

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

1. Consent to Medical and Surgical Procedures: I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.

2. Nursing Care: This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

3. Separate Bills: You will receive separate bills from the health care providers who render care to you during your hospital stay, including bills from the hospital, your physician, and other professionals involved in your care.

4. Teaching Program: It is understood that this hospital is a teaching institution and that unless the hospital is notified to the contrary in writing, the patient may participate in the medical education program of the institution and may receive treatment by residents and/or fellows with the approval of the patient's attending physician and those clinical students acting under appropriate supervision as required by such medical education and clinical training program.

5. Personal Belongings: As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, eyeglasses, dentures, hearing aids, cellphones, laptops, other personal electronic devices, documents or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500.00) unless I receive a written receipt for a greater amount from the hospital.

6. Assignment of Insurance Benefits: I assign and authorize direct payment to the hospital of all insurance benefits payable for this hospitalization or for these outpatient services. I agree that the insurance company's payment to the hospital pursuant to this authorization shall discharge the insurance company's obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment

7. Consent to Photograph: I consent to the taking of pictures of my medical or surgical condition or treatment for purposes directly related to my treatment. I consent to the taking of photographs of my newborn child or children for the sole purpose of possible purchase by me.

PATIENT I.D. LABEL

Hanna Adel
03/29/1946 069 M
09/15/2015 00854595
Chong Albert



000518568662



CONDITIONS OF ADMISSION

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ORIGINAL - Chart DUPLICATE - Patient



RG0030

30045_p1
(3/15)
v3.1

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

8. MYHEALTH Patient Access and Information Exchange: The hospital makes information about your care available to you and other care providers through online access. Your admission packet contains a brochure explaining this service and your rights, entitled "What is MYHEALTH?" Your signature on this form acknowledges receipt of this brochure. You will receive information on how to access your patient information on MYHEALTH via e-mail following your services if you provided an e-mail address at the time of registration.

9. California Immunization Registry: Pomona Valley Hospital may share your immunization or tuberculosis (TB) screening test records with the California Immunization Registry (CAIR), a statewide, secure and confidential database of patient immunization information. The CAIR is used by health care professionals, agencies, and schools to keep track of all shots and TB tests you take, and can provide proof about immunizations needed to start child care, school, or a new job. If you do not want your immunization or TB records to be shared with other registry users, please fax or email the "Decline or Start Sharing/Immunization Information Request Form," available on the CAIR website at <http://cairweb.org/cair-forms>, to the CAIR Help Desk at 1-888-436-8320 or CAIRHelpDesk@cdph.ca.gov.

10. Legal Relationship Between Hospital and Physicians: All physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist, physician assistants, nurse practitioners and others, are not employees or agents of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees or agents of the hospital.

Patient Initials: JA

I understand that I am under the care and supervision of my attending physicians. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical and surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

Patient Initials: JA

11. Financial Agreement: I agree to promptly pay all hospital bills in accordance with the regular rates and terms of the hospital, including its charity care and discount payment policies, if applicable. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, physician assistants, nurse practitioners and others, will bill separately for their services. Should any account be referred to an attorney or collection agency for collection, I will pay actual attorneys' fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law.

Patient Initials: JA

12. Advance Directives: I have been offered information on creating an advance directive, and I understand that information. An advance directive is a document that allows me to direct how health care decisions will be made for me if I lack capacity to make those decisions for myself at a later date. If I already have an advance directive, I understand that it is my responsibility to provide a copy to the hospital.

Patient Initials: _____

13. Medicare: If you are a Medicare beneficiary, please be advised that the following items are not covered under the Medicare program: 1) take home medications; 2) a private room (unless medically necessary); 3) discharges from the hospital that occur after 1:00 p.m. if not medically necessary (the hospital will not impose a late charge unless you have been given advance notice of at least 12 hours of your impending discharge); 4) certain medical procedures (the hospital will notify you before providing you with any hospital services that are not Medicare covered services, and will obtain your written consent before rendering you such care). Federal regulations require that we inform you of the above. Your initials below will indicate that you have been informed and that you are aware that you will be responsible for charges of this nature should they occur during your hospital stay.

Patient Initials: JA

PATIENT I.D. LABEL

Hanna Adel
03/29/1946 069 M
09/15/2015 00854595
Chong Albert



000518568662



CONDITIONS OF ADMISSION

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ORIGINAL - Chart DUPLICATE - Patient



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CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

14. Release of Information, Notice of Privacy Practices and Patient Rights/Responsibilities: The hospital provides a Notice of Privacy Practices that explains in detail how a patient's health information may be used and the rights you have to access or control the information. In addition, the hospital provides information on your rights and responsibilities as a patient at the hospital. Your initials acknowledge receipt of the Notice of Privacy Practices and Information on Rights/Responsibilities.

Patient Initials: HA

15. Marketing: The hospital does not sell or share our patient listings with outside third parties for the purposes of marketing, under any circumstances. However, on occasion we may access our internal patient listings for the purpose of mailing information about our hospital services, educational classes, or hospital newsletters that may be of interest to you. We believe these practices comply with HIPAA's marketing provisions, however, we want to give you the opportunity to "opt-out" of receiving any marketing materials from the hospital. If you do not wish to receive these materials from the hospital please send a written notice to our Marketing Department at 1798 N. Garey Avenue, Pomona, CA 91767. Your initials indicate authorization to use your information for marketing purposes.

Patient Initials: _____

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Signature: Hanna Adel Date: 9-15-15 Time: 10:00 A.M./P.M.

If signed by other than patient indicate relationship: _____ Witness: HA

Financial Responsibility Agreement by Persons Other Than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement and Assignment of Insurance Benefits provisions above.

Signature: _____ Date: _____ Time: _____ A.M. P.M.

Relationship: _____ Witness: _____

PATIENT I.D. LABEL

Hanna Adel
03/29/1946 069 M
09/15/2015 00854595
Chong Albert



000518568662



CONDITIONS OF ADMISSION

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ORIGINAL - Chart DUPLICATE - Patient



RG0030

30045_p3
(3/15)
v3.1

Pomona Valley Hospital Medical Center

Patient Opt IN/OUT HIE Consent

Patient: HANNA, ADEL	Account #: 518568662
	MedRec #: 854595

Patient Opt In

Patient Opt Out



1798 N. GAREY AVENUE, POMONA, CALIFORNIA 91767 (909) 865-9500

MEDICAL RECORD# 854595	ENCOUNTER PROVIDER/LOCATION PVHMC Hospital/Radiology PVH	ENCOUNTER# 70000267123	ECD# 518568662	
PATIENT NAME / ADDRESS / PHONE Hanna, Adel Po Box 238 Chino Hills, CA 91709 H: 909-342-9908 C: Email: STMARIAMEDICAL@YAHOO.COM Patient is homeless: N	ENCOUNTER TYPE OP	ENCOUNTER DATE / TIME 09/15/15 13:17		
	DISCH. DATE / TIME	PREV. ADMIT NAME / DATE		
	ADMIT BY mbuzard	ADMSO RA	ROOM/BED	MYHEALTH OPT IN N
	BIRTHDATE 03/29/1946	AGE 69Y	BIRTHPLACE	MARITAL STATUS D
EMPLOYER NAME / ADDRESS / PHONE	RELIGION NDE	GENDER M	RACE U	
	SER RHD	MODE OF ARRIVAL		
	PRIMARY CARE PHYSICIAN Shah, Umesh C., MD		PREFERRED LANGUAGE	
	ATTENDING / TREATMENT DR. NAME / NUMBER Chong, Albert K., MD 017541			
NEXT OF KIN NAME / PHONE / RELATION Hanna, Adel (Patient is: Self) Phone 1: 909-342-9908 Phone 2:	ADMITTING / PRIVATE DR. NAME / NUMBER			
	DIAGNOSIS / CHIEF COMPLAINT (S) Rt knee and shoulder possible meniscus			
	ACCIDENT / INCIDENT INFORMATION 09/15/15 Other			
EMERGENCY / LOCAL CONTACT NAME / PHONE	ORGAN DONOR? N	ADVANCE DIRECTIVE		
	QUICK REGISTRATION INFORMATION			
	CONTACT PRECAUTIONS			
GUARANTOR NAME / ADDRESS / PHONE / RELATION Hanna, Adel Self Po Box 238 Chino Hills, CA 91709 909-342-9908	IP A INFORMATION IP A None			
	GUARANTOR EMPLOYER NAME / ADDRESS / PHONE			
AUTH: POLICY NO: CPR226A67822 INS1:Blue Cross/BX 3rd PPO CM PO Box 60007 Los Angeles, CA 900600007 Adel Hanna CB010A Y				
AUTH: POLICY NO: INS2:				
AUTH: POLICY NO: INS3:				
AUTH: POLICY NO: INS4:				

CALIFORNIA DRIVER LICENSE



DL C1613248
EXP 03/29/2016
LN HANNA
FN ADEL SHAKER
PO BX 238
CHINO HILLS, CA 91709
DOB 03/29/1946
RSTR CORR LENS

CLASS C
END NONE



03291946

A. Hanna

SEX M HAIR BRN EYES BRN
HGT 5'-07" WGT 164 lb
DD 02/24/201153208/BBFD/16 18S 02/24/2011

Anthem

PERS *Choice*
BASIC

ADEL HANNA
Identification Number
CPR226A67822

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

PPO Ofc Visit Copay \$20
RxBIN 004336
RxPCN ADV
RxGroup RX5707

See EOC for Benefit Specifics

Blue Cross PPO
A Patient Buyer Plan Product

CALIFORNIA DRIVER LICENSE



DL: C1613248

EXP: 03/29/2016

CLASS C
END NONE

LN HANNA
FN ADEL SHAKER
PO BX 238
CHINO HILLS, CA 91709
DOB 03/29/1946
RSTR CORR LENS



03291946

A. Hanna

SEX M HAIR BRN EYES BRN
HGT 5'-07" WGT 164 lb
DD 02/24/2011 ISS 02/24/2011

Anthem

PERS BASIC

ADEL HANNA

Identification Number
CPR228A67822

Group No CB010A
Plan Code 040
Coverage(s)
Medical

PPO Ofc Visit Copay \$20
RxBIN 004336
RxPCN ADV
RxGroup RX5707

See EOC for Benefit Specifics

Blue Cross PPO
A Preferred Provider Plan Product



Important Patient Information Financial Assistance Plain Language Summary

Please inform hospital registration staff or your patient account representative if you have any health insurance coverage for your hospital services. Pomona Valley Hospital Medical Center (PVHMC) provides financial assistance to eligible patients who are uninsured or under insured. Our hospital representatives will provide information and assistance without cost to any patient or patient's family representative who makes a request.

You may qualify for Insurance Coverage

If you do not have insurance coverage, financial assistance may be available for eligible patients through various government programs. PVHMC can assist you with obtaining coverage through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care. These programs can assist with paying hospital, doctor and other medical bills. Please contact Eligibility Services at 909.469.9441 for assistance in English, or 909.469.9442 for assistance in Spanish for more information or to obtain an application. Our financial assistance application can also be located on our hospital website at www.pvhmc.org.

You may qualify for Financial Assistance

You may qualify for a discount if your income is less than 400% of the current Federal Poverty Limit. PVHMC's Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained in any of the following ways:

- 1) For an electronic copy, go to Pomona Valley Hospital Medical Center's website: www.pvhmc.org.
- 2) To pick up a paper copy, visit PVHMC's Eligibility Services Department at 1770 North Orange Grove, Suite 230, Pomona, CA 91767, on the second floor in the Family Health Center.
- 3) To receive via US Mail, call PVHMC's Eligibility Services Department at 909.469.9441.

For questions regarding PVHMC's Financial Assistance Policy or request assistance in completing the Financial Assistance Application, call PVHMC's Eligibility Service Department 909.469.9441.

Patients determined to be eligible for financial assistance will not be charged for emergency or medically necessary care more than the amount generally billed to individuals who have insurance covering such care.

Our charges do not include physician charges for anesthesia, pathology, radiology or any other professional fees that may be associated with your service. These professionals will bill you separate from the hospital. We are not able to collect for these charges. Payment must be sent to the address listed on their statement. If you have questions, please contact the patient service representative at the telephone number shown on your billing statement.

By signing below, I am acknowledging receipt of this notice.

Patient Signature: *Hanna Adel* Date: 9-15-15

PATIENT I.D. LABEL
Hanna Adel
03/29/1946 069 M
09/15/2015 00854595
Chong Albert



000518568662



Financial Information



RG0030

50401
(02/15)



Appointments: (909) 469-9395

- PVHMC Radiology Main Hospital
- PVHMC Chino Hills Imaging
- PVHMC Imaging at Grandview
- PVHMC Imaging Center at Claremont
- PVHMC Imaging at Crossroads

NAME: Adel Hanna DOB: _____ DATE: 9-10-15 Patient to return with CD Film
 !Film not available for MRI, CT studies!

DIAGNOSIS: J19.41, J19.46

CLINICAL HISTORY: _____ STAT READING

ORDERING DOCTOR INFORMATION PRINT FULL NAME: <u>Albert Chong</u> Address: _____ Phone: <u>916-294-6001</u> Fax: <u>916-294-1704</u>	Physician Signature: _____ Appt Date: _____ Time: _____ Location: _____
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- SCREENING MAMMOGRAPHY - By Appointment ONLY (909) 469-9395
- DEXA BONE DENSITY - By Appointment ONLY (909) 469-9395

- FLUOROSCOPY - Hospital Only - By Appointment Only (909) 469-9395**
- UGI (prep note #1)
 - Small Bowel (prep note #1)
 - Esophogram (prep note #1)
 - Barium Enema (prep note #2)
 - HSG
 - VCUg
 - IVP* (prep note #2)
 - TMJ Tomograms
 - Arthrogram
 - Gram Rt Lt
 - Other: _____

PREP #1 Nothing to eat or drink after midnight
 #2 Take prep as directed, nothing to eat or drink after midnight

- X-RAY - No Appointment Necessary**
- Chest Views
 - KUB/Abdomen Views
 - Ribs Bilat Rt Lt
 - Scoliosis Series Thoracic Thoracolumbar Sinus
 - Cervical Views Flex / Extension
 - Lumbar Views
 - Extremity Rt Lt
 - Other: _____

- ULTRASOUND - By Appointment Only (909) 469-9395**
- Abdomen (see prep note #3)
 - Carotid Duplex
 - Gallbladder/RUQ/Liver (see prep note #3)
 - Thyroid
 - OB (pregnancy) (see prep note #5)
 - Pelvic (may include transvaginal) (see prep note #5)
 - Renal (see prep note #4)
 - Scrotal
 - Venous - Duplex Extremities: _____ Other: _____
 - Biopsy (see prep note #6): _____ Para / Thoracentesis (see prep note #6): _____

PREP #3 Nothing to eat or drink before exam — adult nothing after midnight, child 6 hrs prior, infant 3 hrs prior
 #4 16 ounces of water prior to exam. Do NOT void
 #5 40 ounces of water finish 45 minutes before exam. Do NOT void
 #6 Must have current History and Physical within 14 days: PT, INR: Platelets within 7 days

- MRI - By Appointment only (909) 469-9395**
- MRA Carotid Neck
 - MRA Lower Extremity Brain
 - MRA Renal Arteries IAC's
 - MRCP Pituitary
 - Other: _____
- IV CONTRAST***
- Ankle Rt Lt
 - Foot Rt Lt
 - Knee Rt Lt
 - Hips Rt Lt
- NO IV CONTRAST**
- Shoulder Rt Lt
 - Elbow Rt Lt
 - Wrist Rt Lt
 - Hand Rt Lt
 - Abdomen
 - Pelvis
 - Cervical
 - Thoracic
 - Lumbar
 - Breast Rt Lt

- NUCLEAR MEDICINE - Hospital Only - By Appointment only (909) 469-9395**
- Adenosine Myoview Treadmill Myoview MUGA Scan Thyroid Uptake Scan VQ Lung Scan
 - Parathyroid Imaging 3 Phase Bone Scan Whole Body Bone Scan HIDA Scan Gastric Emptying Scan
 - Liver / Spleen Scan Metastatic Thy CA Whole Body Scan Renal Scan With Lasix With Captopril
 - PET CT Other: _____

- COMPUTERIZED TOMOGRAPHY (CT) - By Appointment only (909) 469-9395**
- Chest Abdomen (see prep note #7)
 - Neck Sinuses
 - Thoracic Spine Lumbar Spine
 - CT angio of: _____
 - Other: _____
- IV CONTRAST***
- Palvis
 - Facial bones
 - Extremity: _____
 - Biopsy +: _____
 - Drain / Aspiration +: _____
- ORAL CONTRAST**
- NO IV CONTRAST
 - NO ORAL CONTRAST
 - Head
 - Cervical spine

