

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***

TO, SEAN 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**

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 #: 1957106

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 TO, SEAN 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, 26 2023 8283 GROVE AVE #201 ATTN: MEDICAL RECORDS , RANCHO CUCAMONGA, CA 91701

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

Executed on \_\_\_\_\_ at RANCHO CUCAMONGA, California

ADEL HANNA, TO, SEAN MD

Signature



Order Ref #: **1957106**

# Ontellus

Accelerating Insight

## DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: TO, SEAN MD

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 foregoing is true and correct.*

Executed on 02/06/2023 at, (city/state) Rancho Cucamonga, CA  
Signature *Carolina Lopez* Print Name Carolina Lopez  
Phone Number (909) 981-6644

ONTELLUS, 27450 YNEZ ROAD SUITE 300 TEMECULA, CA 92591-4680  
www.ontellus.com lab@ontellus.com  
Phone (800) 660-1107 FAX (951) 595-4875  
Phone (951) 694-5770

Ref#: 1957106

<b>PATIENT</b>		<b>FACILITY</b>
<b>ADEL HANNA</b>		<b>Grove Internal Medicine</b>
<b>DOB</b> 03/29/1946		<b>T</b> (909) 981-6644
<b>AGE</b> 76 yrs		<b>F</b> (909) 981-5048
<b>SEX</b> Male		8283 Grove Ave. Suite 201
<b>PRN</b> HA181650		Rancho Cucamonga, CA 91730

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**Patient Identifying details and demographics**


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<b>FIRST NAME</b>	ADEL	<b>SEX</b>	Male	<b>RACE</b>	-
<b>MIDDLE NAME</b>		<b>DATE OF BIRTH</b>	03/29/1946	<b>ETHNICITY</b>	-
<b>LAST NAME</b>	HANNA	<b>DATE OF DEATH</b>	-	<b>PREF. LANGUAGE</b>	-
<b>SSN</b>	548-67-8932	<b>PRN</b>	HA181650	<b>STATUS</b>	Active patient

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**CONTACT INFORMATION**

<b>ADDRESS LINE 1</b>	5688 COUSINS PL	<b>CONTACT BY</b>	-
<b>ADDRESS LINE 2</b>	-	<b>EMAIL</b>	-
<b>CITY</b>	Rancho Cucamonga	<b>HOME PHONE</b>	-
<b>STATE</b>	CA	<b>MOBILE PHONE</b>	(949) 244-7759
<b>ZIP CODE</b>	91737	<b>OFFICE PHONE</b>	-
		<b>OFFICE EXTENSION</b>	-

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**FAMILY INFORMATION**

<b>NEXT OF KIN</b>	-	<b>PATIENT'S MOTHER'S MAIDEN</b>	-
<b>RELATION TO PATIENT</b>	-	<b>NAME</b>	
<b>PHONE</b>	-		
<b>ADDRESS</b>	-		

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**Diagnoses**

Current	ACUITY	START	STOP
(R03.0) Elevated blood-pressure reading, without diagnosis of hypertension Encounter comment: BP slightly elevated in office. Rec BP monitoring at home. If consistent or worsens will consider BP meds. Monitor. by Sean To MD on 07/26/22			
(Z90.49) Acquired absence of other specified parts of digestive tract Encounter comment: Pt reports had appendectomy x years ago. Monitor. by Sean To MD on 07/26/22			
(I10) Essential (primary) hypertension Encounter comment: BP improved compared to previous. Cont meds as directed. Followed by cardio, Dr. Larry Chan. by Sean To MD on 09/19/22 BP elevated, likely secondary to stress. Asymptomatic. Followed by cardio, Dr. Chan. Currently on Amlodipine 10mg. Rec low salt diet. Monitor. by Sean To MD on 08/19/22			
(R07.89) Other chest pain Encounter comment: Followed by cardio, Dr. Chan. Pt reports 3 episodes of chest pain waking him up at night. Admits to increase stress at work. Was put on colchicine 2 days ago but pt sts he will not take it. Cont Brilinta 90mg. Rec f/u with cardio by Sean To MD on 08/19/22			
(Z12.5) Encounter for screening for malignant neoplasm of prostate Encounter comment: Check PSA. by Sean To MD on 08/19/22			
(Z95.5) Presence of coronary angioplasty implant and graft Encounter comment: Followed by cardio, Dr. Chan. Per pt, Dr. Chan took him off of Brilinta 90mg and started him on Colchicine. Pt denies starting colicine and will cont Brilinta 90mg. Rec f/u with cardio by Sean To MD on 08/19/22			
(H81.10) Benign paroxysmal vertigo, unspecified ear Encounter comment: Intermittent dizziness with associated nausea. Rec OTC Dramamine. Consider referral to ENT if worsens. by Sean To MD on 09/19/22			
(K63.5) Polyp of colon Encounter comment: Colon polyp seen on colonoscopy done 9/10/22. by Sean To MD on 09/19/22			
(Z00.00) Encounter for general adult medical examination without abnormal findings Encounter comment: Annual today by Sean To MD on 09/19/22			
(N40.0) Benign prostatic hyperplasia without lower urinary tract symptoms Encounter comment: Pt with prostate enlargement, symptomatic. Start Flomax 0.4 mg qhs. Monitor. by Sean To MD on 09/19/22			
Historical	ACUITY	START	STOP
No historical diagnoses			

