 mg), Oral, daily, # 30 tab(s), 0 Refill(s), Type: Maintenance
atenolol 50 mg oral tablet: = 1 tab(s) (50 mg), Oral, daily, # 30 tab(s), 0 Refill(s), Type: Maintenance

Problem list:

No problem items selected or recorded.

Histories

Past Medical History:

No active or resolved past medical history items have been selected or recorded.

Family History:

No family history items have been selected or recorded.

Procedure history: Free text social history

Cholecystectomy (64698015).
Comments:
7/9/2021 2:08 PM PDT - Rodriguez , Socorro
30 YEARS AGO

Doc - Progress Notes

Social History:

Electronic Cigarette/Vaping Assessment: Denies Electronic Cigarette Use

Electronic Cigarette Use: Never.

Alcohol Assessment: Current

Current, SOCIALLY, Started age 60 Years.

Tobacco Assessment: Past

PAST, Cigarettes, Started age 20 Years. Stopped age 34 Years.

Substance Abuse Assessment: Denies Substance Abuse

Never

, denies alcohol, tobacco and drug use

Physical Examination

Vital Signs

7/9/2021 2:23 PM PDT

Temperature Oral

97.3 DegF

Peripheral Pulse Rate

58 bpm LOW

Systolic Blood Pressure

132 mmHg HI

Diastolic Blood Pressure

80 mmHg

Mean Arterial Pressure

97 mmHg

Measurements from flowsheet : Measurements

7/9/2021 2:23 PM PDT

Height Measured - Standard

66 in

Weight Measured - Standard

158 lb

BSA

1.82 m2

Body Mass Index

25.5 kg/m2 HI

General: No acute distress.

Eye: Pupils are equal, round and reactive to light, Extraocular movements are intact, Normal conjunctiva.

HENT: Normocephalic, Tympanic membranes are clear, No pharyngeal erythema.

Neck: Supple, No carotid bruit, No jugular venous distention, No lymphadenopathy.

Respiratory: Lungs are clear to auscultation.

Cardiovascular: Normal rate, Regular rhythm, No murmur, No gallop, Good pulses equal in all extremities, Normal peripheral perfusion, No edema.

Gastrointestinal: Soft, Non-tender, Normal bowel sounds, Non-distended, No organomegaly.

Genitourinary: No costovertebral angle tenderness, No urethral discharge.

Lymphatics: No lymphadenopathy.

Musculoskeletal: Normal range of motion.

Integumentary: Warm, Intact, No rash.

Neurologic: Alert, Oriented, Normal sensory, Normal motor function, Non focal.

Psychiatric: Cooperative, Appropriate mood & affect, Normal judgment.

Review / Management

Results review: Lab results

7/7/2021 2:52 PM PDT

ALT/SGPT POC

21 unit/L

AST/SGOT POC

16 unit/L

Glucose Level POC

96 mg/dL

Cholesterol POC

152 mg/dL

HDL POC

51 mg/dL

TC/HDL Ratio

2.98

LDL POC

77 mg/dL

Non-HDL

101 mg/dL

Triglyceride POC

120 mg/dL

7/7/2021 2:51 PM PDT

Hgb A1c POC

5.7 %

ECG interpretation: Normal sinus rhythm, No ST-T changes, No ectopy, Normal PR and QRS intervals.

Impression and Plan

Diagnosis

Prediabetes (ICD10-CM R73.03).

Inguinal hernia (ICD10-CM K40.90).

HTN (hypertension), benign (ICD10-CM I10).

Orders

Orders

Charges (Evaluation and Management):

99387 init pm e/m new pat 65+ yrs (Charge) (Order): Quantity: 1, Wellness examination | HTN (hypertension), benign | Inguinal hernia |

Prediabetes

Doc - Progress Notes

Charges:

93000 12-lead electrocardiogram (Charge) (Order): Quantity: 1, Wellness examination.

Orders

Requests (Consults / Referrals):

General Surgery Consult (Request) (Order): Referred to: ., Inguinal hernia.

Summary: A1c 5.7, new, Will try LSM, diet/weight loss and recheck labs in 3 months

HR is 58, will hold Amlodipine and recheck in 4 weeks

Refer to Surgery for hernia repair

Pt doing well, up-to-date w vaccines and screening tests. Cont current Rx and RTC in 3 months for routine.

Signed and Authored by Mohamed Ali M.D. on 07/09/2021 04:30 PM PDT

Doc - Discharge Documentation

Document Type:

Visit Summary

Service Date/Time:

7/9/2021 16:30 PDT

Result Status:

Auth (Verified)

Document Title:

Visit Summary

Sign Information:

Ali M.D., Mohamed (7/9/2021 16:30 PDT)

Visit Summary

Internal Provenance Source: Mohamed Ali, M.D.; Ali M.D., Mohamed

Visit Summary for Adel Hanna

We would like to thank you for allowing us to assist you with your healthcare needs. Our entire staff strives to provide an excellent experience for our patients and their families. The following includes information regarding your visit.

Age: 75 years **Sex:** Male **DOB:** 03/29/1946 **MRN:** 3943

Address: 5688 COUSINS PL Rancho Cucamonga, CA 91737, US

Home: (909) 578-6061 **Work:** -- **Mobile:** (909) 578-6061

Primary Care Provider: REF-3 -Ali MD, Mohamed

Race: White **Ethnicity:** Patient Declined

Preferred Language: English

Health Plan: 1°ANTHEM BLUE CROSS POS

Visit Information

Mohamed Ali, M.D.

Mohamed Ali, MD Rancho Cucamonga, CA, 91730

Phone: -- **Fax:** --

Visit Date: 07/09/2021 02:00 pm

Scheduled Provider: Ali, Mohamed MD

Visit Provider: Ali M.D., Mohamed

Referring Provider: --

Reason for Visit: NEW PT. PHYSICAL

Doc - Discharge Documentation

Problems and Health Issues

HTN (hypertension), benign (18632012)
Inguinal hernia (1776213016)
Prediabetes (3299036015)

Allergies

Reglan

All Known Current Prescriptions and Reported Medications

Prescriptions

No medications documented

Other Reported Medications

amLODIPine 5 mg oral tablet (amLODIPine)
Take 1 tab(s)(5 Milligram) oral daily
atenolol 50 mg oral tablet (atenolol)
Take 1 tab(s)(50 Milligram) oral daily

New Medications this Visit

New Prescriptions

No medications documented

Medications Administered During Your Visit

No medications documented

Vitals and Measurements this Visit (last charted value for your 07/09/2021 visit)

Height: 66 in
Weight: 158 lb
Body Mass Index: 25.5 kg/m2
BSA: 1.82 m2
Temperature Oral: 97.3 DegF
Systolic Blood Pressure: 132 mmHg
Diastolic Blood Pressure: 80 mmHg
Mean Arterial Pressure: 97 mmHg
Peripheral Pulse Rate: 58 bpm

Laboratory and Radiology this Visit (last charted value for your 07/09/2021 visit)

Chemistry

Hgb A1c POC: 5.7 %
Glucose Level POC: 96 mg/dL

Doc - Discharge Documentation

HDL POC: 51 mg/dL
Cholesterol POC: 152 mg/dL
Triglyceride POC: 120 mg/dL
LDL POC: 77 mg/dL
AST/SGOT POC: 16 unit/L
ALT/SGPT POC: 21 unit/L
Non-HDL: 101 mg/dL
TC/HDL Ratio: 2.98

Orders this Visit

No visit orders documented

Diagnoses this Visit

HTN (hypertension), benign (I10)
Inguinal hernia (K40.90)
Prediabetes (R73.03)
Wellness examination (Z00.00)

Referral and Consult Requests this Visit

General Surgery Consult

Date/Time: 07/09/2021 **By:** Ali M.D., Mohamed

Referred To Specialty:

Referred To: .

Reason for Referral:

Procedures Documented this Visit

Cholecystectomy

Smoking Status

Future Appointments

Mohamed Ali, M.D.