PREP #7 Drink Readi-CAT 4 hours before appointment

- ANGIOGRAPHY / INTERVENTIONAL RADIOLOGY - Hospital Only - By Appointment only (909) 469-9395**
- Arteriogram* + DS Nephrostomy tube placement* + DS Placement Tunnelled Dialysis Catheter +
 - AV / Shunt + Fistula + Venogram Rt Lt Catheter removal Tunnelled Dialysis Catheter Nephrostomy
 - Other: _____

* Exams with Contrast must have BUN, Creatinine. *Not a permanent part of the medical record.
 + Must have current History and Physical within 14 days PT & PTT current within 7 days of procedure.
 DS - Day Surgery Admit 34200 (8/11)



Orders Summary

Patient Name:	Hanna, Adel	MRN	
DOB:	03/29/1946	Age/Sex	69Y / M
Acct ID:	518568662	Attn Dr.	Chong, Albert MD
Admit Date:	09/15/2015 13:17:00	Visit Type:	OP
Discharge Date:	09/18/2015 23:59:59		
Allergy:	Not Assessed		

Orders for Acct ID: 518568662

Order ID: 14394034	Target Cosigner:	
Entered By: RMS	Order Source: System Generated	Creation Date/Time: 09/14/2015 20:57:00
Order By: Albert K. Chong, MD		
Order As Written: MRI Knee Right WO Contrast		
By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVRAD	Func. Date/Time: 09/15/2015 11:21:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVRAD	Func. Date/Time: 09/15/2015 11:07:00	
By Staff: (External System)	Order Function: (New Order)	Order status after Function: Active
Function By: PVRAD	Func. Date/Time: 09/14/2015 20:57:00	

Order ID: 14394031	Target Cosigner:	
Entered By: RMS	Order Source: System Generated	Creation Date/Time: 09/14/2015 20:56:00
Order By: Albert K. Chong, MD		
Order As Written: MRI Shoulder Right WO Contrast		
By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVRAD	Func. Date/Time: 09/15/2015 11:23:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVRAD	Func. Date/Time: 09/15/2015 11:22:00	
By Staff: (External System)	Order Function: (New Order)	Order status after Function: Active
Function By: PVRAD	Func. Date/Time: 09/14/2015 20:56:00	

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595

Acct #: 518568662

Ordering Physician: **ALBERT CHONG M.D.**

Exam Desc: **MRI RIGHT SHOULDER WO CONTRAST**

EXAMINATION DATE: 09/15/2015

Order Number: 90005

Accession Number: 6830268

Patient Location: FO-OP / O

PROCEDURE: Noncontrast right shoulder MRI. Multiplanar and multiweighted imaging of the right shoulder was performed on a superconducting magnet without the administration of intravenous or intra-articular contrast agent.

Imaging was performed in the axial, coronal, and sagittal planes.

History: Right shoulder pain.

Comparison: Right shoulder radiographs 8/13/2015.

Findings:

No masses or lesions are identified within the suprascapular notch, spinal glenoid notch, or quadrilateral space.

Rotator cuff:

Low-grade intrasubstance partial tearing of the supraspinatus and infraspinatus tendons at the footprint, within a background of tendinosis.

The tendons of the subscapularis, deltoid, teres minor muscles are grossly intact. A small reactive subacromial subdeltoid bursitis is appreciated.

Muscle:

No evidence of muscle atrophy or edema.

Glenoid:

Labrum is grossly intact.

Articular cartilage:

Mild cartilage loss is appreciated.

Long head of the biceps tendon (intra-articular and extra-articular portions):

Grossly intact.

Osseous structures:

No acute fracture or dislocation.

Acromioclavicular joint:

The acromion is type 2, as characterized on the sagittal plane.

There is mild osteoarthritis.

Joint:

A paucity of fluid is appreciated in the glenohumeral joint.

IMPRESSION:

No acute osseous abnormalities.

Distribution:

Ordering: ALBERT CHONG M.D.

1880 N ORANGE GROVE AVE POMONA, CA 91767

Primary:

Admission date and time: Sep 15 2015 10:40AM

Examination completed date and time: Sep 15 2015 11:05AM

Transcribed by / Date: on Sep 15 2015 12:47P

Signoff date and time: Sep 15 2015 12:47P

Electronically signed and authenticated by: HAMIDREZA TORSHIZY, M.D.

Interpreting Radiologist: HAMIDREZA TORSHIZY, M.D.

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

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Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595 Acct #: 518568662

Ordering Physician: **ALBERT CHONG M.D.**

Exam Desc: **MRI RIGHT SHOULDER WO CONTRAST**

EXAMINATION DATE: 09/15/2015

Order Number: 90005

Accession Number: 6830268

Patient Location: FO-OP / O

Low-grade intrasubstance partial tearing of the supraspinatus and infraspinatus tendons at the footprint, within a background of tendinosis.

See above report.

HAMIDREZA TORSHIZY, M.D.

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

Ordering: ALBERT CHONG M.D.

1880 N ORANGE GROVE AVE POMONA, CA 91767

Primary:

Admission date and time: Sep 15 2015 10:40AM

Examination completed date and time: Sep 15 2015 11:05AM

Transcribed by / Date: on Sep 15 2015 12:47P

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Electronically signed and authenticated by: HAMIDREZA TORSHIZY, M.D.

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Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

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Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595 Acct #: 518568662

Ordering Physician: **ALBERT CHONG M.D.**

Exam Desc: **MRI RT KNEE WO CONTRAST**

EXAMINATION DATE: 09/15/2015

Order Number: 90006

Accession Number: 6830270

Patient Location: FO-OP / O

PROCEDURE: Noncontrast right knee MRI. Multiplanar and multiweighted imaging of the right knee was performed on a superconducting magnet without the administration of intravenous or intra-articular contrast agent. Imaging was performed in the axial, coronal, and sagittal planes.

History: Pain

Comparison: Right knee radiographs 8/13/2015.

Findings:

Ligaments:

The anterior and posterior cruciate ligaments are grossly intact.
The medial and lateral supporting structures are grossly intact.
The iliotibial band is unremarkable.

Menisci:

Medial meniscus: Multidirectional tearing of the body and posterior horn of the medial meniscus.
Lateral meniscus: Grossly intact.

Cartilage:

Mild cartilage loss the medial and lateral femorotibial compartments are noted. Area of high grade cartilage loss is seen within the central weight-bearing aspect of lateral tibial plateau with underlying subchondral cystic change and reactive marrow edema. The patellar and trochlear cartilage are grossly intact.

Extensor mechanism:

Nonspecific mild prepatellar soft tissue edema is noted. Edema seen in the suprapatellar fat pad suggesting an element of abnormal patellar tracking. The prefemoral infrapatellar fat pads are grossly unremarkable.
The quadriceps and patellar tendons are grossly intact.

Posterior soft tissues:

Unremarkable. No popliteal cyst is identified.

Osseous structures:

No evidence of acute fracture or dislocation.

Muscles:

No evidence of muscle atrophy or edema.

IMPRESSION:

Multidirectional tearing of the body and posterior horn of the medial meniscus.

Evidence of abnormal patellar tracking.

Distribution:

Ordering: ALBERT CHONG M.D.

1880 N ORANGE GROVE AVE POMONA, CA 91767

Primary:

Admission date and time: Sep 15 2015 10:40AM

Examination completed date and time: Sep 15 2015 10:42AM

Transcribed by / Date: on Sep 15 2015 12:43P

Signoff date and time: Sep 15 2015 12:43P

Electronically signed and authenticated by: HAMIDREZA TORSHIZY, M.D.

Interpreting Radiologist: HAMIDREZA TORSHIZY, M.D.

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595 Acct #: 518568662

Ordering Physician: **ALBERT CHONG M.D.**

Exam Desc: **MRI RT KNEE WO CONTRAST**

EXAMINATION DATE: 09/15/2015

Order Number: 90006

Accession Number: 6830270

Patient Location: FO-OP / O

Degenerative changes, most pronounce the lateral femorotibial compartment.

No acute osseous abnormality.

HAMIDREZA TORSHIZY, M.D.

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

Ordering: ALBERT CHONG M.D.

1880 N ORANGE GROVE AVE POMONA, CA 91767

Primary:

Admission date and time: Sep 15 2015 10:40AM

Examination completed date and time: Sep 15 2015 10:42AM

Transcribed by / Date: on Sep 15 2015 12:43P

Signoff date and time: Sep 15 2015 12:43P

Electronically signed and authenticated by: HAMIDREZA TORSHIZY, M.D.

Interpreting Radiologist: HAMIDREZA TORSHIZY, M.D.

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

14. Release of Information, Notice of Privacy Practices and Patient Rights/Responsibilities: The hospital provides a Notice of Privacy Practices that explains in detail how a patient's health information may be used and the rights you have to access or control the information. In addition, the hospital provides information on your rights and responsibilities as a patient at the hospital. Your initials acknowledge receipt of the Notice of Privacy Practices and Information on Rights/Responsibilities.

Patient Initials: HA

15. Marketing: The hospital does not sell or share our patient listings with outside third parties for the purposes of marketing, under any circumstances. However, on occasion we may access our internal patient listings for the purpose of mailing information about our hospital services, educational classes, or hospital newsletters that may be of interest to you. We believe these practices comply with HIPAA's marketing provisions, however, we want to give you the opportunity to opt-out of receiving any marketing materials from the hospital. If you do not wish to receive these materials from the hospital please send a written notice to our Marketing Department at 1798 N. Garey Avenue, Pomona, CA 91767.

Your initials indicate authorization to use your information for marketing purposes.

Patient Initials: HA

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Signature: Hanna Adel Date: 8/13/15 Time: 11:00 A.M. P.M.

If signed by other than patient indicate relationship: _____ Witness: [Signature]

Financial Responsibility Agreement by Persons Other Than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement and Assignment of Insurance Benefits provisions above.

Signature: Hanna Date: 8/13/15 Time: _____ A.M. P.M.

Relationship: _____ Witness: _____

PATIENT I.D. LABEL

HANNA ADEL
03/29/1948 08/13/2015
M 000000854595
CHONG, ALBERT K. A



000134816818



CONDITIONS OF ADMISSION

Page 3 of 3

ORIGINAL - Chart DUPLICATE - Patient



RG0030

30045_p3
(3/15)
v3.1

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

1. Consent to Medical and Surgical Procedures: I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.

2. Nursing Care: This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

3. Separate Bills: You will receive separate bills from the health care providers who render care to you during your hospital stay, including bills from the hospital, your physician, and other professionals involved in your care.

4. Teaching Program: It is understood that this hospital is a teaching institution and that unless the hospital is notified to the contrary in writing, the patient may participate in the medical education program of the institution and may receive treatment by residents and/or fellows with the approval of the patient's attending physician and those clinical students acting under appropriate supervision as required by such medical education and clinical training program.

5. Personal Belongings: As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, eyeglasses, dentures, hearing aids, cellphones, laptops, other personal electronic devices, documents or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500.00) unless I receive a written receipt for a greater amount from the hospital.

6. Assignment of Insurance Benefits: I assign and authorize direct payment to the hospital of all insurance benefits payable for this hospitalization or for these outpatient services. I agree that the insurance company's payment to the hospital pursuant to this authorization shall discharge the insurance company's obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment.

7. Consent to Photograph: I consent to the taking of pictures of my medical or surgical condition or treatment for purposes directly related to my treatment. I consent to the taking of photographs of my newborn child or children for the sole purpose of possible purchase by me.

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 08/13/2015
M. 000000854595
CHONG, ALBERT K. A



000134816818



CONDITIONS OF ADMISSION

Page 1 of 3



RG0030

30045_p1
(3/15)
v3.1

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

8. MYHEALTH Patient Access and Information Exchange: The hospital makes information about your care available to you and other care providers through online access. Your admission packet contains a brochure explaining this service and your rights, entitled *What is MYHEALTH?* Your signature on this form acknowledges receipt of this brochure. You will receive information on how to access your patient information on MYHEALTH via e-mail following your services if you provided an e-mail address at the time of registration.

9. California Immunization Registry: Pomona Valley Hospital may share your immunization or tuberculosis (TB) screening test records with the California Immunization Registry (CAIR), a statewide, secure and confidential database of patient immunization information. The CAIR is used by health care professionals, agencies, and schools to keep track of all shots and TB tests you take, and can provide proof about immunizations needed to start child care, school, or a new job. If you do not want your immunization or TB records to be shared with other registry users, please fax or email the *Decline or Start Sharing/Immunization Information Request Form*, available on the CAIR website at <http://cairweb.org/cair-forms>, to the CAIR Help Desk at 1-888-436-8320 or CAIRHelpDesk@cdph.ca.gov.

10. Legal Relationship Between Hospital and Physicians: All physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist, physician assistants, nurse practitioners and others, are not employees or agents of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees or agents of the hospital.

Patient Initials: AS

I understand that I am under the care and supervision of my attending physicians. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical and surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

Patient Initials: AS

11. Financial Agreement: I agree to promptly pay all hospital bills in accordance with the regular rates and terms of the hospital, including its charity care and discount payment policies, if applicable. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, physician assistants, nurse practitioners and others, will bill separately for their services. Should any account be referred to an attorney or collection agency for collection, I will pay actual attorneys fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law.

Patient Initials: AS

12. Advance Directives: I have been offered information on creating an advance directive, and I understand that information. An advance directive is a document that allows me to direct how health care decisions will be made for me if I lack capacity to make those decisions for myself at a later date. If I already have an advance directive, I understand that it is my responsibility to provide a copy to the hospital.

Patient Initials: _____

13. Medicare: If you are a Medicare beneficiary, please be advised that the following items are not covered under the Medicare program: 1) take home medications; 2) a private room (unless medically necessary); 3) discharges from the hospital that occur after 1:00 p.m. if not medically necessary (the hospital will not impose a late charge unless you have been given advance notice of at least 12 hours of your impending discharge); 4) certain medical procedures (the hospital will notify you before providing you with any hospital services that are not Medicare covered services, and will obtain your written consent before rendering you such care). Federal regulations require that we inform you of the above. Your initials below will indicate that you have been informed and that you are aware that you will be responsible for charges of this nature should they occur during your hospital stay.

Patient Initials: _____

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 08/13/2015
M 000000854595
CHONG, ALBERT K. A



000134816818



CONDITIONS OF ADMISSION

Page 2 of 3

ORIGINAL - Chart DUPLICATE - Patient



RG0030

30045_p2
(3/15)
v3.1

Pomona Valley Hospital Medical Center

Patient Opt IN/OUT HIE Consent

Patient: HANNA, ADEL	Account #: 134816818
	MedRec #: 854595

Patient Opt In

Patient Opt Out



MEDICAL RECORD# 00000854595		1798 N. GAREY AVENUE, POMONA, CALIFORNIA 91767 (909) 865-9500 0 29		PT CLASS O	FINANCIAL # 000134816818
PATIENT NAME / ADDRESS / PHONE/ EMAIL HANNA ADEL PO BOX 238 CHINO HILLS CA 91709 909 3429908 STMARIAMEDICAL@YAHOO.COM			OCCUPATION		ADMIT DATE / TIME 08/13/2015 10:56
			DISCH. DATE / TIME		PREV. ADMIT NAME / DATE 07/19/2015
EMPLOYER NAME / ADDRESS / PHONE CANYON RIDGE HOSPITAL UNKNOWN			ADMIT BY RR0 RR0	ADMSO OS	ROOM/BED
			DRV LICENSE NO.		
NEXT OF KIN NAME / ADDRESS / PHONE / RELATION HANNA ADEL 1 PO BOX 238 CHINO HILLS CA 91709 H: 909 3429908 W:			BIRTHDATE 03/29/1946	AGE 69Y	SEX M
			TYPE R	M.S. D	S.S.# 548-67-8932
EMERGENCY / LOCAL CONTACT NAME / ADDRESS / PHONE H: W:			RELIGION NDE	F/C A	RACE O
			SER. RAD	DATE TYPED 08/13/2015 10:56	
GUARANTOR NAME / ADDRESS / PHONE / RELATION / S.S.# HANNA ADEL PO BOX 238 CHINO HILLS CA 91709 909 3429908			PREV DISCHARGE DATE		Mode of arrival:
			ATTENDING / TREATMENT DR. NAME / NUMBER CHONG, ALBERT K. 017541		
GUARANTOR EMPLOYER NAME / ADDRESS / PHONE CANYON RIDGE HOSPITAL UNKNOWN			ADMITTING / PRIVATE DR. NAME / NUMBER CHONG, ALBERT K. 017541		
			DIAGNOSIS / CHIEF COMPLAINT (S) PAIN IN JOINT INVOLING SHOULDER REGION/KNEE PAIN XRAY RIGHT SHOULDER/KNEE ACCIDENT INFORMATION		
AUTH: INS1: 797 BX 3RD PRT PYR797 FC PO BOX 60007 LOS ANGELES, CA 90060 HANNA ADEL AUTH: INS2: AUTH: INS3: AUTH: INS4:			ORGAN DONOR? N/A	ADVANCE DIRECTIVE STATUS NA	
			MISC INFORMATION		
T.D. #: _____ Assembler: _____ Analyst: _____ Final Check: _____ HANNA ADEL Hospitalist Patient: 000134816818 08/13/2015 10:56			IPA INFORMATION VERIFIED INS RRO		
			AUTHORIZATION INFORMATION		
T.D. #: _____ Assembler: _____ Analyst: _____ Final Check: _____ HANNA ADEL Hospitalist Patient: 000134816818 08/13/2015 10:56			MOMMY INFORMATION		
			ABOVE INFORMATION CORRECT (INITIAL) _____ OP/ER SVC/72H? CNTYCD: PRIMAID: IPA: PRIMARY CARE PHYSICIAN SHAH, UMESH C. LANG: ENGLISH		



CALIFORNIA DRIVER LICENSE



DL **C1619249**
EXP **03/29/2016**
LN **HANNA**
FN **ADEL SHAKER**
PO BX 238
CHINO HILLS, CA 91708
DOB **03/29/1946**
RSTR CORR LENS

CLASS **C**
END NONE



03291946

A. Hanna

SEX **M** HAIR **BRN** EYES **BRN**
HGT **5-07** WGT **184 lb** ISS **02/24/2011**
DD **02/24/2011** 183200888FD/16

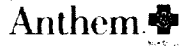


ADEL HANNA
Identification Number
CPR226A67822

Group No	CB010A	PPO Ofc Visit Copay	\$20
Plan Code	040	RxBIN	004336
Coverage(s):		RxPCN	ADV
Medical		RxGroup	RX5707

See EOC for Benefit Specifics





anthem.com/ca/calpers

Member Services	1-877-737-7776
24/7 NurseLine	1-800-700-9185
Pre-Service Review	1-800-451-6780
Coverage While Traveling	1-800-810-2583

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 alpha 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.