**Drug Allergies**

Active	SEVERITY/REACTIONS	ONSET
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No drug allergies recorded

### Food Allergies

Active	SEVERITY/REACTIONS	ONSET
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No food allergies recorded

### Environmental Allergies

Active	SEVERITY/REACTIONS	ONSET
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No environmental allergies recorded

### Medications

Active	SIG	START/STOP	ASSOCIATED DX
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Amlodipine Besylate (amLODIPine Besylate) 10 MG Oral Tablet	Take 1 tablet (10 mg) by mouth daily	-	-
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Atorvastatin Calcium (Lipitor) 40 MG Oral Tablet	Take 1 tablet (40 mg) by mouth daily	-	-
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Tamsulosin HCl 0.4 MG Oral Capsule	Take 1 capsule (0.4 mg) by mouth daily at bedtime	-	-
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■ EScript (verified): 09/19/22 Prescriber: Sean To MD SIG: Take 1 capsule (0.4 mg) by mouth daily at bedtime Refills: 1 Quantity: 90

Ticagrelor (Brillinta) 90 MG Oral Tablet		-	-
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Historical	SIG	START/STOP	ASSOCIATED DX
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Colchicine 0.6 MG Oral Tablet		- 08/19/22	-
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### Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
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No immunizations recorded for this patient.

**Social history****TOBACCO USE****RECORDED**

No tobacco use history available for this patient

**ALCOHOL USE****RECORDED**

No alcohol use history available for this patient

**SOCIAL HISTORY (FREE-TEXT)**

No social history (free-text) recorded for this patient

**FINANCIAL RESOURCES****RECORDED**

No financial resources recorded for this patient

**EDUCATION****RECORDED**

No education recorded for this patient

**PHYSICAL ACTIVITY****RECORDED**

No physical activity available for this patient

**NUTRITION HISTORY****RECORDED**

No nutrition history available for this patient

**STRESS****RECORDED**

No stress available for this patient

**SOCIAL ISOLATION AND CONNECTION****RECORDED**

No social isolation and connection available for this patient

**EXPOSURE TO VIOLENCE****RECORDED**

No exposure to violence history available for this patient

**GENDER IDENTITY**

No gender identity recorded for this patient

**SEXUAL ORIENTATION**

No sexual orientation recorded for this patient

**Past medical history****PREVENTIVE CARE**

COLORECTAL: 9/10/22, 1 POLYP

**Family health history****DIAGNOSIS****ONSET DATE**

No Family health history recorded

**FAMILY HEALTH HISTORY (FREE TEXT)**

No family health history (free text) available for this patient.