Appt. Date: 08/06/2021 2:00 PM

Scheduled Provider: Ali, Mohamed MD

Phone: -- **Fax:** --

Doc - Discharge Documentation

Patient Education Materials Provided this Visit

No Patient Education documented

Additional Visit Comments:

Doc - Diagnostic Tests

Document Type:	General Diagnostic Order
Service Date/Time:	7/9/2021 14:49 PDT
Result Status:	Auth (Verified)
Document Title:	
Sign Information:	Flores MA,Denise E (7/9/2021 14:50 PDT)

* General Diagnostic Order - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Flores MA, Denise E *



SAN ANTONIO REGIONAL HOSPITAL

Radiology / Imaging Outpatient Service Requisition

Dear Patient:

Please report to outpatient registration. Payment for services is required prior to service. For your convenience, we will accept cash, check, Visa, MasterCard, American Express, or Discover Card. We will accept all managed care contracts in effect with this facility, including Medicare and Medi-Cal if we are provided proper identification and authorization. Any copayments and/or deductibles are payable at the time of service. If your services involve radiology, or pathology services, you will receive separate billings 1) services of the hospital facilities and equipment; 2) services of the physician for interpretation of reports. We encourage you to pre-register for your services at least three days prior to the scheduled test date. Please call (909) 920-4726 between 8:00 am - 5:00 pm, Monday through Friday. Closed holidays. **Some Tests Require Advanced Scheduling and May Require Pre-Authorization From Your Insurance Company.**

Patient Name: Hanna, Adel M F Birth Date: 3/29/46 Date: 7/9/21 Phone: _____
Address: _____ City, Zip: _____
Referring Physician's Signature: Mohamed Ali, M.D. Copies To: 10165 Foothill Bl, STE 26
Rancho Cucamonga, CA 91730
(909) 481-0800

DIAGNOSIS/REASON FOR TEST (ALL): R hip pain

Medicare Rules require that tests ordered on patients be due to **MEDICAL NECESSITY**. Claims denied for screening tests and tests not deemed medically necessary by Medicare and other third party payers may result in patient billing. Patient Diagnosis and ICDM codes are required by HMO's and Medicare to document medical necessity.

AUTHORIZATION # _____ CONFIRMATION # _____ NO AUTHORIZATION REQUIRED

Radiology / Imaging Services
For pre-registration scheduling call: 909-920-4726
SARH Radiology Dept: 909-920-4710
Same day stats call: 909-920-4710

****IV Contrast: BUN & Creatinine is required within 30 days if patient is over 60 years of age. BUN & Creatinine is also required within 30 days for patients with history of diabetes, hypertension requiring medication, renal disease, or kidney disease (i.e. 1 kidney, transplanted kidney)**

MAMMOGRAPHY	MRI / MRA	ULTRASOUND / VASCULAR ULTRASOUND
<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic Implants: Y / N <input type="checkbox"/> Unilateral: L / R <input type="checkbox"/> Stereotactic Biopsy: _____ BONE DENSITY <input type="checkbox"/> Dexa Bone Screening (hip & spine) DIAGNOSTIC / DIGITAL IMAGING <input type="checkbox"/> UGI <input type="checkbox"/> Esophagram <input type="checkbox"/> Barium Enema <input type="checkbox"/> IVP <input type="checkbox"/> Modified Barium Swallow - video w/ speech therapy <input type="checkbox"/> KUB / Abdomen - 1 view / 2 views <input type="checkbox"/> Chest <input type="checkbox"/> Spine - please specify : Lumbar / Thoracic / Cervical <input type="checkbox"/> Scoliosis Extremity: - Specify: _____ <input checked="" type="checkbox"/> Right hip xray <input type="checkbox"/> Left <input type="checkbox"/> Other: _____ CT <input type="checkbox"/> Without IV contrast <input type="checkbox"/> With IV contrast* <input type="checkbox"/> With & without contrast IV* <input type="checkbox"/> Oral contrast <input type="checkbox"/> No Oral contrast <input type="checkbox"/> Head <input type="checkbox"/> IAC / Mastoids <input type="checkbox"/> Orbits <input type="checkbox"/> Sinus <input type="checkbox"/> Facial Bones <input type="checkbox"/> Neck <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis <input type="checkbox"/> Chest <input type="checkbox"/> Other: _____ <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Extremity- _____ R / L <input type="checkbox"/> CTA Chest* <input type="checkbox"/> CT TAVR <input type="checkbox"/> CTA Chest* (PE Protocol) <input type="checkbox"/> CTA Head <input type="checkbox"/> CTA Abdomen* <input type="checkbox"/> CTA Abdomen w/runoff* <input type="checkbox"/> CTA Lower Extremities (Bilateral)* <input type="checkbox"/> CTA Coronary Arteries (Heart)* <input type="checkbox"/> CT CALCIUM SCORING <input type="checkbox"/> CTA Complete Aorta* <input type="checkbox"/> CT Radiation Planning <input type="checkbox"/> CTA Carotid Arteries* <input type="checkbox"/> CTA Upper Extremities* R / L <input type="checkbox"/> CTA Other: _____ <input type="checkbox"/> CT Guided Biopsy - _____ <input type="checkbox"/> CT Guided Aspiration - _____ <input type="checkbox"/> Order to Admit / OPS / ACU	Patient Weight: _____ Claustrophobic Y / N <input type="checkbox"/> Without Contrast <input type="checkbox"/> With / Without Contrast * <input type="checkbox"/> Gamma Knife Protocol <input type="checkbox"/> Brain/Head <input type="checkbox"/> IAC <input type="checkbox"/> Orbits <input type="checkbox"/> Pituitary <input type="checkbox"/> Cervical Spine <input type="checkbox"/> Thoracic Spine <input type="checkbox"/> Lumbar Spine <input type="checkbox"/> Chest (Brachial Plexus) <input type="checkbox"/> Breast: R / L / Bilateral <input type="checkbox"/> (Implants Y / N) <input type="checkbox"/> Abdomen: Attn: _____ <input type="checkbox"/> MRCP <input type="checkbox"/> Pelvis <input type="checkbox"/> Joint - Specify _____ RT / LT / BIL <input type="checkbox"/> Extremity - Specify _____ RT / LT / BIL <input type="checkbox"/> Arthrogram: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> MRI Therapy Planning: _____ <input type="checkbox"/> MRA Brain / Head <input type="checkbox"/> MRA Renal Arteries <input type="checkbox"/> MRA Neck <input type="checkbox"/> MRA Abdomen w/ runoff <input type="checkbox"/> MRA Other: _____ INTERVENTIONAL <input type="checkbox"/> Order to Admit / ACU / OPS <input type="checkbox"/> Tunneled Dialysis Cath - Insertion / Removal / Replacement <input type="checkbox"/> Non-Tunneled Dialysis Cath <input type="checkbox"/> Venogram <input type="checkbox"/> Angiogram <input type="checkbox"/> PICC Line - Insertion / Replacement <input type="checkbox"/> Tunneled Cath w/Mediport - Insertion / Removal <input type="checkbox"/> Venogram for vein mapping <input type="checkbox"/> AV Shunt Venogram/Fistulagram for <input type="checkbox"/> Declot <input type="checkbox"/> High Pressure <input type="checkbox"/> Other <input type="checkbox"/> Vertebroplasty / Kyphoplasty <input type="checkbox"/> Nephrostomy New Placement / Replacement <input type="checkbox"/> Other: _____	<input type="checkbox"/> Abdomen Complete <input type="checkbox"/> Abdomen Ltd., Specify: _____ <input type="checkbox"/> Gallbladder <input type="checkbox"/> Kidney <input type="checkbox"/> Pelvis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Testicles <input type="checkbox"/> Thyroid <input type="checkbox"/> Neck Soft Tissue <input type="checkbox"/> Hips (Infant) <input type="checkbox"/> Spinal Cord (Infant) <input type="checkbox"/> Head (Neonatal) <input type="checkbox"/> Extremity (Non Vascular): Specify _____ R / L <input type="checkbox"/> OB / Pregnancy (Breast(s)) <input type="checkbox"/> Bilateral <input type="checkbox"/> Unilateral R / L <input type="checkbox"/> Thoracentesis: R / L Bilateral Therapeutic/Diagnostic** <input type="checkbox"/> Paracentesis Therapeutic / Diagnostic ** ** Specify if Lab(s) Required: _____ <input type="checkbox"/> US Guided Biopsy: _____ <input type="checkbox"/> US Guided Aspiration: _____ <input type="checkbox"/> Order to Admit / OPS / ACU <input type="checkbox"/> Venous: Upper / Lower R / L / Bil <input type="checkbox"/> Arterial: Upper / Lower R / L / Bil <input type="checkbox"/> Venous Lower Bilateral W/ Reflux (Venous Insufficiency) <input type="checkbox"/> Carotid <input type="checkbox"/> Other: _____ NUCLEAR MEDICINE - 909-920-4977 <input type="checkbox"/> Lung Ventilation / Perfusion <input type="checkbox"/> Liver / Spleen Imaging <input type="checkbox"/> Exercise Nuclear Stress Test <input type="checkbox"/> Bone Imaging (Specify): <input type="checkbox"/> Whole Body <input type="checkbox"/> 3 Phase <input type="checkbox"/> Limited <input type="checkbox"/> Hepatobiliary Imaging (HIDA) <input type="checkbox"/> Ejection Fraction <input type="checkbox"/> Pharmacological Nuclear Stress Test (specify drug - _____) <input type="checkbox"/> WBC Scan - Specify: Indium Ceretec <input type="checkbox"/> Thyroid Uptake Scan - I 123 <input type="checkbox"/> Muga <input type="checkbox"/> PET / CT Scan _____ <input type="checkbox"/> Other - _____