MEDICAL CLAIMS & INQUIRIES
PO BOX 60007 LOS ANGELES, CA 90060

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

www.caremark.com/calpers

CVS Caremark Customer Care*	1-877-542-0284
CVS Caremark Help Desk*	1-800-364-6331

*Pharmacy Services independently provided by CVS Caremark, Inc. who contracts directly with the 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.



Pharmacy Benefits Administrator*

Important Patient Information Financial Assistance Plain Language Summary

Please inform hospital registration staff or your patient account representative if you have any health insurance coverage for your hospital services. Pomona Valley Hospital Medical Center (PVHMC) provides financial assistance to eligible patients who are uninsured or under insured. Our hospital representatives will provide information and assistance without cost to any patient or patient's family representative who makes a request.

You may qualify for Insurance Coverage

If you do not have insurance coverage, financial assistance may be available for eligible patients through various government programs. PVHMC can assist you with obtaining coverage through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care. These programs can assist with paying hospital, doctor and other medical bills. Please contact Eligibility Services at 909.469.9441 for assistance in English, or 909.469.9442 for assistance in Spanish for more information or to obtain an application. Our financial assistance application can also be located on our hospital website at www.pvhmc.org.

You may qualify for Financial Assistance

You may qualify for a discount if your income is less than 400% of the current Federal Poverty Limit. PVHMC's Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained in any of the following ways:

- 1) For an electronic copy, go to Pomona Valley Hospital Medical Center's website: www.pvhmc.org.
- 2) To pick up a paper copy, visit PVHMC's Eligibility Services Department at 1770 North Orange Grove, Suite 230, Pomona, CA 91767, on the second floor in the Family Health Center.
- 3) To receive via US Mail, call PVHMC's Eligibility Services Department at 909.469.9441.

For questions regarding PVHMC's Financial Assistance Policy or request assistance in completing the Financial Assistance Application, call PVHMC's Eligibility Service Department 909.469.9441.

Patients determined to be eligible for financial assistance will not be charged for emergency or medically necessary care more than the amount generally billed to individuals who have insurance covering such care.

Our charges do not include physician charges for anesthesia, pathology, radiology or any other professional fees that may be associated with your service. These professionals will bill you separate from the hospital. We are not able to collect for these charges. Payment must be sent to the address listed on their statement. If you have questions, please contact the patient service representative at the telephone number shown on your billing statement.

By signing below, I am acknowledging receipt of this notice.

Patient Signature: *Hanna Adel* Date: 8/13/15

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 08/13/2015
M 000000854595
CHONG, ALBERT K. A



000134816818



Financial Information



RG0030

50401
(02/15)

797
BX CALWEN

134816818
854595



MEDICAL CENTER

Appointments: (909) 469-9395

- PVHMC Radiology Main Hospital
- PVHMC Chino Hills Imaging
- PVHMC Imaging at Grandview
- PVHMC Imaging Center at Claremont
- PVHMC Imaging at Crossroads

NAME: Adel Hanna DOB: _____ DATE: 8-13-15 Patient to return with CD Film
 !Film not available for MRI, CT studies!

DIAGNOSIS: 719.91, 719.46

CLINICAL HISTORY: _____ STAT READING

ORDERING DOCTOR INFORMATION	
PRINT FULL NAME: <u>Albera Chong</u>	Physician Signature: _____
Address: _____	Appt Date: _____ Time: _____
Phone: <u>91029-41004</u> Fax: <u>91029-4704</u>	Location: _____

- SCREENING MAMMOGRAPHY - By Appointment ONLY (909) 469-9395
- DEXA BONE DENSITY - By Appointment ONLY (909) 469-9395

- FLUOROSCOPY - Hospital Only - By Appointment Only (909)469-9395**
- UGI (prep note #1)
 - Small Bowel (prep note #1)
 - Esophogram (prep note #1)
 - Barium Enema (prep note #2)
 - HSG
 - VCUg
 - IVP* (prep note #2)
 - TMJ Tomograms
 - Arthrogram
 - Gram Rt Lt
 - Other: _____

- PREP**
- #1 Nothing to eat or drink after midnight
 - #2 Take prep as directed, nothing to eat or drink after midnight

- X-RAY - No Appointment Necessary**
- Chest Views
 - KUB/Abdomen Views
 - Ribs Bilat Rt Lt
 - Scoliosis Series Thoracic Thoracolumbar Sinus Cervical Views Flex / Extension Lumbar Views
 - Extremity Rt Lt
 - Other: 2 shoulder AP/lat, 2 knee wt bear AP/LX/FLX/RX

- ULTRASOUND - By Appointment Only (909) 469-9395**
- Abdomen (see prep note #3)
 - Carotid Duplex
 - Gallbladder/RUQ/Liver (see prep note #3)
 - Thyroid
 - OB (pregnancy) (see prep note #5)
 - Pelvic (may include transvaginal) (see prep note #5)
 - Renal (see prep note #4)
 - Scrotal
 - Venous - Duplex Extremities: _____ Other: _____
 - Biopsy (see prep note #6): _____ Para / Thoracentesis (see prep note #6): _____

- PREP**
- #3 Nothing to eat or drink before exam — adult nothing after midnight, child 6 hrs prior, infant 3 hrs prior
 - #4 16 ounces of water prior to exam. Do NOT void
 - #5 40 ounces of water finish 45 minutes before exam. Do NOT void
 - #6 Must have current History and Physical within 14 days: PT, INR: Platelets within 7 days

- MRI - By Appointment only (909) 469-9395**
- MRA Carotid Neck Ankle Rt Lt Shoulder Rt Lt Abdomen Cervical
 - MRA Lower Extremity Brain Foot Rt Lt Elbow Rt Lt Pelvis Thoracic
 - MRA Renal Arteries IAC's Knee Rt Lt Wrist Rt Lt Lumbar
 - MRCP Pituitary Hips Rt Lt Hand Rt Lt Breast Rt Lt
 - Other: _____

- NUCLEAR MEDICINE - Hospital Only - By Appointment only (909) 469-9395**
- Adenosine Myoview Treadmill Myoview MUGA Scan Thyroid Uptake Scan VQ Lung Scan
 - Parathyroid Imaging 3 Phase Bone Scan Whole Body Bone Scan HIDA Scan Gastric Emptying Scan
 - Liver / Spleen Scan Metastatic Thy CA Whole Body Scan Renal Scan With Lasix With Captopril
 - PET CT Other: _____

- COMPUTERIZED TOMOGRAPHY (CT) - By Appointment only (909) 469-9395**
- Chest Abdomen (see prep note #7) Pelvis
 - Neck Sinuses Facial bones
 - Thoracic Spine Lumbar Spine Extremity: _____
 - CT angio of: _____ Biopsy +: _____
 - Other: _____ Drain / Aspiration +: _____

- PREP** #7 Drink Readi-CAT 4 hours before appointment

- ANGIOGRAPHY / INTERVENTIONAL RADIOLOGY - Hospital Only - By Appointment only (909) 469-9395**
- Arteriogram* + DS Nephrostomy tube placement* + DS Placement Tunnelled Dialysis Catheter +
 - AV / Shunt + Fistula + Venogram Rt Lt Catheter removal Tunnelled Dialysis Catheter Nephrostomy
 - Other: _____

* Exams with Contrast must have BUN, Creatinine. *Not a permanent part of the medical record.
 + Must have current History and Physical within 14 days PT & PTT current within 7 days of procedure.
 DS - Day Surgery Admit 34200 (8/11)



Orders Summary

Patient Name:	HANNA, ADEL	MRN	
DOB:	03/29/1946	Age/Sex	69Y / M
Acct ID:	134816818	Attn Dr.	Chong, Albert MD
Admit Date:	08/13/2015 10:56:00	Visit Type:	OP
Discharge Date:	08/16/2015 23:59:59		
Allergy:	Not Assessed		

Orders for Acct ID: 134816818

Order ID: 13884127

Entered By: RMS	Target Cosigner:	
Order By: Albert K. Chong, MD	Order Source: System Generated	Creation Date/Time: 08/13/2015 10:59:00
Order As Written: RT KNEE 4 OR MORE VIEWS (CHC)		

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVRAD	Func. Date/Time: 08/13/2015 11:19:00	

By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVRAD	Func. Date/Time: 08/13/2015 11:17:00	

By Staff: (External System)	Order Function: (New Order)	Order status after Function: Active
Function By: PVRAD	Func. Date/Time: 08/13/2015 10:59:00	

Order ID: 13884124

Entered By: RMS	Target Cosigner:	
Order By: Albert K. Chong, MD	Order Source: System Generated	Creation Date/Time: 08/13/2015 10:59:00
Order As Written: RIGHT SHOULDER (CHC)		

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVRAD	Func. Date/Time: 08/13/2015 11:19:00	

By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVRAD	Func. Date/Time: 08/13/2015 11:17:00	

By Staff: (External System)	Order Function: (New Order)	Order status after Function: Active
Function By: PVRAD	Func. Date/Time: 08/13/2015 10:59:00	

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595 Acct #: 134816818

Ordering Physician: **ALBERT CHONG M.D.**

Exam Desc: **RT KNEE 4 OR MORE VIEWS**

EXAMINATION DATE: 08/13/2015

Order Number: 90004

Accession Number: 6807099

Patient Location: CHC-OP / O

PROCEDURE:

Knee, right, 3 views

Clinical history: Knee pain

Comparison: None.

Findings:

Impression below.

IMPRESSION:

- 1. Mild tricompartmental joint space narrowing involving the right knee. No fractures or subluxations.**
- 2. No significant knee effusion.**
- 3. Otherwise unremarkable soft tissues.**

JONATHAN PARK, M.D.

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

Ordering: ALBERT CHONG M.D.

Primary: MB#134 UMESH C SHAH

1880 N ORANGE GROVE AVE POMONA, CA 91767

12540 TENTH ST #B CHINO, CA 91710

Admission date and time: Aug 13 2015 10:56AM

Examination completed date and time: Aug 13 2015 11:18AM

Transcribed by / Date: on Aug 14 2015 4:24P

Signoff date and time: Aug 14 2015 4:24P

Electronically signed and authenticated by: JONATHAN PARK, M.D.

Interpreting Radiologist: JONATHAN PARK, M.D.

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

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Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595 Acct #: 134816818

Ordering Physician: **ALBERT CHONG M.D.**

Exam Desc: **RIGHT SHOULDER**

EXAMINATION DATE: 08/13/2015

Order Number: 90003

Accession Number: 6807098

Patient Location: CHC-OP / O

PROCEDURE:

Shoulder, right, three views

Clinical history: Shoulder pain

Comparison: None.

Findings:

The bones and soft tissues about the right shoulder appear normal. No acute osseous injury nor lytic nor blastic lesions are demonstrated.

IMPRESSION:

No acute nor specific abnormality is demonstrated.

JONATHAN PARK, M.D.

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

Ordering: ALBERT CHONG M.D.
Primary: MB#134 UMESH C SHAH

1880 N ORANGE GROVE AVE POMONA, CA 91767
12540 TENTH ST #B CHINO, CA 91710

Admission date and time: Aug 13 2015 10:56AM
Examination completed date and time: Aug 13 2015 11:18AM
Transcribed by / Date: on Aug 14 2015 4:21P
Signoff date and time: Aug 14 2015 4:21P

Electronically signed and authenticated by: JONATHAN PARK, M.D.
Interpreting Radiologist: JONATHAN PARK, M.D.



Assessment Report

Generated from 07/05/2015 00:00 to END

Pt Name:	HANNA, ADEL	MRN:	854595
Pt ID:	101908620	Acct No:	134585447
DOB:	03/29/1946	Age/Sex:	69Y/M
Adm Date:	07/19/2015	Atn Dr:	Yoon, Christine MD
Dsch Date:	07/19/2015		
Entity:	Pomona Valley Hospital		
Dx:			

ED Nurse Asmt

Assessment Sts Complete **Collected DTime** 07/19/2015 11:50
Collected By Enrique Delapaz, RN

ED Nurse Asmt

Medical Hx Comments hiatal hernia
Cardiovascular Assessment Abnormal
Comments pt awake alert coma score 15 color good skin warm and dry calm cooperative pleasant talkative full body movement able to stand easily. pt c/o pain to area on lt chest wall with slight swelling aprx 3 inches indiameter x 1 week. tender to touch. denies sob. noted tender to area.no reported trauma to area. no midstream anal c/p no sob no distress
Skin Assessment WDL
Gastrointestinal Assessment WDL
Psychosocial Assessment WDL

Learning Barrier None
Cardiovascular Symptoms Chest pain
Respiratory Assessment WDL
HEENT Assessment WDL
Glasgow Coma Scale 15

Clinical Note:

ED Quick Triage

Assessment Sts Complete **Collected DTime** 07/19/2015 11:27
Collected By Stephanie Peak, RN

ED Quick Triage

ED Triage Comments Chest pain x 1 hour. sudden onset, non-provoked, non-radiating. Hx: HTN
Psychological screening Denies Psych Problem/No Verbalization of Intent to Harm Self or Others
ED Mode of Arrival Ambulatory/Carry
ED Accompanied By Self
Pain Intensity #1 5

Travel outside US < 1 yr? No
Abuse/Neglect No Signs or Symptoms of Abuse/Neglect
ED Learning Barrier None
Immunizations Up To Date Yes
Arrival Date/Time 07/19/2015 11:20

Clinical Note:



Assessment Report

Generated from 07/05/2015 00:00 to END

Pt Name:	HANNA, ADEL	MRN:	854595
Pt ID:	101908620	Acct No:	134585447
DOB:	03/29/1946	Age/Sex:	69Y/M
Adm Date:	07/19/2015	Atn Dr:	Yoon, Christine MD
Dsch Date:	07/19/2015		
Entity:	Pomona Valley Hospital		
Dx:			

PVHMC CLINICAL LABORATORY
 1798 NORTH GAREY AVENUE
 POMONA, CA 91767
 909-865-9800

LABORATORY CO-DIRECTORS:
 DAVID NASCA, M.D.
 PURNIMA S CHAURUSHIYA, M.D.
 PHILIP O. STRASSLE, M.D.

