



Please note:

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

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

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

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

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

AKA:
DOB:
SSN:

VS.

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

Case No: ADJ15547702

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

SUBPOENA DUCES TECUM

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

NO PERSONAL APPEARANCE NECESSARY

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

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

OSBORNE HEAD & NECK INSTITUTE

WE COMMAND YOU to appear before A NOTARY PUBLIC

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

On the 10th day of February, 2023, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and
produce the following described documents:

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

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

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

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

Date 01/27/2023



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

Workers Compensation Judge

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

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

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

SEE REVERSE SIDE

[SUBPOENA INVALID WITHOUT DECLARATION]

CC: NATALIA FOLEY ESQ
295923

Order Ref #: 1957147

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

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

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ15547702

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

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

That OSBORNE HEAD & NECK INSTITUTE has in his / her possession or under his / her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reason:

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

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

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

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

Executed on 01/27/2023, at Temecula, California

Signature

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

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

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los Angeles

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

Name of Person Served Date Place
Jessica G January, 30 2023 6240 W MANCHESTER AVE, LOS ANGELES, CA 90005

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

Executed on 1/30/23 at LOS ANGELES, California

Signature

ADEL HANNA, OSBORNE HEAD & NECK INSTITUTE



Order Ref #: 1957147

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):

DIANA MUNOZ
STATE FUND - RIVERSIDE - STATE CONTRACTS
PO BOX 65005
ATTN: CLAIMS PROCESSING
FRESNO, CA 93650-5005
(888) 782-8338

FOR COURT USE ONLY

ATTORNEY FOR (Name): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS

NAME OF COURT: WCAB - SAN BERNARDINO
STREET ADDRESS: 464 W 4TH ST STE 239
CITY AND ZIP CODE: SAN BERNARDINO, CA 92401-1411
BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE

CASE NUMBER:
ADJ15547702

PLAINTIFF/PETITIONER: ADEL HANNA
DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS

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

NOTICE TO CONSUMER OR EMPLOYEE

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

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): DIANA MUNOZ, STATE FUND - RIVERSIDE - STATE CONTRACTS** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): 02/10/2023

The records are described in the subpoena directed to (specify name and address of person or entity from whom records are sought): **OSBORNE HEAD & NECK INSTITUTE 6240 W MANCHESTER AVE LOS ANGELES, CA 90005**

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED. IN ITEM a. OR b. BELOW:

a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.

b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**

3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/27/2023

DIANA MUNOZ

/s/ DIANA MUNOZ

(TYPE OR PRINT NAME)

(SIGNATURE OF

REQUESTING PARTY

ATTORNEY

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. I object to the production of all of my records specified in the subpoena.

2. I object only to the production of the following specified records:

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

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

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

CASE NUMBER:
 ADJ15547702

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

Personal Service Mail Order #: 1957147

1. At the time of service I was at least 18 years of age and not a party to this legal action.
 2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. Personal service. I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
 - (1) Name of person served: _____ (3) Date served: _____
 - (2) Address where served: _____ (4) Time served: _____
 - b. Mail. I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (1) Name of person served : WORKERS DEFENDERS ANAHEIM /Oposing Counsel (3) Date of mailing: 01/27/2023
 - (2) Address: NATALIA FOLEY (295923) State Bar (4) Place of mailing (city and state):
751 S WEIR CANYON RD STE 157-455 ANAHEIM, CA 92808 Temecula, CA
 - (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
 - c. My residence or business address is (specify): ONTELLUS, 27450 Ynez Rd, Temecula CA 92591
 - d. My phone number is (specify): (800) 660-1107
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 01/27/2023

Jeannie Gosiengfiao

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

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

Personal Service Mail

1. At the time of service I was at least 18 years of age and not a party to this legal action.
 2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) Personal service. I personally delivered the *Objection to Production of Records* as follows:
 - (i) Name of person served: _____ (iii) Date served: _____
 - (ii) Address where served: _____ (iv) Time served: _____
 - (2) Mail. I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (i) Name of person served: _____ (iii) Date of mailing: _____
 - (ii) Address: _____ (iv) Place of mailing (city and state): _____
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) Personal service. I personally delivered the *Objection to Production of Records* as follows:
 - (i) Name of person served: _____ (iii) Date served: _____
 - (ii) Address where served: _____ (iv) Time served: _____
 - (2) Mail. I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (i) Name of person served: _____ (iii) Date of mailing: _____
 - (ii) Address: _____ (iv) Place of mailing (city and state): _____
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 3. My residence or business address is (specify): _____
 4. My phone number is (specify): _____
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: 01/27/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: OSBORNE HEAD & NECK INSTITUTE

ORDER REF #:



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

THANK YOU!

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

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

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

Medical Records Billing X-Rays / Films Employment Other

Requested documents have been:

Lost / Misplaced Never Existed Destroyed after _____ years

Other Comments _____

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

Executed on 2/13/2023 at, (city/state) Los Angeles, CA
Signature [Signature] Print Name Jessica Gavidia
Phone Number (310) 657-0123

Osborne Head & Neck Institute
 8631 W Third St # 945E
 Los Angeles, CA 90048
 Phone: (310) 657-0123
 Fax:(310)657-0142

Examination

Name: Adel Hanna
 Acct #: 40938
 Date of Birth: 3/29/1946

Exam Date: 4/16/2018

Complaint / History Of Present Illness

72 year old male complains of nasal trauma. Additional Notes: Adel is in today complaining of nasal trauma about 1 month ago. It happened while in the shower. He developed a bump on the bridge of his nose. It has not subsided. He denies pain. This is the first time he has sought medical treatment for this problem.

Health History

Personal Medical History

No significant medical history

Family Medical History

No Significant Family History

Tobacco History

Never smoker

Surgical History

Rhinoplasty

Vitals

Height: 68 in. Weight: 174 lbs.

Allergies

Patient reported no known drug allergies.

Current Medications

Started	Name	Prescribed This Visit	Strength	SIG
	Amlodopine			
	Atenolol			
4/16/2018	Augmentin		875-125 mg	PO BID x10days

Review Of Systems

Cardiovascular	Negative
Eyes	Negative
Ears, Nose, Mouth, Throat	Snoring,nasal obstruction
Respiratory	Negative
Gastrointestinal	Negative
Genitourinary	Negative
Musculoskeletal	Negative
Integumentary	Negative
Neurological	Negative
Constitution	Negative
Psychiatric	Negative

Review Of Systems	
Endocrine	Negative
Hematologic / Lymphatic	Negative
Allergic / Immunologic	Negative

Physical Examination	
General Examination	
General Appearance	Normal
Right Eye Motility	normal eye movement
Left Eye Motility	normal eye movement
Time, Place, Person	Oriented
Mood / Affect	Appropriate
Cranial Nerves	Cranial Nerves II-XII grossly intact.

Head and Face	
Inspection	No apparent abnormalities
Percussion	No apparent abnormalities
Face Strength	No apparent abnormalities

Nose/Nasopharynx	
External Nose	Cystic swelling over the supratip region. No tenderness to palpation. Mild fluctuance
Nasal Mucosa	Normal
Turbinates	2+ hypertrophied
Septum	midline

Tests Ordered

CT of Face w/o contrast

Diagnosis And Plan

Code: S02.2XXA Fracture of nasal bones, init encntr for closed fracture
 Assessment: Nasal fracture with dorsal supratip swelling with cystic mass with fluctuant mobility of the supratip region, nontender, No nasal septal ulceration or laceration
 Plan: Recommend MRI or CT scan of the nose follow-up after exam.

Electronically Signed by: Jason Hamilton MD, MD on 5/10/18