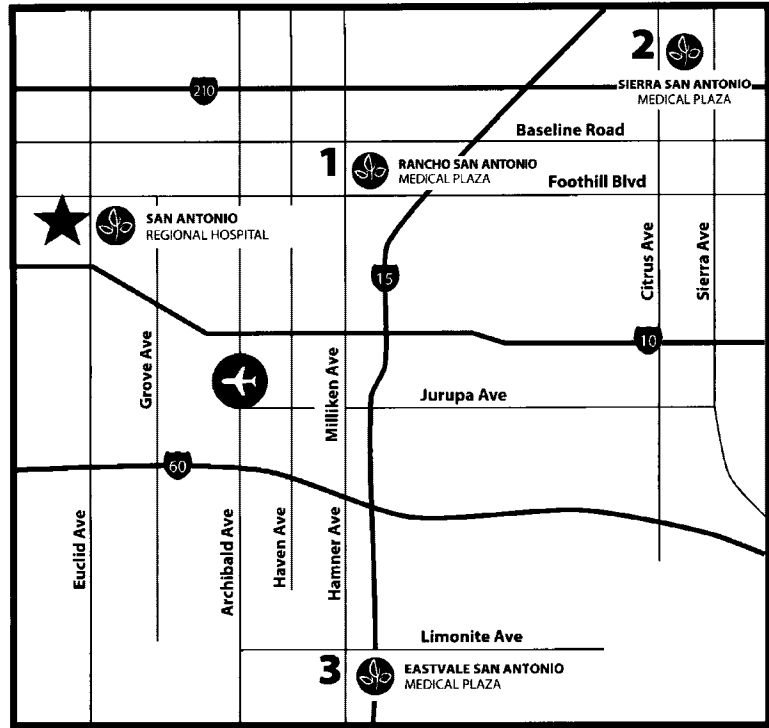
#5478(5/19)


* General Diagnostic Order - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Flores MA, Denise E *




SAN ANTONIO REGIONAL HOSPITAL

Hospital and
 Outpatient Services
 Locations



 Hospital 999 San Bernardino Road, Upland	
Cardiology (EXCEPT EKGs)	909.920.4854
Neurodiagnostic Services	909.920.6154
Radiology Services	909.920.4710
Rehabilitation Services	909.920.4920
Respiratory Care Services	909.920.4925

 Building 901 901 San Bernardino Road, Upland	
Rehabilitation Services	909.579.6900

 Building 1100 1100 San Bernardino Road, Upland	
Cardiology (EKGs ONLY)	909.920.6354
Laboratory	909.920.6240
Monday – Friday 7 AM to 5:30 PM	
Saturday 7:30 AM to 12 PM	
Closed Sunday & Holidays	
Radiology (Appointments)	909.920.4726
Monday – Friday 7 AM to 5:30 PM	
Closed Saturday, Sunday & Holidays	
Women's Breast & Imaging Center	
By Appointment Only	909.920.4726
Monday – Friday 8 AM to 5 PM	
Closed Saturday, Sunday & Holidays	
Saturday Mammograms ONLY on the First Saturday of Each Month 7:30 AM - 11:30 AM	

1 Rancho San Antonio Medical Plaza 7777 Milliken Avenue, Rancho Cucamonga, CA 91730	909.948.8000
Cardiology (EKGs ONLY)	909.948.8040
Laboratory (NO STAT DRAWS)	909.948.8040
Monday – Friday 7 AM – 5 PM Saturday 8 AM – 12 PM Closed Sunday & Holidays	
Radiology (X-Ray Walk-In / Ultrasound & Mammogram By Appointment)	909.920.4726
Monday – Friday 7 AM – 5 PM Saturday 8 AM – 12 PM (X-Ray ONLY) Closed Sunday & Holidays	
Rehabilitation Services (By Appointment Only)	909.948.8080
Monday – Friday 7 AM – 7 PM Closed Saturday, Sunday & Holidays	

2 Sierra San Antonio Medical Plaza 16465 Sierra Lakes Parkway, Fontana, CA 92336	909.434.1100
Cardiology (EKGs ONLY)	909.434.1132
Laboratory (NO STAT DRAWS)	909.434.1132
Monday – Friday 7:30 AM – 4:30 PM Closed Saturday, Sunday & Holidays	
Radiology (X-Ray Walk-In / Ultrasound By Appointment)	909.920.4726
Monday – Friday 9 AM – 5 PM Closed Saturday, Sunday & Holidays	
Rehabilitation Services (By Appointment Only)	909.948.8080
Monday – Friday 8:30 AM – 5:30 PM Closed Saturday, Sunday & Holidays	

3 Eastvale San Antonio Medical Plaza 12442 Limonite Avenue, Eastvale, CA 91752	951.393.3000
Cardiology (EKGs ONLY)	951.393.3024
Laboratory (NO STAT DRAWS)	951.393.3021
Monday – Friday 7:30 AM – 4:30 PM Closed Saturday, Sunday & Holidays	
Radiology (X-Ray Walk-In / Ultrasound By Appointment)	909.920.4726
Monday – Friday 9 AM – 5 PM Closed Saturday, Sunday & Holidays	

Person: Hanna, Adel S

MRN: 3943

DOB: 3/29/1946

Sex: Male

Doc - Procedures

Document Type:

Electrocardiogram (EKG)

Service Date/Time:

7/9/2021 16:56 PDT

Result Status:

Auth (Verified)

Document Title:

Sign Information:

Flores MA,Denise E (7/9/2021 16:57 PDT)

~~2015-04-15~~ 18:53:24
ID:

6Channel+1 Rhythm Report

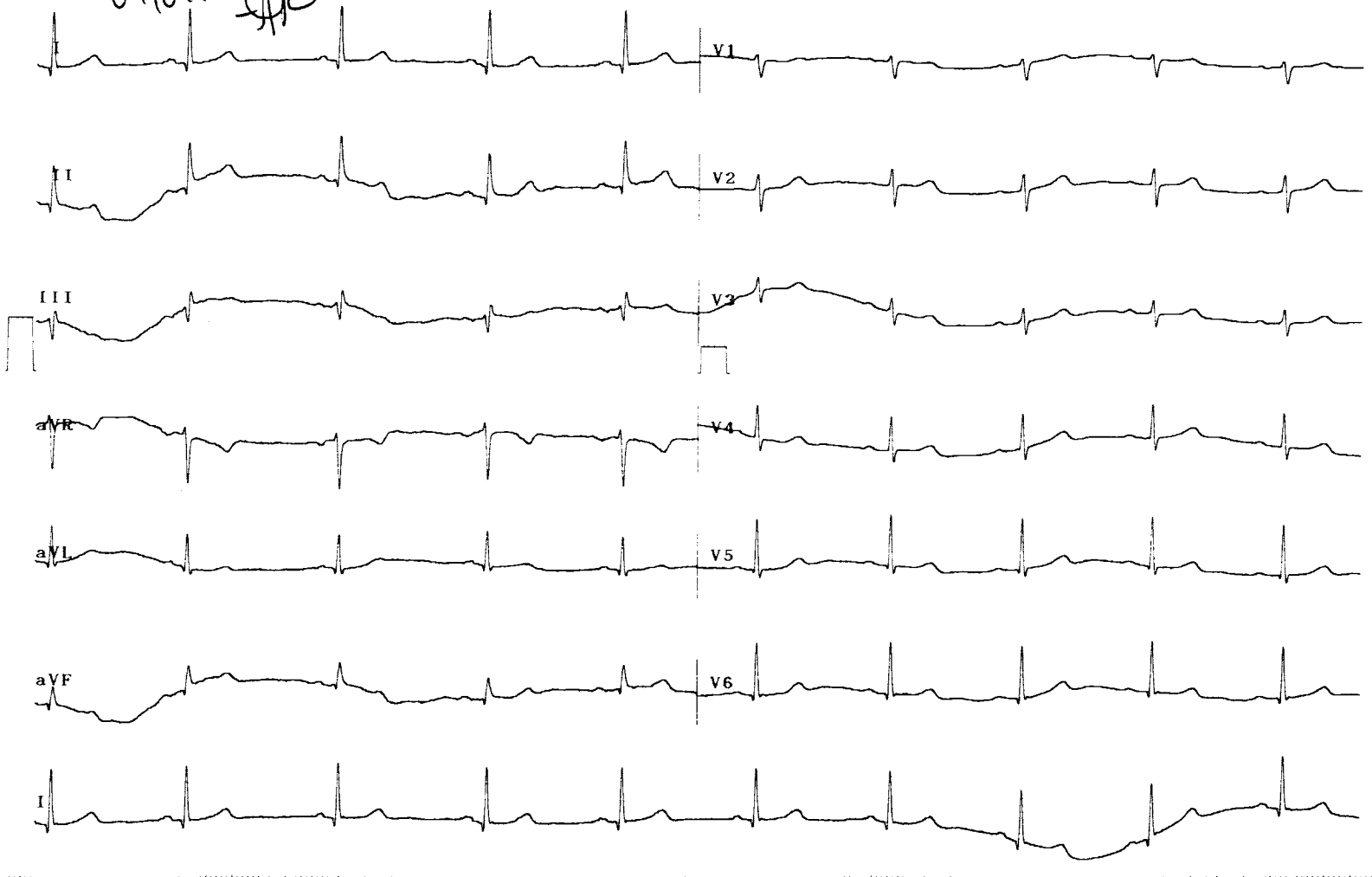
Hospital:

Confirmed by: Mohamed Ali, MD

Name: *Hanna, Adel*
Age: Years
Sex:
HT: 0ft 0in
WT: 0lbs

Heart Rate : ~~58~~ BPM
PR Int.: 160 ms
QRS Dur.: 86 ms
QT/QTc: 438/437 ms
P-R-T axes: 9 34 43

** Analysis Result ** (Unconfirmed Report)
SINUS BRADYCARDIA (Heart Rate: 50-59)
NORMAL AXIS
ST ABNORMALITY, POSSIBLE TRANSMURAL INJURY (INFERIOR)
[MARKEDLY ABNORMAL ECG]



0.1Hz- 40Hz, AC60Hz. I-aVF: 10.0mm/mV, V1-V6: 5.0mm/mV. 25.0mm/sec. CardioTouch6.08C.30 Bionet Co., Ltd.

Doc - General Documentation

Document Type:	Referred Provider Report
Service Date/Time:	8/4/2021 14:30 PDT
Result Status:	Auth (Verified)
Document Title:	DR. BESETH
Sign Information:	Rodriguez ,Socorro (8/6/2021 14:32 PDT)

*** Referred Provider Report - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro ***

8/4/2021 21:19

CPHYCPRRRD11

RRD→19094810700

2/2

**Bryce D. Beseth, MD
Gay M. Beseth, NP, MSN
510 N. 13th Ave., Ste 204
Upland, CA 91786
Office (909)920-0525
Fax (909)920-0526**

**August 04, 2021
Re: Adel Hanna
Date of Birth: 3/29/1946
MRN: 41776
Date of Visit: 8/4/2021**

Mohamed Ali M.D.

(909)481-0700

Dear Dr. Ali,

Thank you for referring your patient Adel Hanna M.D. for evaluation of his right inguinal hernia. I have scheduled him for robot assisted laparoscopic right inguinal hernia repair with mesh.

Thanks again for your kind referral.

Best regards,

Bryce Beseth, M.D.

Name: Hanna MD, Adel S

Page 1 of 1

DOB: 3/29/1946

Doc - Administrativ-Scanned Documents

Document Type: Disclosure Notice
Service Date/Time: 7/9/2021 14:09 PDT
Result Status: Auth (Verified)
Document Title: PRIVACY PRACTICE
Sign Information: Rodriguez ,Socorro (7/9/2021 14:09 PDT)

* Disclosure Notice - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *

Mohamed Ali, M.D.

10165 Foothill blvd. # 26 Rancho Cucamonga, CA 91730

Privacy Officer: Denise

Phone: (909)481-0800

I hereby acknowledge that I received a copy of this medical practice's Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be posted in the reception area, and that a copy of any amended Notice of Privacy Practices will be available at each appointment.

Signed: Hanna MD Date: 7-9-2021

Print Name: Adel S. Hanna, M.D. Telephone: 909-578-6061

If not signed by the patient, please indicate relationship:

- Parent or guardian of minor patient
- Guardian or conservator of an incompetent patient

Name and Address of Patient: Adel S. Hanna, 5688 Cousins Pl. Rancho Cucamonga
91737

Por la presente reconozco que he recibido una copia del Aviso de esta práctica médica de prácticas de privacidad. Además, reconozco que una copia del aviso actual será fijada en la zona de recepción, y que una copia de la Notificación de Prácticas de Privacidad modificado estará disponible en cada cita.

Firmado: _____ Fecha: _____

Imprimir Nombre: _____ Teléfono: _____

Si no está firmada por el paciente, por favor indique la relación:



- El padre o tutor del paciente menor de edad
- Tutor o curador de un paciente incompetente

Nombre y dirección del paciente: _____

Doc - Administrativ-Scanned Documents

Document Type: Insurance Documentation
Service Date/Time: 7/9/2021 14:08 PDT
Result Status: Auth (Verified)
Document Title: BC,PPO
Sign Information: Rodriguez ,Socorro (7/9/2021 14:09 PDT)

* Insurance Documentation - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *

Anthem   **PERS Choice**
BASIC


ADEL HANNA


Member ID:
CPK226A67822

Group No: CB010A
Plan Code: 040
Coverage(s):
Medical

PPO Ofc Visit Copay \$20
PPO Specialist Ofc Visit Copay \$35
RxBIN 610011
RxPCN IRX
RxGroup CALPANTP

See EOC for Benefit Specifics

Blue Cross PPO
A Preferred Group Plan Product 

Anthem 

anthem.com/calcpers

MEMBERS: When submitting inquiries always include your member number from the face of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield Plan. To ensure prompt claims processing, include the 3-digit prefix that precedes the patient's identification number listed on the front of this card.

All non-emergency hospital admissions must be pre-certified 3 full days in advance. Emergency admissions must be registered within 24 hours.

For services rendered in CA, file medical claims to: P.O. BOX 60007 LOS ANGELES, CA 90060

This card is for identification only in the PERS Choice Health Plan.

12/10/19

Member Services
24/7 NurseLine 1-877-737-7776
Pns-Service Review 1-800-700-9165
Coverage While Traveling 1-800-451-6780
LiveHealth Online 1-800-410-2583
Pharmacy Services* 1-888-548-3432
1-855-505-8110

Telehealth: livehealthonline.com

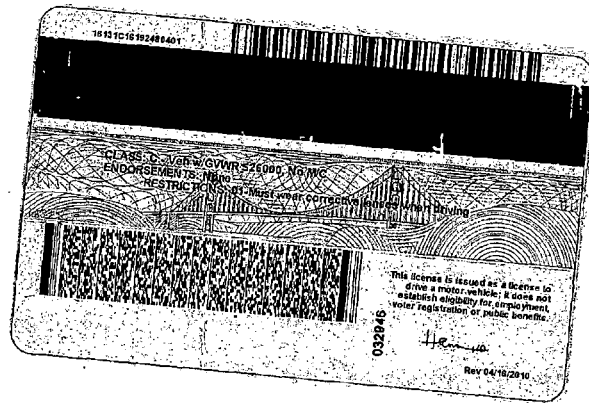
*Contracts directly with group

Anthem Blue Cross Life and Health Insurance Company provides administrative services only and does not assume any financial risk or obligation with respect to claims. Blue Cross of California, using the trade name Anthem Blue Cross, administers claims on behalf of Anthem Blue Cross Life and Health Insurance Company and is not liable for benefits payable. Independent licensees of the Blue Cross Association.

Doc - Administrativ-Scanned Documents

Document Type: Registration Documentation
Service Date/Time: 7/9/2021 14:06 PDT
Result Status: Auth (Verified)
Document Title:
Sign Information: Rodriguez ,Socorro (7/9/2021 14:07 PDT)

* Registration Documentation - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *



* Registration Documentation - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *

Patient Information

Name: Adel S. Hanna, M.D.

Phone: 1) (Home)

Date of Birth: 03, 29, 1946

Phone: 2) (Cell) 909-578-6061

Address: 5688 Cousins Pl, Rancho CA 91737 Language: Arabic?