NAME: **HANNA, ADEL**
 MR#: 854595
 PT#: 134585447

ATTN DR: **YOON, CHRISTINE**

SEX: M AGE: 69Y DOB: 03/29/1946 LOC: EMR
 RM:
 ADM: 07/19/2015
 DIS:

Report For: **EMR**

HEMATOLOGY

Complete Blood Count

Test Name	Coll D/T:07/19/2015 12:06		Reference Range	Units of Measure	Resulted D/T
WBC	3.8		3.6-11.2	K/UL	07/19/2015 12:17
RBC	5.98	H	3.73-5.50	M/UL	07/19/2015 12:17
HGB	16.2	H	11.4-15.9	g/dL	07/19/2015 12:17
HCT	50.3	H	33.3-45.7	%	07/19/2015 12:17
MCV	84.0		73.7-95.5	fL	07/19/2015 12:17
MCH	27.1		24.3-33.2	pg	07/19/2015 12:17
MCHC	32.3	L	32.5-35.8	g/dL	07/19/2015 12:17
RDW	14.7		12.3-17.0	%	07/19/2015 12:17
PLATELET COUNT	133	L	150-450	K/UL	07/19/2015 12:17
MPV	9.7		7.5-11.2	fL	07/19/2015 12:17
ABS NEUT	1.8		1.8-7.7	K/UL	07/19/2015 12:17
ABS LYMPH	1.4		1.0-4.0	K/UL	07/19/2015 12:17
ABS MONO	0.3		0.0-1.4	K/UL	07/19/2015 12:17
ABS EOS	0.2		0.0-0.8	K/UL	07/19/2015 12:17
ABS BASO	0.1		0.0-0.2	K/UL	07/19/2015 12:17
ABS NRBC	0.0		0.0-1.0	K/UL	07/19/2015 12:17
NEUT, AUTO	47.7		43.3-76.6	%	07/19/2015 12:17
LYMPH, AUTO	37.6		16.0-43.5	%	07/19/2015 12:17
MONOS, AUTO	7.0		1.0-12.5	%	07/19/2015 12:17
EOS, AUTO	6.4		0.6-7.9	%	07/19/2015 12:17
BASOS, AUTO	1.3		0.2-1.4	%	07/19/2015 12:17
NRBC, AUTO	0.1		0.0-0.6	Per 100 WBC's	07/19/2015 12:17
SCAN	AutoValidated				07/19/2015 12:17

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NAME: **HANNA, ADEL**
 MR#: 854595
 PT#: 134585447

ATTN DR: **YOON, CHRISTINE**

SEX: M AGE: 69Y DOB: 03/29/1946 LOC: EMR
 RM:
 ADM: 07/19/2015
 DIS:

Report For: **EMR**

COAGULATION

Prothrombin Time and Activated Partial Thromboplastin Time

Test Name	Coll D/T:07/19/2015 12:06	Reference Range	Units of Measure	Resulted D/T
PROTIME	11.9	9.2-12.9	Seconds	07/19/2015 12:29
INR	1.1	L 2.0-3.0	Ratio	07/19/2015 12:29
APTT	29.2	25.2-32.1	Seconds	07/19/2015 12:29

Comments

=1= Use INR to monitor therapy.
 =2= RECOMMENDATION: Use upper limit of normal to calculate therapeutic range for heparin.

PVHMC CLINICAL LABORATORY

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NAME: **HANNA, ADEL**

SEX: M AGE: 69Y DOB: 03/29/1946 LOC: EMR

MR#: 854595

ATTN DR: **YOON, CHRISTINE**

RM:

PT#: 134585447

ADM: 07/19/2015

DIS:

Report For: **EMR**

CHEMISTRY

Basic Metabolic Panel

Test Name	Coll D/T:07/19/2015 12:06	Reference Range	Units of Measure	Resulted D/T
SODIUM	142	135-145	mMol/L	07/19/2015 12:45
POTASSIUM	4.6	3.5-5.0	mMol/L	07/19/2015 12:45
CHLORIDE	104	95-113	mMol/L	07/19/2015 12:45
CO2	26	24-32	mMol/L	07/19/2015 12:45
ANION GAP	12	4-12		07/19/2015 12:45
=1=				
GLUCOSE	98	70-110	mg/dL	07/19/2015 12:45
BUN	13	8.0-25.0	mg/dL	07/19/2015 12:45
CREATININE	0.9	0.8-1.4	mg/dL	07/19/2015 12:45
CALCIUM	9.4	8.7-10.2	mg/dL	07/19/2015 12:45
eGFR	> 20	>= 60	mL/min /1.73sqm	07/19/2015 12:45
=2=				

Comments

=1= Note:Reference Range for ANION GAP was changed effective 12/05/2013. The new calculated test will not include the Potassium.

=2= >=60 No kidney damage, OR STAGE 1 CKD(Kidney damage with normal or increased kidney function, OR STAGE2 CKD(Kidney damage with mild decreased kidney function); 30-59 STAGE 3 CKD(Moderate decreased kidney function); 15-29 STAGE 4 CKD(Severe decreased kidney function); <15 STAGE 5 CKD(End-Stage kidney failure). If patient is AFRO-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.

Cardiac Markers

Test Name	Coll D/T:07/19/2015 12:06	Reference Range	Units of Measure	Resulted D/T
CPK	76	32-232	U/L	07/19/2015 12:48
CKMB IMMUNOASSAY	1.7	0.0-5.0	ng/mL	07/19/2015 12:49
CKMB INDEX	2.2			07/19/2015 12:49
=1=				
TROPONIN I	< 0.3	< 0.3	ng/mL	07/19/2015 12:49
=2=				

Comments

=1= **NEW METHODOLOGY- No Interpretation available and values obtained from different assay methods cannot be used interchangeably.

=2= Reference Range :

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NAME: **HANNA, ADEL**

SEX: M AGE: 69Y DOB: 03/29/1946 LOC: EMR

MR#: 854595

ATTN DR: **YOON, CHRISTINE**

RM:

PT#: 134585447

ADM: 07/19/2015

DIS:

Report For: **EMR**

TnI : <0.3 ng/mL Negative
TnI : = OR > 0.3 ng/mL Positive

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NAME: **HANNA, ADEL**

SEX: M AGE: 69Y DOB: 03/29/1946 LOC: EMR

MR#: 854595

ATTN DR: **YOON, CHRISTINE**

RM:

PT#: 134585447

ADM: 07/19/2015

DIS:

Report For: **EMR**

SPECIAL CHEMISTRY

Special Chemistry

Test Name	Coll D/T: 07/19/2015 12:05	Reference Range	Units of Measure	Resulted D/T
PSA	3.63	0.0-4.0	ng/mL	07/19/2015 14:11

PVHMC CLINICAL LABORATORY

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NAME: **HANNA, ADEL**

SEX: M AGE: 69Y DOB: 03/29/1946 LOC: EMR

MR#: 854595

ATTN DR: **YOON, CHRISTINE**

RM:

PT#: 134585447

ADM: 07/19/2015

DIS:

Report For: **EMR**

POINT OF CARE TESTS

Biosite Cardiac Markers (POCT)

Test Name	Coll D/T: 07/19/2015 12:06	Reference Range	Units of Measure	Resulted D/T
BRAIN NATRIURETIC PEPTIDE (BNP)	25.2	0-100	pg/mL	07/19/2015 12:34
=1=				

Comments

=1=

BNP results less than or equal to 100 pg/mL are representative of normal values in patients without Congestive Heart Failure (CHF).
 BNP results greater than 100 pg/mL are considered abnormal and suggestive of patients with CHF.
 BNP results of >5000 pg/mL are considered very high values for BNP and exceed the upper limits of the BNP test.

KEY:

H:High

L:Low

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

1. Consent to Medical and Surgical Procedures: I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.

2. Nursing Care: This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

3. Separate Bills: You will receive separate bills from the health care providers who render care to you during your hospital stay, including bills from the hospital, your physician, and other professionals involved in your care.

4. Teaching Program: It is understood that this hospital is a teaching institution and that unless the hospital is notified to the contrary in writing, the patient may participate in the medical education program of the institution and may receive treatment by residents and/or fellows with the approval of the patient's attending physician and those clinical students acting under appropriate supervision as required by such medical education and clinical training program.

5. Personal Belongings: As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, eyeglasses, dentures, hearing aids, cellphones, laptops, other personal electronic devices, documents or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500.00) unless I receive a written receipt for a greater amount from the hospital.

6. Assignment of Insurance Benefits: I assign and authorize direct payment to the hospital of all insurance benefits payable for this hospitalization or for these outpatient services. I agree that the insurance company's payment to the hospital pursuant to this authorization shall discharge the insurance company's obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment.

7. Consent to Photograph: I consent to the taking of pictures of my medical or surgical condition or treatment for purposes directly related to my treatment. I consent to the taking of photographs of my newborn child or children for the sole purpose of possible purchase by me.

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 07/19/2015
M 00000854595
EMERGENCY DEPT PHYS A



000134585447



CONDITIONS OF ADMISSION

Page 1 of 3



RG0030

30045_p1
(3/15)
v3.1

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER

8. MYHEALTH Patient Access and Information Exchange: The hospital makes information about your care available to you and other care providers through online access. Your admission packet contains a brochure explaining this service and your rights, entitled *What is MYHEALTH?* Your signature on this form acknowledges receipt of this brochure. You will receive information on how to access your patient information on MYHEALTH via e-mail following your services if you provided an e-mail address at the time of registration.

9. California Immunization Registry: Pomona Valley Hospital may share your immunization or tuberculosis (TB) screening test records with the California Immunization Registry (CAIR), a statewide, secure and confidential database of patient immunization information. The CAIR is used by health care professionals, agencies, and schools to keep track of all shots and TB tests you take, and can provide proof about immunizations needed to start child care, school, or a new job. If you do not want your immunization or TB records to be shared with other registry users, please fax or email the Decline or Start Sharing/Immunization Information Request Form, available on the CAIR website at <http://cairweb.org/cair-forms>, to the CAIR Help Desk at 1-888-436-8320 or CAIRHelpDesk@cdph.ca.gov.

10. Legal Relationship Between Hospital and Physicians: All physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist, physician assistants, nurse practitioners and others, are not employees or agents of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees or agents of the hospital.

Patient Initials: *HL*

I understand that I am under the care and supervision of my attending physicians. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical and surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

Patient Initials: *HL*

11. Financial Agreement: I agree to promptly pay all hospital bills in accordance with the regular rates and terms of the hospital, including its charity care and discount payment policies, if applicable. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, physician assistants, nurse practitioners and others, will bill separately for their services. Should any account be referred to an attorney or collection agency for collection, I will pay actual attorneys fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law.

Patient Initials: *HL*

12. Advance Directives: I have been offered information on creating an advance directive, and I understand that information. An advance directive is a document that allows me to direct how health care decisions will be made for me, if I lack capacity to make those decisions for myself at a later date. If I already have an advance directive, I understand that it is my responsibility to provide a copy to the hospital.

Patient Initials: *HL*

13. Medicare: If you are a Medicare beneficiary, please be advised that the following items are not covered under the Medicare program: 1) take home medications; 2) a private room (unless medically necessary); 3) discharges from the hospital that occur after 1:00 p.m. if not medically necessary (the hospital will not impose a late charge unless you have been given advance notice of at least 12 hours of your impending discharge); 4) certain medical procedures (the hospital will notify you before providing you with any hospital services that are not Medicare covered services, and will obtain your written consent before rendering you such care). Federal regulations require that we inform you of the above. Your initials below will indicate that you have been informed and that you are aware that you will be responsible for charges of this nature should they occur during your hospital stay.

Patient Initials: *HL*

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 07/19/2015
M 00000854595
EMERGENCY DEPT PHYS A



000134585447



CONDITIONS OF ADMISSION

Page 2 of 3

ORIGINAL - Chart DUPLICATE - Patient



RG0030

30045_p2
(3/15)
v3.1

Pomona Valley Hospital Medical Center

Patient Opt IN/OUT HIE Consent

Patient: HANNA, ADEL	Account #: 134585447
	MedRec #: 854595

Patient Opt In

Patient Opt Out



Assessment Report

Generated from 07/05/2015 00:00 to END

Pt Name:	HANNA, ADEL	MRN:	854595
Pt ID:	101908620	Acct No:	134585447
DOB:	03/29/1946	Age/Sex:	69Y/M
Adm Date:	07/19/2015	Atn Dr:	Yoon, Christine MD
Dsch Date:	07/19/2015		
Entity:	Pomona Valley Hospital		
Dx:			

ED Discharge/Transfer

Assessment Sts Complete **Collected DTime** 07/19/2015 13:21
Collected By Aleyda Canady, RN

ED Discharge/Transfer

ED Departure Dt/Time	07/19/2015 13:21	Patient Disposition	Home
Condition on Discharge/Transfer	Alert, Oriented, Resp Even and Unlabored, Skin Warm and Dry, Stable per Provider, Good	Accompanied by	Family
Departure Mode	Ambulate	Pt Instructed to Follow Up With	Primary Care Provider
Instructions	Reviewed Discharge Instructions with Patient/Significant Other, Patient/Significant Other Verbalized Understanding of Discharge Instructions, Patient/Significant Other Received Written Instructions	Blood Pressure	118/78
Temperature	36.9 Cel	Pulse	72
O2 Saturation %	99	Respirations	20
Pain Intensity #1	0		

Clinical Note:

PATIENT NO: 134585447
MED REC NO: 854595

NAME: HANNA, ADEL
AGE: 69Y DOB: 03/29/1946 SEX: M
ATN DOCTOR: YOON, CHRISTINE

LOCATION: E1NT
DSCH DATE: 07/19/2015
ADMIT DATE: 07/19/2015

ALLERGIES: No Known Drug Allergies

*** MEDICATIONS CURRENT AT THE TIME OF DISCHARGE ***

*** SCHEDULED MEDICATIONS ***

ORD# 2
ACETAMINOPHEN 975 MG = 3 TAB
(TYLENOL 325 MG) PO STAT
START: 07/19/15 12:04 STOP: 07/19/15 12:04
Nrs Verified By: ED4
07/19/15 12:04 ADMIN ED4 at: 07/19/15 12:48

ORD# 1
ASPIRIN 162 MG = 2 TAB
(ASPIRIN CHEWABLE 81 MG) PO STAT
START: 07/19/15 11:44 STOP: 07/19/15 11:44
Nrs Verified By: ED4
07/19/15 11:44 ADMIN ED4 at: 07/19/15 11:49

PATIENT NO: 134585447

NAME: HANNA, ADEL

LOCATION: E1NT

MED REC NO: 854595

AGE: 69Y DOB: 03/29/1946

SEX: M

DSCH DATE: 07/19/2015

ATN DOCTOR: YOON, CHRISTINE

ADMIT DATE: 07/19/2015

ALLERGIES: No Known Drug Allergies

*** NURSE IDENTIFICATION ***

ED4 DE LA PAZ RN, ENRIQUE

END OF REPORT -- REPORT NAME=DCHMAR HOSP=P0 REGION=G0

HANNA, ADEL

ID: 000854595

19-Jul-2015 11 29 15

Pomona Valley Hospital Medical Center

29 Mar-1946
Male

Vent rate 64 bpm
PR interval 180 ms
QRS duration 88 ms
QT/QTc 420/433 ms
P-R-T axes 49 54 ff