**Implantable devices**

No implantable devices recorded



**Active health concerns**

DESCRIPTION	EFFECTIVE DATE
No active health concerns recorded	

**Inactive health concerns**

DESCRIPTION	EFFECTIVE DATE
No inactive health concerns recorded	

**PATIENT  
ADEL HANNA**

DOB 03/29/1946  
AGE 76 yrs  
SEX Male  
PRN HA181650

**FACILITY  
Grove Internal Medicine**

T (909) 981-6644  
F (909) 981-5048  
8283 Grove Ave. Suite 201  
Rancho Cucamonga, CA 91730

**ENCOUNTER  
Office Visit**

NOTE TYPE SOAP Note  
SEEN BY Sean To M.D.  
DATE 09/19/2022  
AGE AT DOS 76 yrs  
Electronically signed by Sean To M.D. at  
09/19/2022 04:10 pm

**Chief complaint**

\*IN OFFICE\* RTC 1 mo for physical exam or prn (9/19 afternoon) // MV (Appt time: 9/19/2022 3:00:00 PM) (Arrival time: 2:45 PM)

<b>Vitals for this encounter</b>	
	<b>09/19/22 3:07 PM</b>
Height	65 in
Weight	157 lb
Temperature	97.50 °F
Pulse	73 bpm
O2 Saturation	99 %
BMI	26.13
Blood pressure	118/72 mmHg

**SUBJECTIVE**

Here for physical exam. Pt is still out of work. Plans to stay out for another month or so.  
C/o intermittent dizzy episodes. Was trying to sleep more as he had severe nausea as well. Reports nausea is exacerbated when in the car.  
Also reports elevated BP at 165/100 and severe headaches.

**REVIEW OF SYSTEMS:**

General: No weight change, generally healthy, no change in strength or exercise tolerance.  
Head: No headaches, no vertigo, no injury.  
Neck: No stiffness, no pain, no tenderness, no noted masses.  
Chest: No dyspnea, no wheezing, no hemoptysis, no cough.  
Heart: No chest pains, no palpitations, no syncope, no orthopnea.  
Abdomen: No change in appetite, no dysphagia, no abdominal pains, no bowel habit changes, no emesis, no melena.  
GU: No urinary urgency, no dysuria, no change in nature of urine.

**OBJECTIVE**

Labs: None  
General: Normotensive, in no acute distress.  
Head: Normocephalic, no lesions.  
Eyes: PERRLA, EOM's full, conjunctivae clear.  
Ears: EAC's clear, TM's normal.  
Nose: Mucosa normal, no obstruction.  
Throat: Clear, no exudates, no lesions.  
Neck: Supple, no masses, no thyromegaly, no bruits.  
Chest: Lungs clear, no rales, no rhonchi, no wheezes.  
Heart: RR, no murmurs, no rubs, no gallops.  
Abdomen: Soft, no tenderness, no masses, BS normal.  
GU: Normal, no lesions, no discharge, no hernias noted.  
Rectal: No lesions, no hemorrhoids.

Prostate: Smooth, symmetrical, non-tender, moderately enlarged

Back: Normal curvature, no tenderness.

Extremities: FROM, no deformities, no edema, no erythema.

Neuro: Physiological, no localizing findings.

Skin: Normal, no rashes, no lesions noted..

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**ASSESSMENT**

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**Diagnoses attached to this encounter:**

Positional vertigo [ICD-10: H81.10], [ICD-9: 386.11], [SNOMED: 103284002] Comment: Intermittent dizziness with associated nausea. Rec OTC Dramamine. Consider referral to ENT if worsens.

HTN [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003] Comment: BP improved compared to previous. Cont meds as directed. Followed by cardio, Dr. Larry Chan.

Polyp of colon [ICD-10: K63.5], [ICD-9: 211.3], [SNOMED: 68496003] Comment: Colon polyp seen on colonoscopy done 9/10/22.

BPH [ICD-10: N40.0], [ICD-9: 600.00], [SNOMED: 266569009] Comment: Pt with prostate enlargement, symptomatic. Start Flomax 0.4 mg qhs. Monitor.

Encounter for general adult medical examination without abnormal findings [ICD-10: Z00.00], [ICD-9: V70.0], [SNOMED: 268565007] Comment: Annual today

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**PLAN**

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RTC 4 mo or prn

Labs ordered. Pls remind pt

Scribe Statement: Charting and documentation performed by Alexa Dizon, acting as a scribe for Dr Sean To. All scribe entries and documentation made by the scribe were entered under my direction. I have reviewed this medical record and agree to the accuracy and completeness of the content entered by the scribe. The documentation recorded by the scribe accurately reflects the service I personally performed and the decision made by me. Note is not final until signed by physician...