Marital Status: (S) (M) (D) (W)

SS#: 548-67-8932 Email: Adel.Hanna@Cdc.ca.gov

Race: White () Black/African American () Hispanic () Asian () Pacific Islander () Native Hawaiian
 () American Indian () Other: () Decline

Ethnicity: () Hispanic/Latino () Not Hispanic/Latino () Other:

Medical History:

Yes	No		Yes	No		Yes	No	
		Hypertension		X	Anemia		X	Thyroid Problem
X		Diabetes		X	Depression	X		Sinus Allergy
X		High Cholesterol		X	Anxiety	X		Migraine
X		Heart Disease		X	Cancer		X	Seizure/Epilepsy
X		Stroke		X	Osteoporosis		X	Prostate Problem
X		Arthritis		X	Liver Disease		X	STD's
X		Back Problem		X	Kidney Disease		X	Other:
X		Asthma/Emphysema		X	Bleeding Disorder			

Medications			Allergy	Severity
Name	Dose	Frequency	1. Reglan	+++
1. Atenolol	50 mg	1 daily	2.	
2. Amlodipine	5 mg	1 daily	3.	
3.			4.	
4.			Social History	
5.			Yes	No
6.				X
7.				Drugs
8.				Alcohol
9.			If yes, <u>Solid</u> Drinks x <u> </u> Years <i>Solid only</i>	
10.			If yes, <u> </u> Pack(s) x <u> </u> Years	

Family History: 1. ~~Diabetes & HTN~~ **NONE**

Surgical History: 1. Cholecystectomy

2. ~~Malignancy of Sigmoid Colon~~ *approx. date/year* *2) 30 years age

Patient Signature: [Signature]

Date: 07-10-2021

* Registration Documentation - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *

Practice Compliance: OIG * HIPAA * OSHA

Practice Management Institutes

MOHAMED S. ALI, M.D.
Internal Medicine
10165 Foothill Blvd #26
Rancho Cucamonga, CA 91730

PATIENT QUESTIONNAIRE

I. Please list the family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis: * Please include contact number for each person *

IRMA Kawaguchi 909-347-4216

II. Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY: * Please include contact number for each person *

Same as Above only.

III. Please print the address of where you would like your billing statements and/or correspondence from our office to be sent if other than your home:

5688 Cousins Pl. Rancho Cucamonga 91737

IV. Please indicate if you want all correspondence from our office sent in a sealed envelope marked "CONFIDENTIAL":

YES: NO:

V. Please print the telephone number, if any, where you want to receive calls about your appointments, lab, and x-ray results, or health care information if other than your home phone number:

(909) 578-6061

VI. Can confidential messages (i.e. appointment reminders) be left on your home answering machine or voicemail? personal phone

YES: NO:

VII. If you do not have a voicemail, can a confidential message be left at your place of employment?

YES: NO:

Patient Name: Adel S. Hanna, MD (guardian if under 18 years)

Adel S. Hanna MD
Patient/Guardian Signature

7-9-2021
Date

* Registration Documentation - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *

Mohamed Ali, M.D.
10165 Foothill Bl, STE 26
Rancho Cucamonga, CA 91730
(909) 481-0800

Patient Partnership Plan

Dear Patient,

Welcome to our practice. We intend to provide you with the care and service that you expect and deserve. Achieving your *best possible health* requires a "partnership" between you and your doctor. As our "partner in health," we ask you to help us in the following ways:

Schedule Visits with My Doctor for Routine Physical Exams and Other Recommended Health Screenings

I understand that my doctor will explain to me which regular health screenings are appropriate for my age, gender, and personal and family history. I understand I will need to complete these recommended health screenings (mammogram, immunizations, pap smears etc). **These health screenings are tests that can help detect life-threatening disease and conditions.** If I visit my doctor only for treatment of immediate problems and forget to arrange for regular health screenings, I put myself at risk of letting serious health problems go undetected. I will schedule regular visits with my doctor to complete my physical exam and to discuss these health screenings.

Keep Follow-up Appointments and Reschedule Missed Appointments

I understand that my doctor will want to know how my condition progresses after I leave the office. Returning to my doctor on time gives him or her the chance to check my condition and my response to treatment. During a follow-up appointment, my doctor might order test, refer me to a specialist, prescribe medication, or even discover and treat a serious health condition. If I miss an appointment and don't reschedule, I run the risk that my physician will not be able to detect and treat a serious health condition. I will make every effort to reschedule missed appointments as soon as possible.

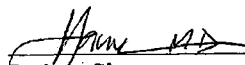
Call the Office When I Do Not Hear the Results of Labs and Other Test

I understand that my physician's goal is to report my labs and test results to me as soon as possible. However, if I do not hear from my physician's office within the time specified, I will call the office for my test results.

Inform My Doctor if I Decide Not to Follow His or Her Recommended Treatment Plan

I understand that after examining me, my doctor may make certain recommendations based on what he or she feels is best for my health. This might include prescribing medication, referring me to a specialist, ordering labs and tests, or even asking me to return to the office within a certain period of time. I understand that not following my treatment plan can have serious negative effects on my health. I will let my doctor know whenever I decide not to follow his or her recommendations so that he or she may fully inform me of any risks associated with my decision to delay or refuse treatment.

Thank you for your partnership. As our patient, you have the right to be informed about your health care. We invite you, at **any time**, to ask questions, report symptoms, or discuss any concerns you may have. If you need more information about your health or condition, please ask.


Patient Signature

7-9-2021
Date


Physician Signature

* Registration Documentation - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *

ACKNOWLEDGEMENT

Physician: _____ Telephone: _____
Mohamed Ali, M.D.
Address: 10165 Foothill Bl, STE 26
Rancho Cucamonga, CA 91730
(909) 481-0800

Patient's Name: Adel S. Hanna M.D. DOB: 3-29-1946
Address: 5688 Cousins Pl Telephone: 909-578-606
Rancho Cucamonga
CA 91737

Advanced Directives

This acknowledgment that the physician, or one of his/her staff members, has provided me information concerning Advanced Directives.

1. I am age 18 or older. (Circle one) Yes No
2. I realize that I have the option of putting together Advanced Directives for my healthcare. My physician has provided me written information concerning these Advanced Directives. I understand that it is my responsibility to provide my doctor(s) with any documents that are required to carry out my Advanced Directives.
3. I am aware that Advanced Directives may be any one of the following:
 - a. A Durable Power of Attorney for Health Care.
 - b. The Declaration in the A natural Death Act – Ex. A Living Will
 - c. I may write down my wishes on a piece of paper so that my family may use the document, in deciding my medical treatment, in the event I am unable to do so.

Patient's Signature: *Adel S. Hanna MD* Date: 7-9-2021

This document will become part of my medical record.

Doc - Administrativ-Scanned Documents

Document Type: Referral Authorization
Service Date/Time: 7/9/2021 14:46 PDT
Result Status: Auth (Verified)
Document Title: gen surg
Sign Information: Flores MA,Denise E (7/9/2021 14:47 PDT)

* Referral Authorization - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Flores MA, Denise E *

Mohamed Ali, M.D.
10165 Foothill blvd #26
Rancho Cucamonga, CA 91730
Ph(909)481-0800 Fax(909)481-0700

Date: 07-09-21

Patient Name: Hanna, Adel

Referred to: Dr. Bryce Beseth
Ph# (909) 920-0525
510 N. 13th ave #204
Upland, CA 91786

Reason for referral: inguinal hernia

Forms - Advance Directive

Document Type: Advance Directive Forms
Service Date/Time: 7/9/2021 14:03 PDT
Result Status: Auth (Verified)
Document Title: Advance Directives
Sign Information: Rodriguez ,Socorro (7/9/2021 14:03 PDT)

Advance Directives Entered On: 7/9/2021 2:03 PM PDT
Performed On: 7/9/2021 2:03 PM PDT by Rodriguez , Socorro

Advance Directives

Advanced Directives : No
Advance Directive Additional Information : No

Rodriguez , Socorro - 7/9/2021 2:03 PM PDT

Forms - Ambulatory Intake

Document Type: Intake Form
Service Date/Time: 11/8/2021 15:26 PST
Result Status: Auth (Verified)
Document Title: Quick Intake
Sign Information: Moreno MA,Maira (11/8/2021 15:26 PST)

Quick Intake Entered On: 11/8/2021 3:27 PM PST
Performed On: 11/8/2021 3:26 PM PST by Moreno MA, Maira

Summary

Chief Complaint : F/U
Advanced Directives : No
Weight Measured : 158.4 lb(Converted to: 158 lb 6 oz, 71.85 kg)
Height Measured : 66 in(Converted to: 5 ft 6 in, 167.64 cm)
Body Mass Index : 25.56 kg/m2 (HI)
Body Surface Area : 1.83 m2
Systolic Blood Pressure : 140 mmHg (HI)
Diastolic Blood Pressure : 80 mmHg
Mean Arterial Pressure : 100 mmHg
Peripheral Pulse Rate : 76 bpm
Temperature Temporal : 97.1 DegF(Converted to: 36.2 DegC) (LOW)