Normal sinus rhythm
Normal ECG

Room. B1
Loc 2

HANNA ADEL
M 03/29/1946 69Y 000854595
07/19/2015
000134585447



EK0011

EKG \ ECG Landscape



Technician KWENDT
Test ind

Referred by LARES

Unconfirmed

Original Document
Poor Quality



20 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 3 rhythm lds

MAC55 0090

© 12SL 7239

HANNA, ADEL

ID 000854595

19-Jul-2015

11 29-15

Pomona Valley Hospital Medical Center

29-Mar-1946

Male

Vent rate 64 bpm

PR interval 180 ms

QRS duration 88 ms

QT/QTc 420/433 ms

P-R-T axes 49 54 64

Normal sinus rhythm

Normal ECG

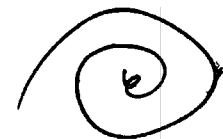
Room B1

Loc 2

HANNA ADEL
M 03/29/1946 69Y 000854595

07/19/2015

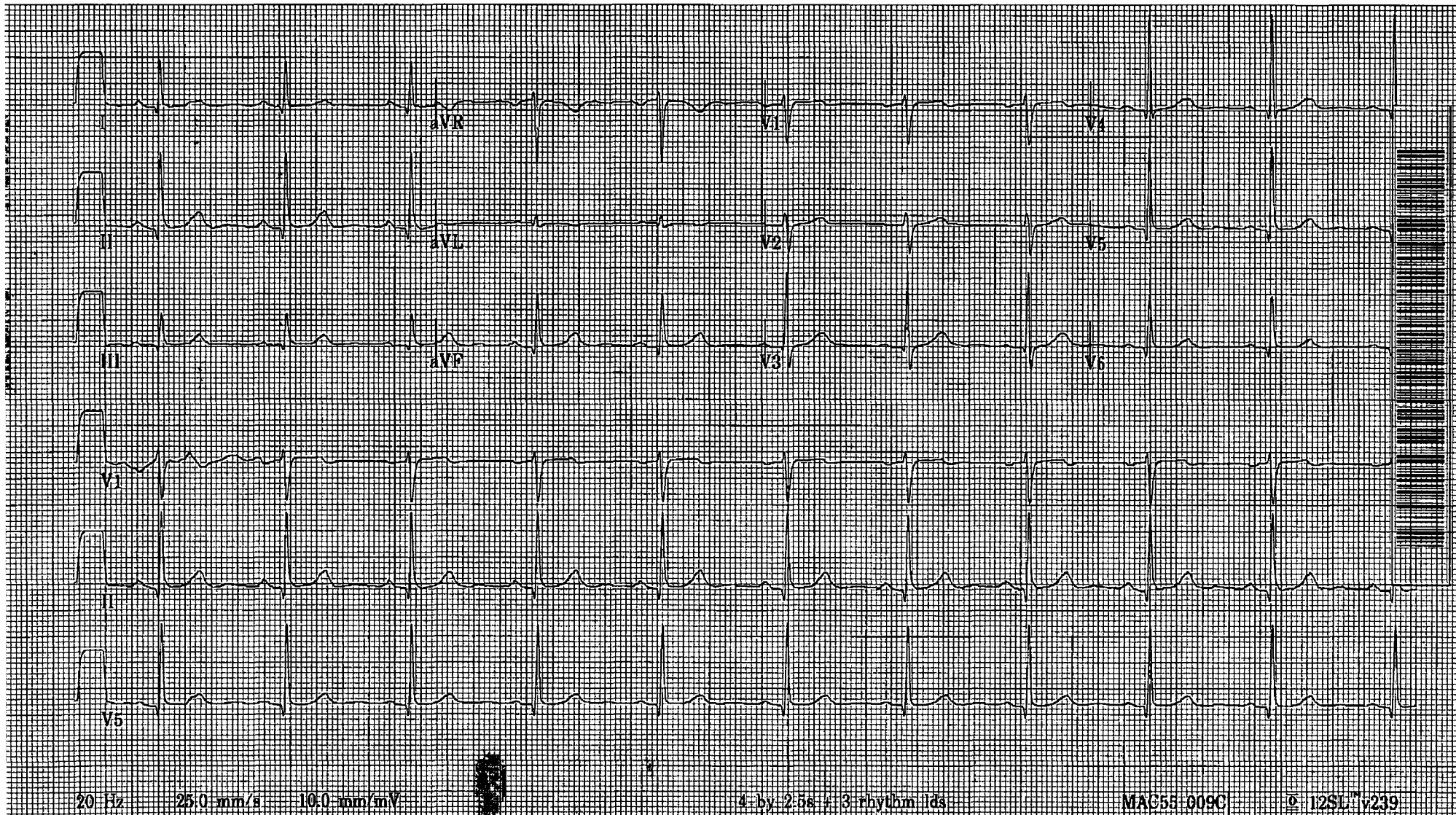
000134585447



Technician KWENDT
Test ind

Referred by LARES

Unconfirmed



20 Hz

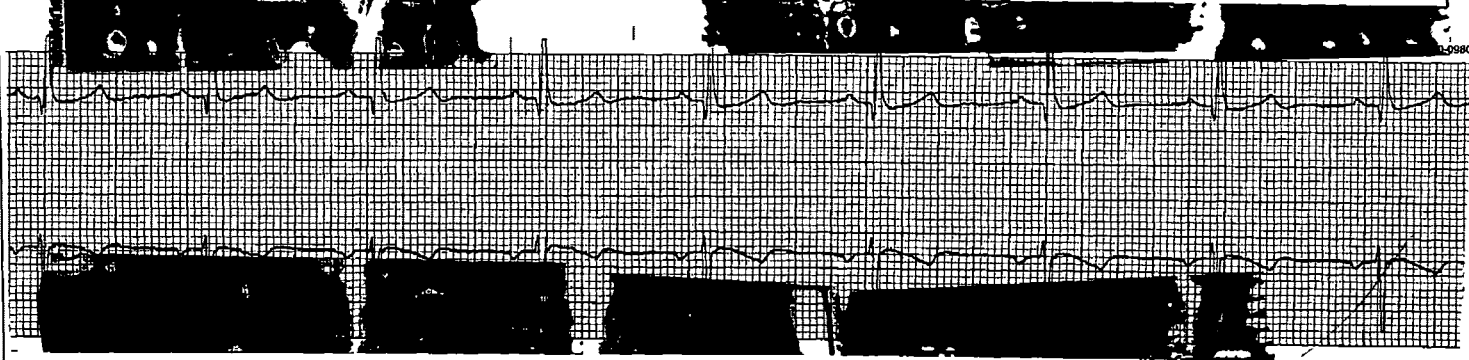
25.0 mm/s

10.0 mm/mV

4-ly 2.5s 3 rhythm lds

MAC58 009C

© 12SL v239



18AMIA10;
 19 Jul 15 17:25
 No Patient Admitted
 VS Lead Off
 Change Analyze ST
 HR 65 bpm
 PWC 0 /mlb

ST V6 7.7mm
 SpO2 98.5%
 Pulse 63 bpm
 Perf 3.2
 NBP
 RR 18 /min

II 1 mV 0.5 40 Hz Non Paced

Original Document
Poor Quality

Do Not Cover Encounter and DocType Barcodes

PATIENT ID LABEL

HANNA ADEL
M 03/29/1946 69Y 000854595

07/19/2015
000134585447



ECG MOUNT SHEET



EK0012

50277
(11/09)

ExitCare® Patient Information - ADEL HANNA - ID# 000134585447 - MR# 00000854595

Emergency Services
1798 N Garey Avenue
Pomona, CA 91767
(909) 865-9500

HANNA ADEL
M 03/29/1946 69Y 000854595

07/19/2015

000134585447



EXITCARE® PATIENT INFORMATION

Patient Information

Patient ID 000134585447	Patient Medical Record Number 00000854595
Patient Name ADEL HANNA	Patient Address PO BOX 238,, CHINO HILLS, CA, 91709
Responsible Adult ADEL HANNA	Patient Email
Patient Weight	Patient Height
Patient DOB 3/29/1946	Patient Gender M
Patient Phone Number (909)342-9908	

Visit Information.

Visit Start Date 7/19/2015	Department ED
Discharge Date/Time 7/19/2015 12 52 29 PM	
Primary Caregiver EMERGENCY DEPT PHYS	Diag

Primary Follow-up Info 1-2 days , - Your primary doctor or clinic - () -

User Information.

Login ID Generic	User Name Generic User	Dept ED
------------------	------------------------	---------

Patient did not request electronic copy of documents

>>>> Chest Pain (Nonspecific) - English - {BB53E6D5-F32A-496A-9C2D-A1E19CFA1C29}

What is your local emergency telephone number?
Additional Follow-up caregivers
Additional Notes



ER0060- ED Discharge Instructions

Important Information

- Please follow up with your primary doctor or clinic in 2-3 days
 - Please take medication as prescribed.
 - Please return to the ER immediately if your condition worsens or if you have any other issues or concerns
- Thanks,
PVHMC ER

>>>> Musculoskeletal Pain - English - {8D542607-80EB-4CDA-A2A7-44BF566B1E35}

Additional Follow-up caregivers
Additional Notes

>>>> Pain Medications, Generic Instructions For_revised6_28_12 - English - {EB4ABC00-116F-4624-995A-9652643FD5E3}

This Document has either been modified or created by the issuing facility or caregiver

Additional Follow-up caregivers
Additional Notes

>>>> Patient Safety / Smoking Cessation (PVHMC) - English - {6D45C71E-79BB-49E9-90A5-D0750AC96898}

This Document has either been modified or created by the issuing facility or caregiver.

ExitCare® Patient Information - ADEL HANNA - ID# 000134585447 - MR# 000000854595

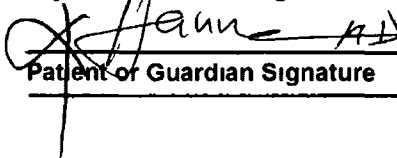

Additional Follow-up caregivers
Additional Notes

>>>> Rib Contusion - English - (1E819CAA-305B-4E4F-92B5-3FF44F704639)

At what oral temperature should the patient return to this location or see their caregiver?
At what oral temperature, not controlled by medication, should the patient call or see their physician?
Additional Follow-up caregivers
Additional Notes

Drug Allergies None Entered
ExitCare/ExitMeds did not perform any allergy checking with the allergy information that was entered

Signature acknowledges that Patient and/or Guardian has received these instructions and understands them.

	7/19/15		7/19/15
Patient or Guardian Signature	Time /Date	Witnessed by	Time/Date

13 22



Emergency Dept Discharge

CHIEF COMPLAINT: Left rib pain.

HISTORY OF PRESENT ILLNESS: The patient is a 69-year-old male with history of hypertension, who comes in with focal left-sided rib pain, worse with movement and coughing. It has been there for about a week, gradually worsening. It feels like there is a lump there. It is very focal. No other pain on his chest. No shortness of breath, nonpleuritic. He has had no headache, dizziness, focal numbness, focal weakness, palpitations, PND, orthopnea, or peripheral edema. No trauma or falls. Denying any recent cough, wheezing, abdominal pain, nausea, vomiting, diarrhea, dysuria, or oliguria.

PAST MEDICAL HISTORY: Hypertension.

MEDICATIONS: Norvasc, atenolol, and aspirin.

ALLERGIES: None.

PAST SURGICAL HISTORY: None recently.

SOCIAL HISTORY: No tobacco, drugs, or alcohol.

REVIEW OF SYSTEMS: See IPI, otherwise, 10-point review of systems reviewed and negative.

PHYSICAL EXAMINATION:

VITAL SIGNS: Reviewed per triage note, on 100% on room air.

GENERAL: Alert and oriented x4, nontoxic.

HEENT: Head atraumatic, normocephalic. Clear conjunctivae. Oropharynx patent.

NECK: Soft and supple. No JVD.

LUNGS: Clear to auscultation bilaterally. Normal effort. Focal left lateral chest wall tenderness that reproduces chest pain exactly over ribs seven and eight. No overlying skin changes.

CARDIAC: Regular rate and rhythm. Normal S1, S2. No murmurs. No peripheral edema.

ABDOMEN: Soft, nontender, and nondistended. No masses.

EXTREMITIES: 2+ pulses peripherally. No cyanosis, clubbing, or edema.

SKIN: Warm and dry. No rashes, petechiae, or ecchymoses.

HANNA, ADEL

MRN#: 854595

Billing #: 134585447

Admit Date: 07/19/2015

Admit Dr: DEPT PHYS EMERGENCY

Attending Dr: CHRISTINE YOON

Sex: M

Age: 69

DOB: 03/29/1946

F/C:

Room:

Service:



Emergency Dept Discharge

NEUROLOGIC: Alert and oriented x4. Normal gait.

DIAGNOSTIC EVALUATION: Chest x-ray, no infiltrates, effusions, or pneumothorax. ___ pleural thickening, right basilar volume loss per radiology report. Left rib x-ray showed no acute fracture, pulmonary contusion, pleural effusion, pneumothorax per radiology report. No lytic or blastic lesions seen per radiology.

EMERGENCY DEPARTMENT COURSE AND MEDICAL DECISION MAKING: The patient is a 69-year-old male who comes in with focal left rib pain. He is afebrile. Vital signs are normal. Exam showed reproducible left-sided chest pain without overlying skin changes, no evidence of acute heart failure concerning cardiac murmurs. EKG showed sinus or rate 64. No ST elevation or ST depression. Normal conduction intervals. No significant Q-waves noted per my interpretation 20-07-2015. X-rays of his chest are read as negative per radiology report for any acute cardiopulmonary processes ___ by me showed no leukocytosis, anemia, renal dysfunction, or electrolyte abnormalities. Cardiac markers are negative. The patient received Tylenol and aspirin with improvement in his pain. My suspicion for ACS is extremely low, given the reproducibility of his pain located along focal area of his left lateral rib negative EKG and cardiac markers that were drawn more than 6 hours after onset of his pain. I suspect musculoskeletal pain, we will go ahead and discharge with followup with PCP in several days. Strict return instructions will of course be given. The patient feels comfortable with the plan.

IMPRESSION: Musculoskeletal pain and atypical chest pain.

PLAN: Discharge home.

CONDITION: Stable.

Christine Yoon MD

D: 07/19/2015 12:57:29 Job#: 575866
T: 07/20/2015 06:09:02 Doc#: 680214

HANNA, ADEL	Sex:	M
MRN#: 854595	Age:	69
Billing #: 134585447	DOB:	03/29/1946
Admit Date: 07/19/2015	F/C:	
Admit Dr: DEPT PHYS EMERGENCY	Room:	
Attending Dr: CHRISTINE YOON	Service:	



Emergency Dept Discharge

Signed by YOON, CHRISTINE, MD on 26-Jul-2015 17:19:21 -07:00

HANNA, ADEL	Sex:	M
MRN#: 854595	Age:	69
Billing #: 134585447	DOB:	03/29/1946
Admit Date: 07/19/2015	F/C:	
Admit Dr: DEPT PHYS EMERGENCY	Room:	
Attending Dr: CHRISTINE YOON	Service:	

Emergency Department Chart

Circle if findings are present, put a slash through negative findings

Time	Arrival Ambulance / ALS / BLS / Air / Police / Walk / Other	PMD
CC	HPI Source Pt / Family / Friend / Interpreter / ECF / EMS / Police Limited by Pt condition / impairment	
RME.	TIME	HPI:
<p><i>Def. no pain, more 5 min x 1 week</i> <i>ESOB / palp / edema. Strains / insufficient.</i></p>		
PROVIDER	Location, Quality, Severity, Context, Timing, Duration, Modifying factors, Associated signs & symptoms (4)	
PMHx None / <input checked="" type="checkbox"/> HTN / CAD / MI / PTCA / CHF / AFIB / PE / DVT	MEDS None / <input type="checkbox"/> Medications reviewed per triage note	<i>Novax 5 Hendlo</i>
asthma / COPD / TB / CRF / kidney stone / gallstone / hep B C	ALLERGIES NKDA	
cirrhosis / GIB U L / DM 1 2 / high chol / hypothyroid / HIV / CA	IMMUNIZ UTD	TETANUS UTD / greater than 5yr / greater than 10yr / Never
Code Status Full / DNR /	FAMILY Hx MI less than 65yr / thromboembolic disease / aortic disease	
PSHx None / CABG / appy / chole / SBO / hernia / TAH / BSO	SOC Hx (2) Lives home / group home / ECF / prison / homeless	
PPsychHx None / depression / bipolar / schizophrenia	Tobacco / ETOH Last drnk PTA _____ / IVDA / cocaine / amphet / heroin	
LMP Pregnant now Yes / No G P	Travel Ill contacts	
ROS (10) Complete ROS unobtainable due to AMS / urgency / condition	<input type="checkbox"/> All other systems reviewed & are negative	
CONST fever / chills / diaphoresis / weakness	MUSC back pain / neck pain / leg pain	
EYE eye pain / vis change	INTEG rash / pruritis / jaundice	
HENT ear pain / sore throat / nasal discharge	NEURO HA / seizure / dizziness / focal weakness / paresthesia	
RESP SOB / cough / sputum	PSYCH anxiety / depression	
CV chest pain / palpitations / leg edema	ENDO polyuria / weight loss	
GI abd pain / nausea / vomiting / diarrhea	HEM painful lymph node / bruising / bleeding	
GU flank pain / dysuria / frequency / VB / VD / Pelvic Pain	ALL hives / angioedema	
EXAM (8) Limited by Pt condition / impairment		
CONST <input type="checkbox"/> VS reviewed per triage note	T 37.0 BP 160/91 HR 67 RR 18 WT kg FHT	<input type="checkbox"/> Pulse ox <i>97</i> % on RA / O ₂ L/min = normal / low
No acute distress / non-toxic / age appropriate		
EYES	Conjunctivae without pallor / sclera anicteric / PERRL / EOMI / tears present	
HENT	NCAT / anterior fontanelle normal / TMs normal / nares normal / OP normal / oral mucosa moist	
NECK	Supple / no JVD / no cervical spine tenderness / FARM without pain	
RESP	No stridor / effort normal / no retractions / no accessory muscle use BS clear bilateral / no rales / no rhonchi / no wheeze / no rub / chest wall nontender	
CV	RRR / S1 and S2 normal / no murmur / no peripheral edema / No Carotid Bruits Pulses carotid normal / femoral normal / radial normal / DP normal / cap refill less than 2 sec	
ABD/GI	Nondistended / BS normal / soft / nontender / no mass / no hepatosplenomegaly Rectal Stool brown / no gross blood / stool heme + / - chemically tested by me (control + / -)	
GU	No CVA tenderness Female no CMT / no adnexal mass / no adnexal tenderness Male	
MUSC	No extremity deformity / no extremity tenderness / no T-spine tenderness / no L-S spine tenderness	
SKIN	Warm / no rash / wound healing well without sign of infection	
NEURO	Alert / O X 4 / speech normal / CN II - XII intact / motor strength intact / sensation intact to light touch finger nose intact & sym / gait normal / SLR test normal bilateral	
LYMPH	No cervical adenopathy / no inguinal adenopathy	
PSYCH	Mood normal / no SI / no HI / no AH / no VH	

