



Please note:

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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***

VARSHNEY, ANSHUL MD

WE COMMAND YOU to appear before A NOTARY PUBLIC

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

On the 09th 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 01/25/2023



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

Suzanne M. Banks

Workers Compensation Judge

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

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

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

SEE REVERSE SIDE

[SUBPOENA INVALID WITHOUT DECLARATION]

CC: NATALIA FOLEY ESQ
295923

Order Ref #: 1957121

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

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

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

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

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

Executed on 01/25/2023 at Temecula, California

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

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

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: _____

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

Name of Person Served Date Place
January, 25 2023

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

Executed on _____ at CHINO, California

Signature

ADEL HANNA, VARSHNEY, ANSHUL MD



Order Ref #: 1957121

1 ONTELLUS
2 27450 Ynez Road, Suite 300
3 Temecula, CA 92591-4680
4 (800) 660-1107 - FAX (951) 595-4875

5 **CCP 1013 E SERVICE BY FACSIMILE**

6 **AFFIDAVIT**

7 **PROOF OF SERVICE BY FACSIMILE**

8 **STATE OF CALIFORNIA, COUNTY OF RIVERSIDE**

9 I, the undersigned, am employed in the County of Riverside, State of California . I am over the
10 age of eighteen years and not a party to the within action; my business address is
11 ONTELLUS, 27450 Ynez Road,Suite 300, Temecula CA 92591.

12 On 01/25/2023 , I served the forgoing document described as:

13 Subpoena Duces Tecum on the Custodian of Records , by FAXING a true copy there of attached here to
14 (909) 627-2210 ,addressed as follows to :

15 VARSHNEY, ANSHUL MD
16 13768 ROSWELL AVE STE 108
17 CHINO, CA 91710

18 //

19 //

20 //

21 //

22 Executed on 01/25/2023 at Temecula, California. I declare, under penalty of perjury, that
23 the above is true and correct.

24 
25 Jeannie Gosiengfiao
Deposition Officer(s)

26 **CCP 1013 E SERVICE BY FACSIMILE**

Service by facsimile transmission shall be permitted only where the parties agree and a written confirmation of that agreement is made.

SUBP-025

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): DIANA MUNOZ STATE FUND - RIVERSIDE - STATE CONTRACTS PO BOX 65005 ATTN: CLAIMS PROCESSING FRESNO, CA 93650-5005 (888) 782-8338	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	CASE NUMBER: ADJ15547702
NAME OF COURT: WCAB - SAN BERNARDINO STREET ADDRESS: 464 W 4TH ST STE 239 CITY AND ZIP CODE: SAN BERNARDINO, CA 92402-2423 BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE	
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*): 02/09/2023
 The records are described in the subpoena directed to (*specify name and address of person or entity from whom records are sought*): **VARSHNEY, ANSHUL MD 13768 ROSWELL AVE STE 108 CHINO, CA 91710**
 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: 01/25/2023

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)

(Proof of service on reverse)

Page 1 of 2

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

CASE NUMBER:
ADJ15547702

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

Personal Service Mail Order #: 1957121

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

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

(1) Name of person served : WORKERS DEFENDERS ANAHEIM /Opposing Counsel	(3) Date of mailing: 01/25/2023
(2) Address: NATALIA FOLEY (295923) State Bar 8018 E SANTA ANA CANYON RD STE 100-215 ANAHEIM, CA 92808	(4) Place of mailing (city and state): Temecula, CA
- c. (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: 01/25/2023

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: 01/25/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

Name: Hanna Adel LEE 2 yrs Date: 3/23/22
 Age: 76 Rx History: DOB: 3/29/46

CC/Consult Reason: Cataract Eval Meds/Gtts: See overview sheet
 - Pt VA Stable w/ glasses, wears glasses at home from seeing
 - Pt also has trouble w/ th. night VA
 - @ pain, @ hct, @ red, @ drug, @ wounding

PMHx: POHx/PSHx: @ cataract ROS: See ROS sheet

DM: @ diabetes

Htn: (+) (-2 yrs) @ medical procedure

COVD: - hernia - surgery
- gall bladder removal

Allergies: Reagan

FMHx: mom: N/A Dad: heart problems

SocHx: drink smoke alert/aware

SC: 1x week 25-2 20-2
 VA: 20/25 20/20
 CT: NPC: - marked - 410ms
 P_{HR}: 15 18 @ 270

MRx: OD: - OS: - Dilate (M) C (P) @ 2:12 p.m.

EXT: <input type="checkbox"/> WNL Conj: <input checked="" type="checkbox"/> WNL Cor: <input type="checkbox"/> Clr A/C: <input type="checkbox"/> D/Q Iris: <input checked="" type="checkbox"/> WNL Lens: <input type="checkbox"/> Clr <u>(NS 2)</u> <input type="checkbox"/> Cort <u>PSC</u> <input type="checkbox"/> PCIOL <u>PCO</u>	OS: <input type="checkbox"/> WNL D-Chalasis <input type="checkbox"/> WNL Pterygium <input checked="" type="checkbox"/> D/Q Iris: <input type="checkbox"/> WNL Lens: <input type="checkbox"/> Clr <u>(NS 1-2)</u> <input type="checkbox"/> Cort <u>PSC</u> <input type="checkbox"/> PCIOL <u>PCO</u>	Chalazion: <input type="checkbox"/> OD <input type="checkbox"/> OS Vitreous: <input type="checkbox"/> Clr C/D: <input type="checkbox"/> WNL Disc: <input type="checkbox"/> WNL Macula: <input checked="" type="checkbox"/> WNL Vessels: <input type="checkbox"/> WNL Periph: <input type="checkbox"/> WNL	FUNDUS: <u>OD</u> <u>OS</u> Vitreous: <input type="checkbox"/> Clr <u>PVD</u> <u>3</u> C/D: <input type="checkbox"/> WNL Disc: <input type="checkbox"/> WNL Macula: <input checked="" type="checkbox"/> WNL Vessels: <input type="checkbox"/> WNL Periph: <input type="checkbox"/> WNL RPE: <input type="checkbox"/> MA+ D/B: <input type="checkbox"/> Drusen A. Hyalosis: <input type="checkbox"/>	SE's Explained: <input type="checkbox"/> WNL PVD: <input type="checkbox"/> WNL Cells: <input type="checkbox"/> WNL Exudate: <input type="checkbox"/> NVD CSME: <input type="checkbox"/> NVE
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RTC: D days wks months yrs

Imp)	Plan)	Schedule
Blepharitis	Eyelid Hygiene	<input type="checkbox"/> MRI
DES	A.T. 1gtt OU <input checked="" type="checkbox"/> Qid 6x/day q1-2hrs	<input type="checkbox"/> VF
AMD	AREDS Vit, Grid qD, Diet/Exer., Precautions	<input type="checkbox"/> OCT ON
Flashes/Floaters	Reassurance, RD precautions given	<input type="checkbox"/> OCT Ret
<u>1) Cataract N/A</u>	<u>Don</u>	<input type="checkbox"/> Car U/S
<u>2) PVD</u>	<u>RD precautions</u>	<input type="checkbox"/> CT scan