Moreno MA, Maira - 11/8/2021 3:26 PM PST

Document Type: Intake Form
Service Date/Time: 8/6/2021 15:21 PDT
Result Status: Auth (Verified)
Document Title: Quick Intake
Sign Information: Moreno,Maira (8/6/2021 15:21 PDT)

Forms - Ambulatory Intake

Quick Intake Entered On: 8/6/2021 3:22 PM PDT
Performed On: 8/6/2021 3:21 PM PDT by Moreno, Maira

Summary

Chief Complaint : 1 mth F/U
Advanced Directives : No
Weight Measured : 158 lb(Converted to: 158 lb 0 oz, 71.67 kg)
Height Measured : 66 in(Converted to: 5 ft 6 in, 167.64 cm)
Body Mass Index : 25.5 kg/m2 (HI)
Body Surface Area : 1.82 m2
Systolic Blood Pressure : 120 mmHg
Diastolic Blood Pressure : 80 mmHg
Mean Arterial Pressure : 93 mmHg
Peripheral Pulse Rate : 72 bpm
Temperature Temporal : 97.3 DegF(Converted to: 36.3 DegC)

Moreno, Maira - 8/6/2021 3:21 PM PDT

Document Type: Intake Form
Service Date/Time: 7/9/2021 16:30 PDT
Result Status: Auth (Verified)
Document Title: Quick Intake
Sign Information: Ali M.D.,Mohamed (7/9/2021 16:30 PDT)

Quick Intake Entered On: 7/9/2021 4:30 PM PDT
Performed On: 7/9/2021 4:30 PM PDT by Ali M.D., Mohamed

Summary

Advanced Directives : No
Height Measured : 66 in(Converted to: 5 ft 6 in, 167.64 cm)

Ali M.D., Mohamed - 7/9/2021 4:30 PM PDT

Health Status

Immunizations Current : Yes
Tobacco Use? : Never smoker

Ali M.D., Mohamed - 7/9/2021 4:30 PM PDT

Document Type: Intake Form
Service Date/Time: 7/9/2021 14:23 PDT
Result Status: Auth (Verified)
Document Title: Quick Intake
Sign Information: Rodriguez ,Socorro (7/9/2021 14:23 PDT)

Quick Intake Entered On: 7/9/2021 2:27 PM PDT
Performed On: 7/9/2021 2:23 PM PDT by Rodriguez , Socorro

Forms - Ambulatory Intake

Summary

Chief Complaint : NEW PT. PHYSICAL

Advanced Directives : No

Weight Measured : 158 lb(Converted to: 158 lb 0 oz, 71.67 kg)

Height Measured : 66 in(Converted to: 5 ft 6 in, 167.64 cm)

Body Mass Index : 25.5 kg/m2 (HI)

Body Surface Area : 1.82 m2

Systolic Blood Pressure : 132 mmHg (HI)

Diastolic Blood Pressure : 80 mmHg

Mean Arterial Pressure : 97 mmHg

Peripheral Pulse Rate : 58 bpm (LOW)

Temperature Oral : 97.3 DegF(Converted to: 36.3 DegC)

Rodriguez , Socorro - 7/9/2021 2:23 PM PDT

Forms - Assessment

Document Type:

Assessment Form

Service Date/Time:

7/15/2021 16:53 PDT

Result Status:

Auth (Verified)

Document Title:

Depression Screening

Sign Information:

Rodriguez ,Socorro (7/15/2021 16:53 PDT)

Depression Screening Entered On: 7/15/2021 4:53 PM PDT
Performed On: 7/15/2021 4:53 PM PDT by Rodriguez , Socorro

Depression Screening

Little Interest - Pleasure in Activities : Not at all

Feeling Down, Depressed, Hopeless : Not at all

Initial Depression Screen Score : 0

Rodriguez , Socorro - 7/15/2021 4:53 PM PDT

Document Type:

Fall Risk Screening - Text

Service Date/Time:

7/15/2021 16:52 PDT

Result Status:

Auth (Verified)

Document Title:

Fall Risk Screening

Sign Information:

Rodriguez ,Socorro (7/15/2021 16:52 PDT)

Fall Risk Screening Entered On: 7/15/2021 4:52 PM PDT
Performed On: 7/15/2021 4:52 PM PDT by Rodriguez , Socorro

Fall Risk Sreening

Fall Risk Fallen Within The Past Year : No

Rodriguez , Socorro - 7/15/2021 4:52 PM PDT

Forms - Point of Care Testing

Document Type: POC Testing Form
 Service Date/Time: 7/7/2021 14:52 PDT
 Result Status: Auth (Verified)
 Document Title: Lipid Profile POC
 Sign Information: Rodriguez ,Socorro (7/8/2021 14:52 PDT)

Lipid Profile POC Entered On: 7/8/2021 2:54 PM PDT
Performed On: 7/7/2021 2:52 PM PDT by Rodriguez , Socorro

Lipid Profile POC

Total Cholesterol POC : 152 mg/dL
 Triglyceride POC : 120 mg/dL
 HDL Cholesterol POC : 51 mg/dL
 Non-HDL : 101 mg/dL
 TC/HDL Ratio : 2.98
 LDL Cholesterol POC : 77 mg/dL
 AST/SGOT POC : 16 unit/L
 ALT/SGPT POC : 21 unit/L
 Glucose Level POC : 96 mg/dL

Rodriguez , Socorro - 7/8/2021 2:52 PM PDT

Document Type: POC Testing Form
 Service Date/Time: 7/7/2021 14:51 PDT
 Result Status: Auth (Verified)
 Document Title: Hgb A1c POC
 Sign Information: Rodriguez ,Socorro (7/8/2021 14:51 PDT)

Hgb A1c POC Entered On: 7/8/2021 2:52 PM PDT
Performed On: 7/7/2021 2:51 PM PDT by Rodriguez , Socorro

Hgb A1c POC

Hgb A1c POC : 5.7 %

Rodriguez , Socorro - 7/8/2021 2:51 PM PDT

Lab - Chemistry

Procedure	Result	Units	Reference Range	Collected Date	Verified Date
Sodium Level	141 ^{IP6}	mmol/L	[134-146]	8/12/2021	
Potassium Level	4.1 ^{IP6}	mmol/L	[3.3-5.2]	8/12/2021	
Chloride Level	110 ^{IP6}	mmol/L	[99-113]	8/12/2021	
CO2 Level	27 ^{IP6}	mmol/L	[21-32]	8/12/2021	
AGAP	4 ^{L IP6}	mmol/L	[5-15]	8/12/2021	
BUN	14 ^{IP6}	mg/dL	[6-22]	8/12/2021	
Creatinine Level	1.02 ^{^1 IP6}	mg/dL	[0.70-1.30]	8/12/2021	
eGFR	71 ^{^2 IP6}	mL/min	[>=60]	8/12/2021	
Calcium Level	9.5 ^{^3 IP6}	mg/dL	[8.0-10.3]	8/12/2021	
Glucose Level	100 ^{^4 IP6}	mg/dL	[60-100]	8/12/2021	
ALT/SGPT POC	21 ^{IP1}	unit/L		7/7/2021	7/8/2021
AST/SGOT POC	16 ^{IP1}	unit/L		7/7/2021	7/8/2021
Glucose Level POC	96 ^{IP1}	mg/dL		7/7/2021	7/8/2021
Cholesterol POC	152 ^{IP1}	mg/dL		7/7/2021	7/8/2021
HDL POC	51 ^{IP1}	mg/dL		7/7/2021	7/8/2021
TC/HDL Ratio	2.98 ^{IP1}			7/7/2021	7/8/2021
LDL POC	77 ^{IP1}	mg/dL		7/7/2021	7/8/2021
Non-HDL	101 ^{IP1}	mg/dL		7/7/2021	7/8/2021
Triglyceride POC	120 ^{IP1}	mg/dL		7/7/2021	7/8/2021
Hgb A1c POC	5.7 ^{IP1}	%		7/7/2021	7/8/2021

Interpretive Data

- ^1: Creatinine Level
Falsely depressed results may occur on samples drawn from patients receiving N-Acetylcysteine (NAC) or Metamizole.
- ^2: eGFR
eGFR result reported in ml/min/1.73m3. If patient is African-American, please multiply the result by 1.210. Stable creatinine presumed. Ignore eGFR in dialysis patients. Interpret with caution in patients with acute renal failure.
- ^3: Calcium Level
Reference Range: 8.0-10.3 mg/dL
Interpretive Guide
Normal Parathyroid Normal
Hypoparathyroidism Low
Hyperparathyroidism
Primary High
Secondary Normal or Low
Tertiary High
Non-Parathyroid
Hypercalcemia High
- ^4: Glucose Level
Reference Ranges:

Fasting Oral GTT (2HR)

NORMAL	<100 mg/dl	<140 mg/dl
PREDIABETES	>100 to <126 mg/dl	>140 to <200 mg/dl
DIABETES	>126 mg/dl	>200 mg/dl

American Diabetes Association "Diagnosis and Classification of Diabetes Mellitus" Diabetes Care, Volume 36, Supplement 1, January 2013

<i>Lab - Chemistry</i>

Interpretive Data

^4: Glucose Level

All pregnant patients not known to be diabetic should be tested with the 75 gram OGTT between 24 and 28 weeks gestation.