(L) Mosens



ER0020

HANNA ADEL
M 03/29/1946 69Y 000854595

07/19/2015
000134585447



Diagnostic Studies and Interpretations

Time	<input type="checkbox"/> Rhythm Strip Interpretation Rate	Rhythm	NSR	ST	SB	AFIB	Ectopy	PVC	PAC	Chest X-ray # _____ views		
Time	<input type="checkbox"/> EKG 1 Rate	Rhythm	NSR	ST	SB	AFIB	No ST/T changes	Intervals	PR	QRS	QT	Read by EP / Radiologist
Time	<input type="checkbox"/> EKG 2 Rate	Rhythm	NSR	ST	SB	AFIB	No ST/T changes	Intervals	PR	QRS	QT	No infiltrate / no edema / no effusion
Date	Previous EKG											
Time	ABG	pH	pCO ₂	pO ₂	HCO ₃	O ₂ SAT	% (RA	O ₂ L/min)				no PTX / no cardiomegaly
CHEM <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities											X-ray # _____ views	

AG	T Bili	Trop I	ETOH	Unne HCG	+ / -	Type Read by EP / Radiologist No fracture / no soft tissue swelling no dislocation / no FB						
AST	CPK	ASA	Quant HCG									
ALT	MB	Acet	Type + Rh									
Ca	ALKP	Index	U/A	WBC	RBC							
N	Lipase	PT	Urine dip + / -									
B	Acetone	+ / -	INR	OTHER								
CBC <input type="checkbox"/> WNL <input type="checkbox"/> Abnormalities											Lactate	PTT

Differential diagnoses considered, but not limited to

1	X-ray # _____ views
2	Type
3	Read by EP / Radiologist
4	

MDM ED COURSE/DISCUSSION - Records, Consultation, Interventions, Procedures

Time	<input type="checkbox"/> Pulse ox 2 _____ % on RA /	O ₂ L/min = normal / low	CT / Ultrasound Type
			Read by EP / Radiologist

		Definitive Fx Care in ED <input type="checkbox"/>
		<input type="checkbox"/> Procedures in ED by Physician (refer to ED Course for documentation)
		IV NGT Bladder Cath Blood draw
		CVP Art Access ETT CPR
		Splint(s) Splint / strapping
		<input type="checkbox"/> Personally done <input type="checkbox"/> Eval splint effectiveness and proper application
		<input type="checkbox"/> Distal neurovascular exam normal

Records reviewed ED / Hospital		Procedural Sedation
Notified Dr _____	Time called _____	responded _____
Notified Dr _____	Time called _____	responded _____
		<input type="checkbox"/> Patient received sedation in ED
		<input type="checkbox"/> Monitored throughout procedure
		<input type="checkbox"/> Refer to sedation nursing sheet

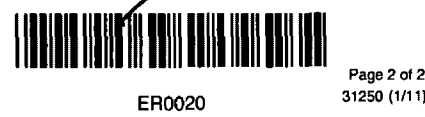
DIAGNOSIS/ 1	<i>Ribs fracture MSK² pri</i>	<input type="checkbox"/> Critical Care Note - Total time _____ (min) excluding separately reportable procedures
Comorbidities	<i>Chest pain Atypical</i>	System at risk for life-threatening failure Airway / respiratory / cardiac circulatory / CNS / renal / hepatic / endocrine / metabolic
3		

DISPOSITION Time _____	CONDITION improved stable serious critical expired at _____	
DISCHARGE Home AMA Eloped LWBS TRANSFER to _____	Accepted by Dr _____	
ADMIT MSU Tele Peds ObGyn L&D ICU OR MHU		

Aftercare See written ACI	Meds <input type="checkbox"/> Rx Issued	Shared Service Patient personally seen <input type="checkbox"/> discussed history <input type="checkbox"/> examined
Referred to _____	/ <input type="checkbox"/> Ortho / <input type="checkbox"/> PMD in 1 / 2 / 3 / 7 / 10 _____ days	<input type="checkbox"/> management options reviewed
Transfer of Care to _____	Time _____	Scnbed by _____
<input type="checkbox"/> Reviewed the medication history with the patient before ordering or prescribing medications		Signature _____ MD/DO

PA/NP Sig _____	Pnnt _____	Date _____	DICTATION # <i>575864</i>
<input type="checkbox"/> PA/NP Attestation I was supervised by Dr _____		<input type="checkbox"/> Physician assumed care of patient at _____	
<input type="checkbox"/> Chart complete			

Physician 1 Sig <i>Van</i>	Date <i>7/19/15</i>	HANNA ADEL	M 03/29/1946 69Y 000854595
Physician 2 Sig _____	Date _____	07/19/2015	000134585447





MEDICAL RECORD# 00000854595		1798 N. GAREY AVENUE, POMONA, CALIFORNIA 91767 (909) 865-9500 0 35			PT CLASS E	FINANCIAL # 000134585447
PATIENT NAME / ADDRESS / PHONE/ EMAIL HANNA ADEL PO BOX 238 CHINO HILLS CA 91709 909 3429908 STMARIAMEDICAL@YAHOO.COM				OCCUPATION		ADMIT DATE / TIME 07/19/2015 11:20
				DISCH. DATE / TIME		PREV. ADMIT NAME / DATE 05/21/2012
EMPLOYER NAME / ADDRESS / PHONE CANYON RIDGE HOSPITAL UNKNOWN CHINO HILLS CA				ADMIT BY MV2 AF2	ADMSO RA	ROOM/BED E120A0
				DRV LICENSE NO.		BIRTHDATE 03/29/1946
NEXT OF KIN NAME / ADDRESS / PHONE / RELATION HANNA ADEL 1 PO BOX 238 CHINO HILLS CA 91709 H: 909 3429908 W:				AGE 69Y	SEX M	TYPE E
				M.S. D	S.S.# 548-67-8932	
EMERGENCY / LOCAL CONTACT NAME / ADDRESS / PHONE H: W:				RELIGION NDE	F/C A	RACE O
				SER. EMR	DATE TYPED 07/19/2015 12:38	
GUARANTOR NAME / ADDRESS / PHONE / RELATION / S.S.# HANNA ADEL 01 PO BOX 238 CHINO HILLS CA 91709 909 3429908				PREV DISCHARGE DATE		Mode of arrival: WALK IN
				ATTENDING / TREATMENT DR. NAME / NUMBER EMERGENCY DEPT PHYS 008888		
GUARANTOR EMPLOYER NAME / ADDRESS / PHONE CANYON RIDGE HOSPITAL UNKNOWN CHINO HILLS CA				ADMITTING / PRIVATE DR. NAME / NUMBER EMERGENCY DEPT PHYS 008888		
				DIAGNOSIS / CHIEF COMPLAINT (S) CHEST PAIN		
ACCIDENT INFORMATION						
AUTH: CPR226A67822 BX CALPERS CANYON RIDGE HOSPITAL 1 YES INS1: 797 BX 3RD PRT PYR797 FC LOS ANGELES, CA 90060 PO BOX 60007 HANNA CB010A CHINO HILLS CA ADEL AUTH: INS2: AUTH: INS3: AUTH: INS4:				ORGAN DONOR? N/A		ADVANCE DIRECTIVE STATUS NA
				MISC INFORMATION		
IP A INFORMATION MV2/ER						
AUTHORIZATION INFORMATION						
MOMMY INFORMATION						
ABOVE INFORMATION CORRECT (INITIAL)						
T.D. #: _____ Assembler: _____		Analyst: _____ Final Check: _____		Hospitalist Patient:		OP/ER SVC/72H? N CNTYCD: PRIMAID: IPA: 798 IPA NONE
000134585447 07/19/2015 11:20		BIRTHPLACE: EGYPT THIS VISIT SCH/UNSCH? UNSCHEDULED ED VISIT PREV 72 HR? N		PRIMARY CARE PHYSICIAN SHAH, UMESH C. LANG: ENGLISH		



CALIFORNIA DRIVER LICENSE



DL **C1619248**

EXP **03/29/2016**

LN **HANNA**

FN **ADEL SHAKER**

PO BX 238

CHINO HILLS, CA 91709

DOB **03/29/1946**

REST **CORR LENS**

CLASS **C**
END **NONE**

03291846

A. Hanna

SEX **M** HAIR **BRN** EYES **BRN**
HGT **5-07** WGT **164 lb** BS **B**
DD **02/24/2011** 02/24/2011



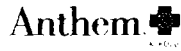
ADEL HANNA
Identification Number
CPR226A67822

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

PPO Ofc Visit Copay \$20
RxBIN 004336
RxPCN ADV
RxGroup RX5707

See EOC for Benefit Specifics





anthem.com/ca/calpers

Member Services	1-877-737-7776
24/7 NurseLine	1-800-700-9185
Pre-Service Review	1-800-451-6780
Coverage While Traveling	1-800-810-2583

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 alpha 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.

MEDICAL CLAIMS & INQUIRIES
PO BOX 60007 LOS ANGELES, CA 90080

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

www.caremark.com/calpers
 CVS Caremark Customer Care* 1-877-542-0284
 CVS Caremark Help Desk* 1-800-364-8331
 *Pharmacy Services independently provided by CVS Caremark, Inc., who contracts directly with the 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.



Pharmacy Benefits Administrator

Important Patient Information Financial Assistance Plain Language Summary

Please inform hospital registration staff or your patient account representative if you have any health insurance coverage for your hospital services. Pomona Valley Hospital Medical Center (PVHMC) provides financial assistance to eligible patients who are uninsured or under insured. Our hospital representatives will provide information and assistance without cost to any patient or patient's family representative who makes a request.

You may qualify for Insurance Coverage

If you do not have insurance coverage, financial assistance may be available for eligible patients through various government programs. PVHMC can assist you with obtaining coverage through the California Health Benefit Exchange (Covered CA), Medicare, Medi-Cal, California Children's Services Program, or charity care. These programs can assist with paying hospital, doctor and other medical bills. Please contact Eligibility Services at 909.469.9441 for assistance in English, or 909.469.9442 for assistance in Spanish for more information or to obtain an application. Our financial assistance application can also be located on our hospital website at www.pvhmc.org.

You may qualify for Financial Assistance

You may qualify for a discount if your income is less than 400% of the current Federal Poverty Limit. PVHMC's Financial Assistance Policy and Financial Assistance Application (English & Spanish) can be obtained in any of the following ways:

- 1) For an electronic copy, go to Pomona Valley Hospital Medical Center's website: www.pvhmc.org.
- 2) To pick up a paper copy, visit PVHMC's Eligibility Services Department at 1770 North Orange Grove, Suite 230, Pomona, CA 91767, on the second floor in the Family Health Center.
- 3) To receive via US Mail, call PVHMC's Eligibility Services Department at 909.469.9441.

For questions regarding PVHMC's Financial Assistance Policy or request assistance in completing the Financial Assistance Application, call PVHMC's Eligibility Service Department 909.469.9441.

Patients determined to be eligible for financial assistance will not be charged for emergency or medically necessary care more than the amount generally billed to individuals who have insurance covering such care.

Our charges do not include physician charges for anesthesia, pathology, radiology or any other professional fees that may be associated with your service. These professionals will bill you separate from the hospital. We are not able to collect for these charges. Payment must be sent to the address listed on their statement. If you have questions, please contact the patient service representative at the telephone number shown on your billing statement.

By signing below, I am acknowledging receipt of this notice.

Patient Signature: *Hanna Adel* Date: 7-19-15

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 07/19/2015
M 000000854595
EMERGENCY DEPT PHYS A



000134585447



Financial Information



RG0030

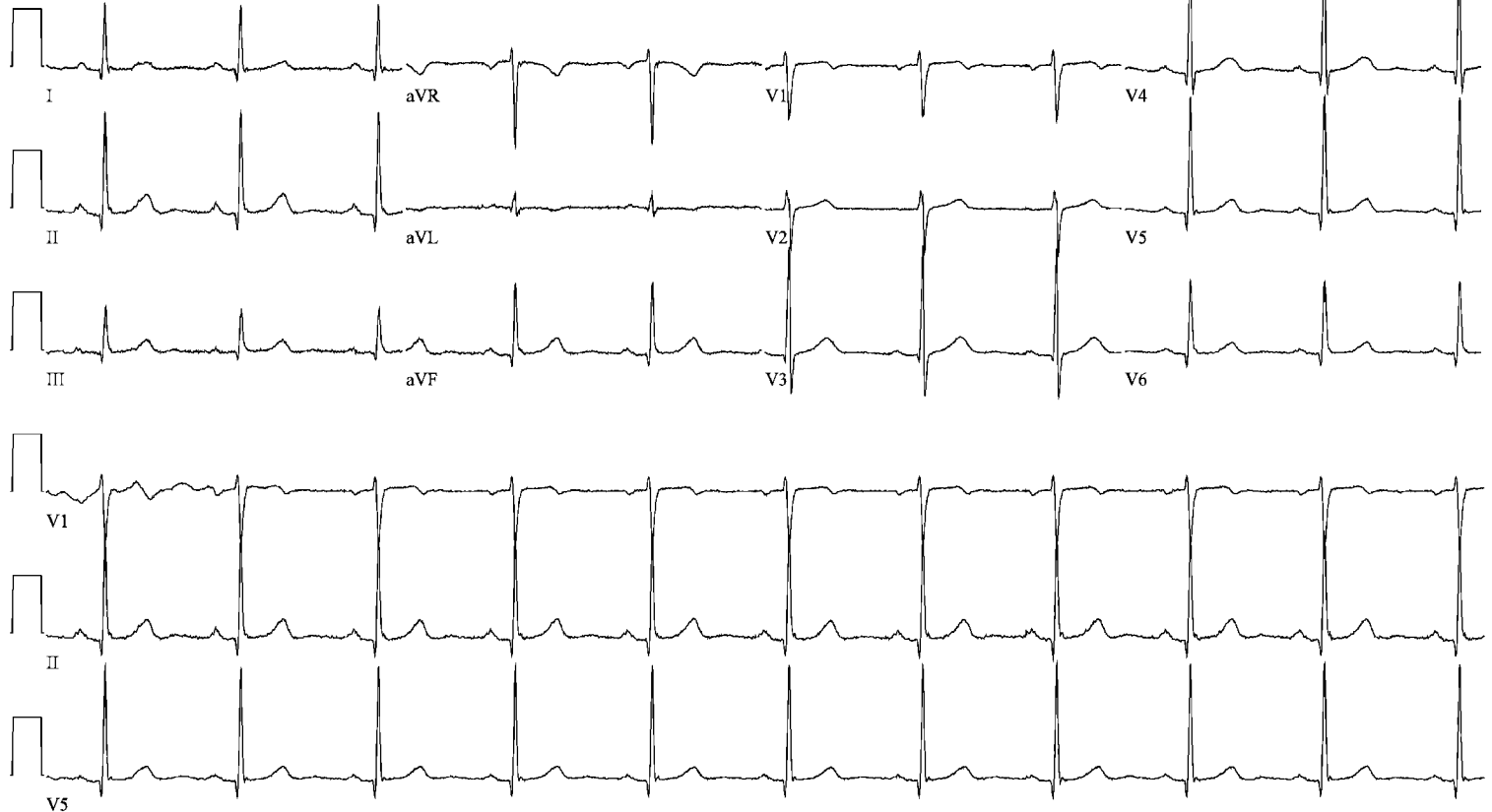
50401
(02/15)

29-MAR-1946 (69 yr)	Vent. rate	64	BPM	Normal sinus rhythm
Male Unknown	PR interval	180	ms	Normal ECG
	QRS duration	88	ms	
Room:E120	QT/QTc	420/433	ms	
Loc:2	P-R-T axes	49 54 64		

Technician: KWENDT
Test ind:

Referred by: LARES

Confirmed By: EDUARDO LARES



25mm/s 10mm/mV 150Hz 7.1.1 12SL 239 CID: 23

EID:520 EDT: 10:05 29-JUL-2015 ORDER: 10756123 ACCOUNT: 000134585447



Orders Summary

Patient Name:	HANNA, ADEL	MRN	
DOB:	03/29/1946	Age/Sex	69Y / M
Acct ID:	134585447	Attn Dr.	Yoon, Christine MD
Admit Date:	07/19/2015 11:20:00	Visit Type:	EOP
Discharge Date:	07/19/2015 13:18:00		
Allergy:	Not Assessed		

Orders for Acct ID: 134585447

Order ID: 13505355
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 13:05:00
Order As Written: Prostate Specific Antigen Add On once

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVLAB	Func. Date/Time: 07/19/2015 14:13:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVLAB	Func. Date/Time: 07/19/2015 13:40:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 13:05:00	

Order ID: 13505129
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 12:04:00
Order As Written: ACETAMINOPHEN (TYLENOL 325 MG) 975 MG = 3 TAB PO STAT STAT for 1 Doses