**Medications attached to this encounter:**

Tamsulosin HCl 0.4 MG Oral Capsule 1 capsule (0.4 mg) orally daily at bedtime

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## PATIENT

**ADEL S HANNA**

DOB 03/29/1946  
 AGE 76 yrs  
 SEX Male  
 PRN HA181650

## FACILITY

**Grove Internal Medicine**

T (909) 981-6644  
 F (909) 981-5048  
 8283 Grove Ave. Suite 201  
 Rancho Cucamonga, CA 91730

## ENCOUNTER

**Office Visit**

NOTE TYPE SOAP Note  
 SEEN BY Sean To M.D.  
 DATE 08/19/2022  
 AGE AT DOS 76 yrs  
 Electronically signed by Sean To M.D. at  
 08/19/2022 11:28 am

**Chief complaint**

\*IN OFFICE\* RTC around 08/15-08/20 or prn. // MV (Appt time: 8/19/2022 11:00:00 AM) (Arrival time: 10:35 AM)

Vitals for this encounter	
	08/19/22 10:36 AM
Height	65 in
Weight	160.40 lb
Temperature	97.50 °F
Pulse	72 bpm
O2 Saturation	97 %
BMI	26.69
Blood pressure	142/78 mmHg

**SUBJECTIVE**

Here for routine visit. Accompanied by wife.  
 Check labs and BP.  
 Go over meds..

C/o chest pain that wakes him up during the night. Notes 3 episodes of the symptoms in the last month. Pt went to cardio 2 days ago and was put on colchicine. Has not started meds yet. Sts he will not take the colchicine and will continue taking his Brilinta. Per pt, cardio reported chest pain may be stress or anxiety related. Admits to increased stress from work. Still on disability until 9/23.

**OBJECTIVE**

General: in no acute distress.  
 Chest: Lungs clear, no rales, no rhonchi, no wheezes.  
 Heart: RR, no murmurs, no rubs, no gallops.  
 Abdomen: Soft, no tenderness, no masses, BS normal.  
 Extremities: No edema..

**ASSESSMENT**

## Diagnoses attached to this encounter:

HTN [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003] Comment: BP elevated, likely secondary to stress. Asymptomatic. Followed by cardio, Dr. Chan. Currently on Amlodipine 10mg. Rec low salt diet. Monitor.

Other chest pain [ICD-10: R07.89], [ICD-9: 786.59], [SNOMED: 29857009] Comment: Followed by cardio, Dr. Chan. Pt reports 3 episodes of chest pain waking him up at night. Admits to increase stress at work. Was put on colchicine 2 days ago but pt sts he will not take it. Cont Brillinta 90mg. Rec f/u with cardio

Stented coronary artery [ICD-10: Z95.5], [SNOMED: 386138005] Comment: Followed by cardio, Dr. Chan. Per pt, Dr. Chan took him off of Brillinta 90mg and started him on Colchicine. Pt denies starting colcicine and will cont Brillinta 90mg. Rec f/u with cardio

Prostate Ca screening [ICD-10: Z12.5], [ICD-9: V76.44], [SNOMED: 15886004] Comment: Check PSA.

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**PLAN**

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RTC 1 mo for physical exam or prn (9/19 afternoon)

PE labs, PSA

Rx referral to GI, Dr. Abdelkarim, for colonoscopy

Scribe Statement: Charting and documentation performed by Alexa Dizon, acting as a scribe for Dr Sean To. All scribe entries and documentation made by the scribe were entered under my direction. I have reviewed this medical record and agree to the accuracy and completeness of the content entered by the scribe. The documentation recorded by the scribe accurately reflects the service I personally performed and the decision made by me. Note is not final until signed by physician...