Internal Provenance Source

IP1: Mohamed Ali, M.D.; Rodriguez MA, Socorro

IP6: Carlos R. Vigil

<i>Lab - Hematology</i>

Procedure	Result	Units	Reference Range	Collected Date	Verified Date
WBC	3.8 ^{L IP6}		[4.4-9.1]	8/12/2021	
RBC	5.49 ^{H IP6}		[4.60-5.40]	8/12/2021	
Hgb	16.4 ^{H IP6}	gm/dL	[13.6-16.3]	8/12/2021	
Hct	50 ^{IP6}	%	[36-55]	8/12/2021	
MCV	91 ^{IP6}	fL	[80-99]	8/12/2021	
MCH	29.9 ^{IP6}	pg	[28.3-31.1]	8/12/2021	
MCHC	33 ^{IP6}	gm/dL	[30-36]	8/12/2021	
RDW	15.2 ^{H IP6}	%	[11.1-14.7]	8/12/2021	
Platelet	135 ^{L IP6}		[150-450]	8/12/2021	
MPV	9.8 ^{IP6}	fL	[7.4-10.4]	8/12/2021	
Lymphocytes % Man	24 ^{IP6}	%	[6-42]	8/12/2021	
Monocyte Man	10 ^{H IP6}	%	[3-8]	8/12/2021	
Segmented	56 ^{IP6}	%	[45-76]	8/12/2021	
Neutrophils Man					
Eosinophil Man	4 ^{IP6}	%	[0-8]	8/12/2021	
Basophil Man	1 ^{IP6}	%	[0-1]	8/12/2021	
Reactive	3 ^{H IP6}	%	[<=0]	8/12/2021	
Lymphocyte Man					
Band Man	1 ^{IP6}	%	[0-10]	8/12/2021	
Myelocyte Man	1 ^{H IP6}	%	[<=0]	8/12/2021	
Neut Abs#	2.2 ^{IP6}		[1.8-7.0]	8/12/2021	
Lymph Abs#	0.9 ^{L IP6}		[1.2-4.0]	8/12/2021	
Mono Abs#	0.4 ^{IP6}		[0.0-0.8]	8/12/2021	
Eos Abs#	0.2 ^{IP6}		[0.0-0.5]	8/12/2021	
Abs Basophils	0.0 ^{IP6}		[0.0-0.0]	8/12/2021	
Polychromasia	Slight ^{IP6}			8/12/2021	
Plt Est	Decreased ^{IP6}			8/12/2021	

Internal Provenance Source

IP6: Carlos R. Vigil

<i>Lab - Laboratory Documents</i>

* Lab Report - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Flores MA, Denise E *

BioCorp 9825 Painter Ave, Whittier, CA 9. Beqaj PhD 8JUL21 13:05 Page 1

ALI, MOHAMED M.D. #8371
 10165 FOOTHILL BLVD STE 26
 RANCHO CUCAMONGA, CA 91730

HANNA, ADEL
 Sex: M Age: 75 DOB: 3/29/1946
 Print Date: 7/08/2021 Print Time: 12:35

(909) 481-0800

Physician: Ali, Mohamed

7/07/2021

7/07/2021

7/08/2021

FINAL

211880583

000882479

OTHER I.D.#

HEMATOLOGY

WBC	4.3		10 ³ /uL	3.8-10.8
RBC	5.67		10 ⁶ /uL	4.40-5.80
HEMOGLOBIN	16.6		g/dL	13.8-17.2
HEMATOCRIT		50.3 H	%	41.0-50.0
MCV	88.6		fL	80-100
MCH	29.3		pg	27.0-33.0
MCHC	33.1		g/dL	32.0-36.0
RDW	14.9		%	9.0-15.0
PLATELETS	168		10 ³ /uL	130-400
SEG. NEUTROPHILS	53.0		%	51-74
LYMPHOCYTES %	37.0		%	20-49
MONOCYTES %	6.5		%	2-9
EOSINOPHILS	1.9		%	0-5
BASOPHILS	1.6		%	0-3

CHEMISTRY

SODIUM	137		mEq/L	135-145
POTASSIUM	4.1		mEq/L	3.5-5.5
CHLORIDE	103		mEq/L	99-108
CO2	27		mEq/L	20-30
GLUCOSE, SERUM	96	✓ ✓ ✓	mg/dL	70-110
BUN	14		mg/dL	9-23
CREATININE	1.0		mg/dL	0.5-1.3
BUN CREA RATIO	14		Ratio	3-40
CALCIUM	10.0		mg/dL	8.6-10.3
TOTAL PROTEIN	7.5		g/dL	6.0-8.3
ALBUMIN	4.8		g/dL	3.2-4.8
GLOBULIN (Calc)	2.7		g/dL	2.0-5.0
A/G RATIO (Calc)	1.8		Ratio	1.1-2.5
TOTAL BILIRUBIN		1.3 H	mg/dL	0.3-1.2
ALKALINE PHOSPHATASE	51		U/L	46-116
SGOT (AST)	16		U/L	10-42
SGPT (ALT)	21		U/L	<40
eGFR RATE	77			

NOTE: THE FOLLOWING INFORMATION ONLY APPLIES TO PATIENTS WITH CHRONIC KIDNEY DISEASE According to the National Kidney Foundation Kidney Disease Outcome Quality Initiative (KDOQI) classification, among patients with CKD, irrespective of diagnosis, the stage of disease should be assigned based on the level of kidney function. The stages of CKD (Chronic Kidney Disease) are mainly based on measured or estimate GFR (Glomerular Filtration Rate). There are five stages but kidney function is normal in Stage 1, and minimally reduced in Stage 2. The KDOQI stages of kidney disease are:

Continued on Next Page

Page 1

WARNING: You have received confidential health information. Wrongful use or disclosure of this information is subject to penalty under applicable law. If you have received this information in error, you must notify the sender at once and return the information as instructed

* Lab Report - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Flores MA, Denise E *

BioCorp 9825 Painter Ave, Whittier, CA 9. Beqaj PhD 8JUL21 13:05 Page 2

ALI, MOHAMED M.D. #8371
 10165 FOOTHILL BLVD STE 26
 RANCHO CUCAMONGA, CA 91730

HANNA, ADEL
 Sex: M Age: 75 DOB: 3/29/1946
 Print Date: 7/08/2021 Print Time: 12:35

(909) 481-0800

Physician: Ali, Mohamed

7/07/2021

7/07/2021

7/08/2021

FINAL

211880583

000882479

OTHER I.D.#

KIDNEY DAMAGE STAGE	DESCRIPTION	GFR (mL/min/1.73m ²)
1	Normal kidney function but urine findings or structural abnormalities or genetic trait point to kidney disease	>or=90
2	Mildly reduced kidney function, and other findings (as for stage 1) point to kidney disease	60 to 89
3	Moderately reduced kidney function	30 to 59
4	Severely reduced kidney function	15 to 29
5	Very severe, or endstage kidney failure (sometimes call established renal failure)	<15 (or on dialysis)

Note: The Estimated GFR is validated for the ages 18-70 years. Also, to estimate GFR for African-Americans, multiply the result provided by 1.21

LIPID STUDIES

CHOLESTEROL

152

mg/dL

<200

The National Cholesterol Education Program (NCEP) has published reference cholesterol values for cardiovascular risk to be:

- Less than 200 mg/dL.....Low Risk
- 200 to 239 mg/dL.....Borderline
- 240 mg/dL and greater.....High Risk

TRIGLYCERIDES

120

mg/dL

<150

HDL CHOLESTEROL

51

mg/dL

>40

HDL Cholesterol.....Classification

- 60 mg/dL or above.....Some protection against CHD
- 35 to 60 mg/dL.....Desirable
- Less than 35 mg/dL.....Significant Risk

CHOLESTEROL/HDL

2.98

Ratio

<5.60

LDL (Calc.)

77

mg/dL

60-130

VLDL (Calc.)

24

mg/dL

0-40

GLYCOHEMOGLOBIN (A1C)

Ghb %A1C

5.7 H

%

<5.7

THE FOLLOWING HbA1C RANGES RECOMMENDED BY AMERICAN DIABETES ASSOCIATION MAY BE USED AN AID IN THE DIAGNOSIS OF DIABETES MELLITUS.