By Staff: (External System)	Order Function: Discontinue Order	Order status after Function: Discontinue
Function By: HSF_JS	Func. Date/Time: 07/20/2015 01:16:00	
By Staff: Aleyda Canady, RN	Order Function: Acknowledge Order	Order status after Function: Validated
Function By: acanady	Func. Date/Time: 07/19/2015 12:44:00	
By Staff: (External System)	Order Function: Revise Order	Order status after Function: Validated
Function By: PVSARX	Func. Date/Time: 07/19/2015 12:04:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 12:04:00	

Order ID: 13505128
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 12:04:00
Order As Written: XR Ribs Left Pain Stat

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVRAD	Func. Date/Time: 07/19/2015 12:32:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVRAD	Func. Date/Time: 07/19/2015 12:29:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 12:04:00	

Order ID: 13505090
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: ASPIRIN (ASPIRIN CHEWABLE 81 MG) 162 MG = 2 TAB PO STAT STAT for 1 Doses

By Staff: (External System)	Order Function: Discontinue Order	Order status after Function: Discontinue
Function By: HSF_JS	Func. Date/Time: 07/20/2015 01:16:00	
By Staff: Aleyda Canady, RN	Order Function: Acknowledge Order	Order status after Function: In progress
Function By: acanady	Func. Date/Time: 07/19/2015 12:44:00	
By Staff: (External System)	Order Function: Revise Order	Order status after Function: Validated
Function By: PVSARX	Func. Date/Time: 07/19/2015 11:44:00	



Orders Summary

Patient Name: HANNA, ADEL
DOB: 03/29/1946
Acct ID: 134585447
Admit Date: 07/19/2015 11:20:00
Discharge Date: 07/19/2015 13:18:00
Allergy: Not Assessed
MRN:
Age/Sex: 69Y / M
Attn Dr.: Yoon, Christine MD
Visit Type: EOP

Orders for Acct ID: 134585447

By Staff: Christine Yoon, MD Function By: cyoon	Order Function: (New Order) Func. Date/Time: 07/19/2015 11:44:00	Order status after Function: Active
Order ID: 13505089		
Entered By: cyoon Order By: Christine Yoon, MD Order As Written: Monitor Pulse Oximetry	Target Cosigner: Order Source: CPOE	Creation Date/Time: 07/19/2015 11:44:00
By Staff: (External System) Function By: HSF_JS	Order Function: Discontinue Order Func. Date/Time: 07/20/2015 01:12:00	Order status after Function: Discontinue Reason for Rev: Visit is closed for the patient
By Staff: Christine Yoon, MD Function By: cyoon	Order Function: (New Order) Func. Date/Time: 07/19/2015 11:44:00	Order status after Function: Active
Order ID: 13505088		
Entered By: cyoon Order By: Christine Yoon, MD Order As Written: Monitor Cardiac Monitoring per unit Standard of Care	Target Cosigner: Order Source: CPOE	Creation Date/Time: 07/19/2015 11:44:00
By Staff: (External System) Function By: HSF_JS	Order Function: Discontinue Order Func. Date/Time: 07/20/2015 01:12:00	Order status after Function: Discontinue Reason for Rev: Visit is closed for the patient
By Staff: Christine Yoon, MD Function By: cyoon	Order Function: (New Order) Func. Date/Time: 07/19/2015 11:44:00	Order status after Function: Active
Order ID: 13505087		
Entered By: cyoon Order By: Christine Yoon, MD Order As Written: EKG Chest Pain ER Physician Stat	Target Cosigner: Order Source: System Generated	Creation Date/Time: 07/19/2015 11:44:00
By Staff: Enrique Delapaz, RN Function By: endelapaz	Order Function: Complete Order Func. Date/Time: 07/19/2015 11:46:00	Order status after Function: Complete
By Staff: Enrique Delapaz, RN Function By: endelapaz	Order Function: Acknowledge Order Func. Date/Time: 07/19/2015 11:46:00	Order status after Function: Complete Reason for Rev: Auto Acknowledge
By Staff: Christine Yoon, MD Function By: cyoon	Order Function: (New Order) Func. Date/Time: 07/19/2015 11:44:00	Order status after Function: Active
Order ID: 13505086		
Entered By: cyoon Order By: Christine Yoon, MD Order As Written: XR Chest 1 View Portable Chest Pain Stat	Target Cosigner: Order Source: CPOE	Creation Date/Time: 07/19/2015 11:44:00
By Staff: (External System) Function By: PVRAD	Order Function: Complete Order Func. Date/Time: 07/19/2015 11:58:00	Order status after Function: Complete
By Staff: (External System) Function By: PVRAD	Order Function: Func. Date/Time: 07/19/2015 11:57:00	Order status after Function: In progress
By Staff: Christine Yoon, MD Function By: cyoon	Order Function: (New Order) Func. Date/Time: 07/19/2015 11:44:00	Order status after Function: Active



Orders Summary

Patient Name:	HANNA, ADEL	MRN	
DOB:	03/29/1946	Age/Sex	69Y / M
Acct ID:	134585447	Attn Dr.	Yoon, Christine MD
Admit Date:	07/19/2015 11:20:00	Visit Type:	EOP
Discharge Date:	07/19/2015 13:18:00		
Allergy:	Not Assessed		

Orders for Acct ID: 134585447

Order ID: 13505085
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: Brain Natriuretic Peptide Stat once

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:35:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:08:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 11:44:00	

Order ID: 13505084
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: Troponin I Stat once

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:51:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:08:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 11:44:00	

Order ID: 13505083
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: Total CPK And CKMBI Stat once

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:51:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:08:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 11:44:00	

Order ID: 13505082
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: Prothrombin Time and Activated Partial Thromboplastin Time Stat once

By Staff: (External System)	Order Function: Complete Order	Order status after Function: Complete
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:31:00	
By Staff: (External System)	Order Function:	Order status after Function: In progress
Function By: PVLAB	Func. Date/Time: 07/19/2015 12:08:00	
By Staff: Christine Yoon, MD	Order Function: (New Order)	Order status after Function: Active
Function By: cyoon	Func. Date/Time: 07/19/2015 11:44:00	



Orders Summary

Patient Name: HANNA, ADEL
DOB: 03/29/1946
Acct ID: 134585447
Admit Date: 07/19/2015 11:20:00
Discharge Date: 07/19/2015 13:18:00
Allergy: Not Assessed

MRN
Age/Sex: 69Y / M
Attn Dr. Yoon, Christine MD
Visit Type: EOP

Orders for Acct ID: 134585447

Order ID: 13505081
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: Basic Metabolic Panel Stat once

By Staff: (External System) **Order Function:** Complete Order **Order status after Function:** Complete
Function By: PVLAB **Func. Date/Time:** 07/19/2015 12:46:00

By Staff: (External System) **Order Function:** **Order status after Function:** In progress
Function By: PVLAB **Func. Date/Time:** 07/19/2015 12:08:00

By Staff: Christine Yoon, MD **Order Function:** (New Order) **Order status after Function:** Active
Function By: cyoon **Func. Date/Time:** 07/19/2015 11:44:00

Order ID: 13505080
Entered By: cyoon **Target Cosigner:**
Order By: Christine Yoon, MD **Order Source:**CPOE **Creation Date/Time:** 07/19/2015 11:44:00
Order As Written: CBC with Auto Diff Stat once

By Staff: (External System) **Order Function:** Complete Order **Order status after Function:** Complete
Function By: PVLAB **Func. Date/Time:** 07/19/2015 12:19:00

By Staff: (External System) **Order Function:** **Order status after Function:** In progress
Function By: PVLAB **Func. Date/Time:** 07/19/2015 12:08:00

By Staff: Christine Yoon, MD **Order Function:** (New Order) **Order status after Function:** Active
Function By: cyoon **Func. Date/Time:** 07/19/2015 11:44:00

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595

Acct #: 134585447

Ordering Physician: **CHRISTINE YOON MD**

Exam Desc: **LEFT RIBS**

EXAMINATION DATE: 07/19/2015

Order Number: 90002

Accession Number: 6789191

Patient Location: E1N2-E120A / E

PROCEDURE: Left rib series including chest radiograph, 3 views. 7/19/2015.

Comparison: 7/19/2015.

History: Left chest pain

Findings:

No rib fracture, pulmonary contusion, pleural effusion or pneumothorax is demonstrated. No lytic or blastic lesions are demonstrated. Aorta is tortuous and mildly calcified. Heart size upper limits normal with clear visible lung fields. There has been prior cholecystectomy.

IMPRESSION:

No acute abnormality is demonstrated.

DANIEL R. HEITZ, M.D.

Distribution:

Ordering: CHRISTINE YOON MD

Primary: MB#134 UMESH C SHAH

PVHMC EMERGENCY DEPT., 91767

12540 TENTH ST #B CHINO, CA 91710

Admission date and time: Jul 19 2015 11:20AM

Examination completed date and time: Jul 19 2015 12:31PM

Transcribed by / Date: on Jul 19 2015 12:40P

Signoff date and time: Jul 19 2015 12:40P

Electronically signed and authenticated by: DANIEL R. HEITZ, M.D.

Interpreting Radiologist: DANIEL R. HEITZ, M.D.

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9657

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
Hamidreza Torshizy, M.D.*

PATIENT NAME: **HANNA, ADEL**
Patient DOB: 03/29/1946 Gender: M
Medical Record Number: 854595 Acct #: 134585447
Ordering Physician: **CHRISTINE YOON MD**
Exam Desc: **PORT CHEST 1 VIEW**

EXAMINATION DATE: 07/19/2015
Order Number: 90001
Accession Number: 6789187
Patient Location: E1N2-E120A / E

PROCEDURE: Chest single upright portable AP view. 7/19/2015

History: Chest pain

Comparison: 5/21/2012

Findings:

Heart size is borderline prominent with mild scarring or atelectasis both lung bases. Mild blunting of the right lateral sulcus suggest pleural thickening and postinflammatory changes along with evidence of prior cholecystectomy. Tortuous aorta is seen with normal mediastinal width.

IMPRESSION:

No acute cardiopulmonary disease is demonstrated.

Minimal bibasilar scar versus atelectasis.

Postinflammatory pleural thickening right base with volume loss.

Borderline cardiomegaly.

Status post cholecystectomy.

DANIEL R. HEITZ, M.D.

Distribution:

Ordering: CHRISTINE YOON MD
Primary: MB#134 UMESH C SHAH

PVHMC EMERGENCY DEPT., 91767
12540 TENTH ST #B CHINO, CA 91710

Admission date and time: Jul 19 2015 11:20AM
Examination completed date and time: Jul 19 2015 11:57AM
Transcribed by / Date: on Jul 19 2015 12:07P
Signoff date and time: Jul 19 2015 12:07P

Electronically signed and authenticated by: DANIEL R. HEITZ, M.D.
Interpreting Radiologist: DANIEL R. HEITZ, M.D.

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER (PAGE 1 OF 2)

1. Consent to Medical and Surgical Procedures: I consent to the procedures that may be performed during this hospitalization or while I am an outpatient. These may include, but are not limited to, emergency treatment or services, laboratory procedures, X-ray examinations, medical or surgical treatment or procedures, anesthesia, or hospital services provided to me under the general and special instructions of my physician or surgeon. I understand that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury or even death. I acknowledge that no guarantees have been made to me regarding the result of examination or treatment in this hospital.

2. Nursing Care: This hospital provides only general nursing care and care ordered by the physician(s). If I want a private duty nurse, I agree to make such arrangements. The hospital is not responsible for failure to provide a private duty nurse and is hereby released from any and all liability arising from the fact that the hospital does not provide this additional care.

3. Separate Bills: You will receive separate bills from the health care providers who render care to you during your hospital stay, including bills from the hospital, your physician, and other professionals involved in your care.

4. Teaching Program: It is understood that this hospital is a teaching institution and that unless the hospital is notified to the contrary in writing, the patient may participate in the medical education program of the institution and may receive treatment by residents and/or fellows with the approval of the patient's attending physician and those clinical students acting under appropriate supervision as required by such medical education and clinical training program.

5. Personal Belongings: As a patient, I am encouraged to leave personal items at home. The hospital maintains a fireproof safe for the safekeeping of money and valuables. The hospital is not liable for the loss or damage to any money, jewelry, documents or other articles that are not placed in the safe. Hospital liability for loss of any personal property deposited with the hospital for safekeeping is limited by law to five hundred dollars (\$500.00) unless I receive a written receipt for a greater amount from the hospital.

6. Assignment of Insurance Benefits: I assign and authorize direct payment to the hospital of all insurance benefits payable for this hospitalization or for these outpatient services. I agree that the insurance company's payment to the hospital pursuant to this authorization shall discharge the insurance company's obligations to the extent of such payment. I understand that I am financially responsible for charges not paid according to this assignment.

7. Consent to Photograph: I consent to the taking of pictures of my medical or surgical condition or treatment for purposes directly related to my treatment. I consent to the taking of photographs of my newborn child or children for the sole purpose of possible purchase by me.

8. Legal Relationship Between Hospital and Physicians: All physicians and surgeons providing services to me, including the radiologist, pathologist, emergency physician, anesthesiologist and others, are not employees or agents of the hospital. They have been granted the privilege of using the hospital for the care and treatment of their patients, but they are not employees or agents of the hospital.

Patient Initials: 

I understand that I am under the care and supervision of my attending physicians. The hospital and its nursing staff are responsible for carrying out my physician's instructions. My physician or surgeon is responsible for obtaining my informed consent, when required, to medical and surgical treatment, special diagnostic or therapeutic procedures, or hospital services provided to me under my physician's general and special instructions.

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 05/21/2012
M 000000854595
SHAH, UMESH C. A



000124431586

POMONA VALLEY HOSPITAL
MEDICAL CENTER
CONDITIONS OF ADMISSION

Page 1 of 2



RG0030

30045_p1
(10/09)

CONDITIONS OF ADMISSION TO POMONA VALLEY HOSPITAL MEDICAL CENTER (PAGE 2 OF 2)

9. Financial Agreement: I agree to promptly pay all hospital bills in accordance with the regular rates and terms of the hospital, including its charity care and discount payment policies, if applicable. I understand that all physicians and surgeons, including the radiologist, pathologist, emergency physician, anesthesiologist, and others, will bill separately for their services. Should any account be referred to an attorney or collection agency for collection, I will pay actual attorneys fees and collection expenses. All delinquent accounts shall bear interest at the legal rate, unless prohibited by law. Patient Initials: AS

10. Advance Directives: I have been offered information on creating an advance directive, and I understand that information. An advance directive is a document that allows me to direct how health care decisions will be made for me if I lack capacity to make those decisions for myself at a later date. If I already have an advance directive, I understand that it is my responsibility to provide a copy to the hospital. Patient Initials: AS

11. Release of Information, Notice of Privacy Practices and Patient Rights/Responsibilities: The hospital provides a Notice of Privacy Practices that explains in detail how a patient's health information may be used and the rights you have to access or control the information. In addition, the hospital provides information on your rights and responsibilities as a patient at the hospital. Your initials acknowledge receipt of the Notice of Privacy Practices and Information on Rights/Responsibilities. Patient Initials: AS

12. Marketing: The hospital does not sell or share our patient listings with outside third parties for the purposes of marketing, under any circumstances. However, on occasion we may access our internal patient listings for the purpose of mailing information about our hospital services, educational classes, or hospital newsletters that may be of interest to you. We believe these practices comply with HIPAA's marketing provisions, however, we want to give you the opportunity to opt-out of receiving any marketing materials from the hospital. If you do not wish to receive these materials from the hospital please send a written notice to our Marketing Department at 1798 N. Garey Avenue, Pomona, CA 91767. Your initials indicate authorization to use your information for marketing purposes. Patient Initials: AS

13. Medicare: If you are a Medicare beneficiary, please be advised that the following items are not covered under the Medicare program: 1) take home medications; 2) a private room (unless medically necessary); 3) discharges from the hospital that occur after 1:00 p.m. if not medically necessary (the hospital will not impose a late charge unless you have been given advance notice of at least 12 hours of your impending discharge); 4) certain medical procedures (the hospital will notify you before providing you with any hospital services that are not Medicare covered services, and will obtain your written consent before rendering you such care). Federal regulations require that we inform you of the above. Your initials below will indicate that you have been informed and that you are aware that you will be responsible for charges of this nature should they occur during your hospital stay. Patient Initials: AS

The undersigned certifies that he/she has read the foregoing, received a copy thereof, and is the patient, the patient's legal representative, or is duly authorized by the patient as the patient's general agent to execute the above and accept its terms.

Signature: Hanna Adel Date: 5/21/12 Time: 8:13 A.M. P.M.

If signed by other than patient indicate relationship: _____ Witness: Quana Roy

Financial Responsibility Agreement by Persons Other Than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the Financial Agreement and Assignment of Insurance Benefits provisions above.

Signature: _____ Date: _____ Time: _____ A.M. P.M.

Relationship: _____ Witness: _____

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 05/21/2012
M 000000854595
SHAH, UMESH C. A



000124431586



CONDITIONS OF ADMISSION

Page 2 of 2

ORIGINAL - Chart DUPLICATE - Patient



RG0030

30045_p2
(10/09)

Dear Patient,

Thank you for choosing PVHMC for your services today. Please take a moment to review the following information.

Our charges do not include physician charges for anesthesia, pathology, radiology or any other professional fees that may be associated with your service. These professionals will bill you separate from the hospital. We are not able to collect for these charges. Payment must be sent to the address listed on their statement.

On occasion, based on your condition or the results of certain tests or procedures, additional tests might be ordered. Because we do not know ahead of time what these tests might be, today's cash payment might not be payment in full. You may receive an additional bill for these tests or procedures.

If you have insurance coverage:

- If you are admitted to the facility or utilizing services that require insurance verification, a Financial Counselor from PVHMC might contact you to discuss your benefits and payment arrangements.

If you do not have insurance coverage or choose to pay cash:

PVHMC offers self-pay pricing for those patients who do not have insurance coverage. If you choose to pay cash for services and cash payment is secured, PVHMC will not bill your insurance.

Qualifications for Discount Pricing:

- No insurance coverage
- Payment at time of service or acceptable payment arrangements established
- No insurance billing by any one or cash rate becomes null and void. Full charges will apply.

Your signature below indicates that you understand the qualifications and terms of this agreement. If you have questions about your hospital bill please call our billing department at (909) 865-9100, Monday through Friday from 8:00 am to 4:30 pm.

Patient Signature: *Hanna Adel*

Date: 5/21/12

PATIENT I.D. LABEL

HANNA ADEL
03/29/1946 05/21/2012
M 00000854595
SHAH, UMESH C. A



000124431586



DEAR PATIENT LETTER

Original - Chart Copy - Patient

Page 1 of 1



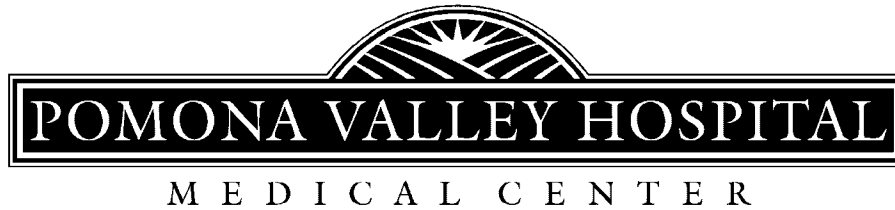
RG0030

34525_E
(2/06)



MEDICAL RECORD# 00000854595		1798 N. GAREY AVENUE, POMONA, CALIFORNIA 91767 (909) 865-9500 0 28		PT CLASS O	FINANCIAL # 000124431586
PATIENT NAME / ADDRESS / PHONE HANNA ADEL 13678 MONTE VERDE DR CHINO HILLS CA 91709 909 3429908		OCCUPATION MD	ADMIT DATE / TIME 05/21/2012 08:15		
		DISCH. DATE / TIME		PREV. ADMIT NAME / DATE 08/19/2005	
		ADMIT BY GM1 GM1	ADMSO OS	ROOM/BED	DRV LICENSE NO.
		BIRTHDATE 03/29/1946	AGE 66Y	SEX M	TYPE R
		RELIGION NDE	F/C A	RACE O	SER. RAD
EMPLOYER NAME / ADDRESS / PHONE CANYON RIDGE HOSPITAL UNKNOWN CHINO HILLS CA		PREV DISCHARGE DATE		DATE TYPED 05/14/2012 12:40	
		Mode of arrival:			
		ATTENDING / TREATMENT DR. NAME / NUMBER SHAH, UMESH C. 003319			
		ADMITTING / PRIVATE DR. NAME / NUMBER SHAH, UMESH C. 003319			
NEXT OF KIN NAME / ADDRESS / PHONE / RELATION HANNA ADEL 1 13678 MONTE VERDE DR CHINO HILLS CA 91709 H: 909 3429908 W:		DIAGNOSIS / CHIEF COMPLAINT (S) CHEST PAIN UGI W/ESOPHAGRAM CHEST XRAY			
EMERGENCY / LOCAL CONTACT NAME / ADDRESS / PHONE NONE PER PT H: W:		ACCIDENT INFORMATION			
GUARANTOR NAME / ADDRESS / PHONE / RELATION / S.S.# HANNA ADEL 13678 MONTE VERDE DR CHINO HILLS CA 91709 909 3429908		ORGAN DONOR? N/A		ADVANCE DIRECTIVE STATUS NA	
		MISC INFORMATION			
		IPA INFORMATION PRED VERIFIED INS THRU HDX CS/GM1 FINANCIAL ARRANGEMENT SIGNED 2 PAYMENTS OF 253.23 J1L/ADM			
GUARANTOR EMPLOYER NAME / ADDRESS / PHONE CANYON RIDGE HOSPITAL UNKNOWN CHINO HILLS CA		AUTHORIZATION INFORMATION			
		MOMMY INFORMATION 05/21/2012			
AUTH: CPR226A67822		INS1: 797 BX 3RD PRT PYR797 FC		CANYON RIDGE HOSPITAL 1 YES	
PO BOX 60007 HANNA ADEL		LOS ANGELES, CA 90060		UNKNOWN	
AUTH: HANNA ADEL		INS2:		CB010A CHINO HILLS CA	
AUTH: HANNA ADEL		INS3:			
AUTH: HANNA ADEL		INS4:			
ABOVE INFORMATION CORRECT (INITIAL)					
T.D. #: _____ Assembler: _____		Analyst: _____ Final Check: _____		OP/ER SVC/72H?	
HANNA ADEL		Hospitalist Patient:		CNTYCD:	
000124431586		BIRTHPLACE: EGYPT		PRIMAID:	
05/21/2012 08:15		THIS VISIT SCH/UNSCH?		IPA:	
		ED VISIT PREV 72 HR?		PRIMARY CARE PHYSICIAN	
				SHAH, UMESH C.	
				LANG: ENGLISH	





PATIENT FINANCIAL RESPONSIBILITY

Patient Name: ADEL HANNA Account Number: 124431586

Your insurance has been verified and we estimate your responsibility to be approximately **\$506.45, this** includes a **\$500.00 COPAY or DED** and **20%** of the estimated charges. This is based on an estimate for:

UGI W/ESOPHAGRAM and CHEST XRAY	05/21/12
(Service/Procedure)	(Date of Service)

Hospital stay of 0 days

Your advance payment upon service/admission will be **\$506.45**

Please understand that this is an **estimate only** and that your bill may be higher or lower at final billing.

Payments can be made in the Admitting Office or at our Cashier Office located on the first floor. If you are unable to make a payment prior to discharge, please notify us so that we can discuss other payment options that may be available to you. Furthermore, please note that the above patient liability is only an estimate and does not include charges for the professional fee components, such as anesthesiologist, surgeons, radiologists, etc.

Financial Arrangement:

Patient has been advised of financial responsibility

X Unable to contact patient prior to admission *# 909 902 1147 IS OUT OF SERVICE**

Patient advised by: Gladdys / 05/16/12
(Admission Representative/Insurance Analyst) Date

It is our pleasure to be of service and wish you the best on your speedy recovery.

Sincerely,

Gladdys Cerda
Insurance Analyst
(909)865-9137

CALIFORNIA DRIVER LICENSE



DL **C1619248**

CLASS **C**
END **NONE**

EXP **03/29/2016**

LN **HANNA**
FN **ADEL SHAKER**
PO BX 238
CHINO HILLS, CA 91709
DOB **03/29/1946**
RSTR **CORR LENS**



03291946

A. Hanna

SEX **M** HAIR **BRN** EYES **BRN**
HGT **5-07** WGT **164 lb** ISS **03/24/2011**
DD **02/24/2011** 53206/00FD/10



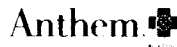
ADEL HANNA
Identification Number
CPR226A67822

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

PPO Ofc Visit Copay \$20
RxBIN 004336
RxPCN ADV
RxGroup RX5707

See EOC for Benefit Specifics





anthem.com/ca/calpers

Member Services

1-877-737-7776
1-800-700-9185
1-800-451-6780
1-800-810-2583

MEMBERS: When s
include your membe
this card. Possessio
not guarantee paym

PROVIDERS: Pleas
Blue Cross and/or Bl
prompt claims proce
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All non-emergency t
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admissions must be r

MEDICAL CLAIMS &
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Assurance 231131
501 = 88 = 0 8
10008 24

1-877-542-0284
1-800-364-8331
provided by CVS
y with the group

Company provides
inc any financial
loss of California
written claims ad
insurance Company
beneficiaries of



Important Patient Information

This hospital provides financial assistance to patients who are uninsured or under insured. If you need financial help with your hospital bill, please contact the PVHMC's Business Office at (909) 865-9100 for more information. Our hospital representatives will provide information and assistance without cost to any patient or patient's family representative who makes a request.

Please inform hospital registration staff or your patient account representative if you have any health insurance coverage for your hospital services. If you have questions, please contact the patient service representative at the telephone number shown on your billing statement.

If you do not have insurance coverage, financial assistance may be available for eligible patients through various government programs. PVHMC can assist you with obtaining coverage through Medi-Cal, county medical programs, Healthy Families, and other government sponsored coverage programs. You will be required to apply and provide financial information in order to qualify. These programs can assist with paying hospital, doctor and other medical bills. Please contact Eligibility Services at (909) 469-9441 for assistance in English, or (909) 469-9442 for assistance in Spanish for more information or to obtain an application.

If you do not have insurance coverage, or your insurance does not pay your hospital bill in full, you may be eligible for the PVHMC's financial assistance program. Eligibility is based on your family income and/or qualified monetary assets. If your family income is less then 500% (5 times) of the current federal standard, you may be eligible. The program provides full coverage or discounted payment amounts for your hospital bill only. Actual coverage is based on your individual level of qualification. You will need to apply and provide financial information in order to qualify. To obtain information or an application for the financial assistance program, please contact PVHMC's Business Office at (909) 865-9100.

By signing below, I am acknowledging receipt of this notice.

Patient Signature: _____

Date: _____

5/21/12

1798 North Garey Avenue . Pomona . California 91767
(909) 865-9500

PATIENT I.D. LABEL

HANNA ADEL
03/29/1948 05/21/2012
M 00000854595
SHAH, UMESH C. A



000124431586



FINANCIAL INFORMATION

Page 1 of 1



RG0030

50401
(9/10)

124431586

UMESH C. SHAH, M.D., INC.

SPECIALIZING IN DIGESTIVE DISEASE

12540 TENTH STREET, SUITE B
CHINO, CA 91710

(909) 581-6414

1866 NORTH ORANGE GROVE, SUITE 104
POMONA, CA 91767

(909) 623-8828

DEA # AS 8880355 LIC # A034147(CA)

NAME Hanna Adel

AGE

ADDRESS

DATE 5-11-12

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
AND REFILL INDICATOR

B

Ba swallow UGI xray

Chest xray

Qx chest pain

Refill NR 1 2 3 4 5

DO NOT SUBSTITUTE

Umesh

To ensure brand name dispensing, check and initial box.

1EG1146105

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9580

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
David R. Alvarez, M.D.*

PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595

Acct #: 124431586

Ordering Physician: **UMESH C SHAH M.D.**

Exam Desc: **U.G.I.**

EXAMINATION DATE: 05/21/2012

Order Number:

Accession Number: 5980774

Patient Location: FO-OP / O

PROCEDURE: Upper GI

History: Retrosternal chest pain. History of esophagitis, reflux, and fundoplication.

Findings:

Preliminary radiography of the abdomen demonstrates no significant abnormality.

Deglutition was normal. Upper thoracic esophagus demonstrates mild mucosal irregularity, suggestive of esophagitis. There are occasional tertiary contractions. There is severe gastroesophageal reflux. There is a small hiatal hernia. Thoracic esophagus demonstrate mild mucosal irregularity, suggestive of esophagitis. The stomach demonstrates no mass or mucosal lesions. The duodenal bulb demonstrates no ulcerations or deformity. The duodenal loop is not widened. The proximal small bowel appears normal.

Fluoroscopy time: 1.1 minute

IMPRESSION:

- 1. Small hiatal hernia.
- 2. Esophageal mucosal irregularity, suggestive of esophagitis.
- 3. Severe gastroesophageal reflux.

CHRISTINA TSAO BENEDICT, M.D.

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

Ordering: MB#134 UMESH C SHAH M.D.

12540 TENTH ST #B CHINO, CA 91710

Primary: MB#134 UMESH C SHAH

12540 TENTH ST #B CHINO, CA 91710

Electronically signed and authenticated by: CHRISTINA TSAO BENEDICT, M.D.

Interpreting Radiologist: CHRISTINA TSAO BENEDICT, M.D.

Admission date and time: May 21 2012 8:15AM

Examination completed date and time: May 21 2012 9:10AM

Transcribed by / Date: on May 21 2012 12:52P

Signoff date and time: May 21 2012 12:52P

Pomona Valley Hospital Medical Center

1798 North Garey Avenue - Pomona, CA 91767 909-865-9580

Department of Diagnostic Imaging

*Robert Ring, III, M.D. Harold D. Damuth, M.D. Paul A. Reisch, M.D. Johnson B. Lightfoote, M.D. Alexander J. Chien, M.D.
Yanle Zhao, M.D. Stephen Y.C. To, M.D. Daniel R. Heitz, M.D. Christina Tsao Benedict, M.D.
David R. Alvarez, M.D.*

PATIENT NAME: **HANNA, ADEL**
Patient DOB: 03/29/1946 Gender: M
Medical Record Number: 854595
Ordering Physician: **UMESH C SHAH M.D.**
Exam Desc: **U.G.I.**

Acct #: 124431586

EXAMINATION DATE: 05/21/2012
Order Number: 90002
Accession Number: 5980774
Patient Location: FO-OP / O

PROCEDURE: Upper GI

History: Retrosternal chest pain. History of esophagitis, reflux, and fundoplication.

Findings:

Preliminary radiography of the abdomen demonstrates no significant abnormality.

Deglutition was normal. Upper thoracic esophagus demonstrates mild mucosal irregularity, suggestive of esophagitis. There are occasional tertiary contractions. There is severe gastroesophageal reflux. There is a small hiatal hernia. Thoracic esophagus demonstrate mild mucosal irregularity, suggestive of esophagitis. s s for this is someo mass or mucosal lesions. The stomach demonstrates no mass or mucosal lesions. The duodenal bulb demonstrates no ulcerations or deformity. The duodenal loop is not widened. The proximal small bowel appears normal.

Fluoroscopy time: 1.1 minute

IMPRESSION:

- 1. Small hiatal hernia.
- 2. Esophageal mucosal irregularity, suggestive of esophagitis.
- 3. Severe gastroesophageal reflux.

CHRISTINA TSAO BENEDICT, M.D.

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

Ordering: MB#134 UMESH C SHAH M.D.
Primary: MB#134 UMESH C SHAH

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PATIENT NAME: **HANNA, ADEL**

Patient DOB: 03/29/1946 Gender: M

Medical Record Number: 854595

Acct #: 124431586

Ordering Physician: **UMESH C SHAH M.D.**

Exam Desc: **CHEST 2 VIEW**

EXAMINATION DATE: 05/21/2012

Order Number: 90001

Accession Number: 5980770

Patient Location: FO-OP / O

PROCEDURE: Chest PA and lateral

Clinical History: 66-year-old man with chest pain.

Findings:

The heart is not enlarged. The aorta is slightly tortuous. Right basal atelectasis, volume loss is demonstrated. There may be right apical pulmonary nodule and apical lordotic radiography and/or CT may be helpful.

The osseous thorax and soft tissue are unremarkable.

Right upper quadrant surgical clips are demonstrated.

IMPRESSION:

- 1. Possible right apical pulmonary nodule, e.g., scarring.**
- 2. Right lateral basal pleural parenchymal scarring.**
- 3. Degenerative cardiovascular and musculoskeletal changes as described.**
- 4. If clinically indicated, CT may helpful for further evaluation.**

JOHNSON B. LIGHTFOOTE, M.D., FACR

Thank you for the opportunity to contribute to the care of your patient.

Distribution:

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Primary: MB#134 UMESH C SHAH

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Electronically signed and authenticated by: JOHNSON B. LIGHTFOOTE, M.D.

Interpreting Radiologist: JOHNSON B. LIGHTFOOTE, M.D., FACR

Admission date and time: May 21 2012 8:15AM

Examination completed date and time: May 21 2012 8:29AM

Transcribed by / Date: xdd on May 21 2012 9:10A

Signoff date and time: May 21 2012 9:31A