Continued on Next Page

Page 2

WARNING: You have received confidential health information. Wrongful use or disclosure of this information is subject to penalty under applicable law. If you have received this information in error, you must notify the sender at once and return the information as instructed

* Lab Report - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Flores MA, Denise E *

BioCorp 9825 Painter Ave, Whittier, CA 9. Beqaj PhD 8JUL21 13:06 Page 3

ALI, MOHAMED M.D. #8371
10165 FOOTHILL BLVD STE 26
RANCHO CUCAMONGA, CA 91730

HANNA, ADEL
Sex: M Age: 75 DOB: 3/29/1946
Print Date: 7/08/2021 Print Time: 12:35

(909) 481-0800

Physician: Ali, Mohamed

7/07/2021

7/07/2021

7/08/2021

FINAL

211880583

000882479

OTHER I.D.#

HEMOGLOBIN A1C

SUGGESTED DIAGNOSIS

NGSP %

=OR>6.5

5.7-6.4

<5.7

DIABETIC

PRE-DIABETIC

NON-DIABETIC

PLEASE NOTE NEW REFERENCE RANGE FOR HbA1C RECOMMENDED BY AMERICAN ASSOCIATION.

DIABETES

MEAN BLOOD GLUCOSE
CALCULATION

126

mg/dL

SPECIAL CHEMISTRY

PSA

2.91

ng/mL

<4.00

** TEST PERFORMED USING SIEMENS ATELLICA CHEMILUMINESCENCE METHOD **

** The concentration of PSA in a given specimen determined with assays from different manufacturers can vary due to differences in assay methods and reagent specificity. Values obtained with different assay methods cannot be used interchangeably. **

THYROID STUDIES

TSH3 ULTRA-SENSITIVE

1.89

uIU/mL

0.55-4.78

+----- Abnormal Summary -----+

HEMATOCRIT 50.3 H

TOTAL BILIRUBIN 1.3 H

Ghb %A1C 5.7 H

+-----+

End of Report

Page 3

WARNING: You have received confidential health information. Wrongful use or disclosure of this information is subject to penalty under applicable law. If you have received this information in error, you must notify the sender at once and return the information as instructed

Lab - Pathology Reports

Document Type: Pathology Specimen
Document Title: Pathology Specimen
Signed Date/Time: 8/12/2021 13:49 PDT

Pathology Specimen

Please click on link to see image.

Person: Hanna, Adel S

MRN: 3943

DOB: 3/29/1946

Sex: Male

Rad - XR

Document Type:

XR Report

Service Date/Time:

7/9/2021 15:45 PDT

Result Status:

Auth (Verified)

Document Title:

R hip

Sign Information:

Rodriguez ,Socorro (7/26/2021 15:46 PDT)

* XR Report - Auth (Verified) - Internal Provenance Source: Mohamed Ali, M.D.; Rodriguez MA, Socorro *



SAN ANTONIO REGIONAL HOSPITAL
Imaging Services

999 San Bernardino Road, Upland, California 91786 | 909.985.2811

San Antonio Radiological Medical Group
Radiology Department: 909-920-4710

Patient: HANNA MD, ADEL SHAKER

MRN: 918505

FIN: 5210547

Patient Type: Outpatient

Admitting:

DOB/Age/Sex: 3/29/1946 75 years Male

Admit/Disch: 7/9/2021

Attending: Ali M.D., Mohamed S

Copy To: Ali M.D., Mohamed S

Diagnostic Radiology

Exam	Accession Number	Exam Date/Time	Ordering Provider
XR Hip Complete Right	XR-21-0045106	7/9/2021 16:16 PDT	Ali M.D., Mohamed S

Report
RIGHT HIP COMPLETE

Clinical history: 75-year-old male with right hip pain.

Comparison: None.

Number of views: 2

Findings:

The proximal femur is smooth and intact and normally articulated with the glenoid. The right superior and inferior pubic rami are intact. The right iliac bone and right sacroiliac joint appear normal.

IMPRESSION:

Normal 2 view x-ray of the right hip.

dictated by: Jeffrey G Karst M.D. on 7/9/2021 5:40 PM

**** Final Report ****

Dictated: 07/09/2021 17:40 Karst M.D., Jeffrey Gerald

Electronically signed: 07/09/2021 17:50

Provider: Karst M.D., Jeffrey Gerald

Report ID: 91532391

Print Date/Time: 7/9/2021 18:10 PDT

Rad - Interfaced

Internal Provenance Source: Carlos R. Vigil

General Radiography Report

Accession XR-21-0053849

FIN:5228417

MRN: 918505

Patient Name: HANNA MD, ADEL SHAKER

Diagnostic Radiology

Exam	Accession Number	Exam Date/Time	Ordering Provider
XR Chest Portable 1 View	XR-21-0053849	8/12/2021 07:27 PDT	Beseth M.D., Bryce D

Report
XR Chest Portable 1 View

Clinical History: Pre-op for Anesthesia Clearance Preop evaluation prior to hernia repair surgery

Comparison: None.

Findings:
Single view of chest is provided. Mild elevation of right hemidiaphragm. Linear opacities at lung bases, indicating of mild chronic scarring. No large pleural effusion. No pneumothorax. Heart size is normal. Mediastinal contour is normal.

Impression:
* No radiographic evidence of acute pulmonary process.

dictated by: Reza Pakdaman M.D. on 8/12/2021 7:35 AM

***** Final Report *****

Dictated: 08/12/2021 07:35 Pakdaman M.D., Reza

Electronically signed: 08/12/2021 07:45
Provider: Pakdaman M.D., Reza

Report 93371480

ID:
Print Date/ Time: 8/12/2021 07:45 PDT

Orders - Charges

Charges

Order: **93000 ecg routine ecg w/least 12 lds w/i+r (Charge) (93000 12-lead electrocardiogram (Charge))** ^{IP4}

Order Date: 7/9/2021 13:57 PDT

Order Status: Completed

Department Status: Completed

Status Date: 7/9/2021 13:57 PDT

End-state Reason:

Ordering Physician: Ali M.D.,Mohamed

Entered By: Ali M.D.,Mohamed on 7/9/2021 16:28 PDT

Order Details: Quantity: 1, Wellness examination

Order Comment:

Order: **99213 office o/p est low 20-29 min (Charge)** ^{IP4}

Order Date: 11/8/2021 15:11 PST

Order Status: Completed

Department Status: Completed

Status Date: 11/8/2021 15:11 PST

End-state Reason:

Ordering Physician: Ali M.D.,Mohamed

Entered By: Ali M.D.,Mohamed on 11/8/2021 15:50 PST

Order Details: Quantity: 1, HTN (hypertension), benign

Order Comment:

Order: **99213 office o/p est low 20-29 min (Charge)** ^{IP4}

Order Date: 8/6/2021 15:15 PDT

Order Status: Completed

Department Status: Completed

Status Date: 8/6/2021 15:15 PDT

End-state Reason:

Ordering Physician: Ali M.D.,Mohamed

Entered By: Ali M.D.,Mohamed on 8/6/2021 15:53 PDT

Order Details: Quantity: 1, HTN (hypertension), benign | Inguinal hernia

Order Comment:

Order: **99387 initial preventive medicine new patient 65yrs+greater than (Charge) (99387 init pm e/m new pat 65+ yrs (Charge))** ^{IP4}

Order Date: 7/9/2021 13:57 PDT

Order Status: Completed

Department Status: Completed

Status Date: 7/9/2021 13:57 PDT

End-state Reason:

Ordering Physician: Ali M.D.,Mohamed

Entered By: Ali M.D.,Mohamed on 7/9/2021 16:28 PDT

Order Details: Quantity: 1, Wellness examination | HTN (hypertension), benign | Inguinal hernia | Prediabetes

Order Comment:

Internal Provenance Source

IP4: Mohamed Ali, M.D.; Ali M.D., Mohamed

Person: Hanna, Adel S

MRN: 3943

DOB: 3/29/1946

Sex: Male

Orders - Consults-Referrals

Consults/Referrals

Order: **General Surgery Consult (Request)** ^{IP4}

Order Date: 7/9/2021 16:29 PDT

Order Status: Ordered

Department Status: Ordered

Status Date: 7/9/2021 16:29 PDT

End-state Reason:

Ordering Physician: Ali M.D., Mohamed

Entered By: Ali M.D., Mohamed on 7/9/2021 16:29 PDT

Order Details: Referred to: ., Inguinal hernia

Order Comment:

Internal Provenance Source

IP4: Mohamed Ali, M.D.; Ali M.D., Mohamed