---

## PATIENT

**ADEL S HANNA**

DOB 03/29/1946  
 AGE 76 yrs  
 SEX Male  
 PRN HA181650

## FACILITY

**Grove Internal Medicine**

T (909) 981-6644  
 F (909) 981-5048  
 8283 Grove Ave. Suite 201  
 Rancho Cucamonga, CA 91730

## ENCOUNTER

**Office Visit**

NOTE TYPE SOAP Note  
 SEEN BY Sean To M.D.  
 DATE 07/26/2022  
 AGE AT DOS 76 yrs  
 Electronically signed by Sean To M.D. at  
 07/26/2022 04:36 pm

**Chief complaint**

\*IN OFFICE\*(DR HANNA) NEW PT GET EST. ER F/U AT SARH PT WILL BRING DISCHARGE PAPERS...//SS (Appt time: 3:00 PM) (Arrival time: 3:05 PM)

<b>Vitals for this encounter</b>	
	<b>07/26/22 3:20 PM</b>
Height	65 in
Weight	158.4 lb
Temperature	98.10 °F
Pulse	78 bpm
O2 Saturation	97 %
BMI	26.36
Blood pressure	130/78 mmHg

**SUBJECTIVE**

New pt, here to be established.  
 Check labs and BP.  
 Go over meds..

Accompanied by wife. Dr. Hanna was a thoracic surgeon and now is chief psychiatrist at chino hospital.

Pt sts has been stressed x 2 1/2 years due to work problems. Pt sts has lawyers involved due to trying to make him leave. Pt to return work 08/20/22.

Pt's fourth stent was placed last wk at SARH. ER F/U from SARH, pt brought DC papers. Pt sts doesn't not want treatment anymore needs someone to take care of him. Pt c/o high BP due to stress at work. Seen by Dr. Khan at ER but followed by cardio, Dr. Chan, placed pt on disability for 1 mo. Pt had 65% EF revealed from echo.

Pt denies chest pain but sts is hard to take deep breaths.

Per pt has had appendectomy previously.

Pt has 4 shots for COVID.

Pt sts had colonoscopy approx. 6 yrs ago.

**OBJECTIVE**

General: in no acute distress.

Chest: Lungs clear, no rales, no rhonchi, no wheezes.

Heart: RR, no murmurs, no rubs, no gallops.

Abdomen: Soft, no tenderness, no masses, BS normal.

Extremities: No edema..

Labs: None

**ASSESSMENT**

Diagnoses attached to this encounter:

Elevated blood pressure reading without diagnosis of hypertension [ICD-10: R03.0], [SNOMED: 371622005] Comment: BP slightly elevated in office. Rec BP monitoring at home. If consistent or worsens will consider BP meds. Monitor.

History of appendectomy [ICD-10: Z90.49], [ICD-9: V45.79], [SNOMED: 428251008] Comment: Pt reports had appendectomy x years ago. Monitor.

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**PLAN**

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RTC around 08/15-08/20 w/ ST or prn.

No labs.

Obtain medical records from SARH (last wk)

obtain records from Dr. Chan

Scribe Statement: Charting and documentation performed by Fiza Khan, acting as a scribe for Dr Sean To. All scribe entries and documentation made by the scribe were entered under my direction. I have reviewed this medical record and agree to the accuracy and completeness of the content entered by the scribe. The documentation recorded by the scribe accurately reflects the service I personally performed and the decision made by me. Note is not final until signed by physician..

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The logo for Practice Fusion, featuring a stylized 'P' icon followed by the text 'practice fusion' in a lowercase, sans-serif font.

Hanna, Adel  
3/29/1946

37284  
142217

\* Operative Report - Auth (Verified) \*

R

PROCEDURE/OPERATIVE REPORT

PATIENT'S NAME: Hanna, Adel

PATIENT'S MRN: 624-69-30

DATE OF PROCEDURE: 09/10/22

SURGEON: Dr. Basim Abdelkarim, M.D.

REFERRING PROVIDER: Dr. Sean Tu, M.D.

INDICATIONS FOR PROCEDURE: This 76-year-old male presents for colonoscopy for colon cancer screening. Patient has a personal history of colonic polyps.

**PREPROCEDURE DIAGNOSES:**

- 1. Colon cancer screening
- 2. Personal history of colonic polyps

**POSTPROCEDURE DIAGNOSES:**

- 1. Colon polyp x1
- 2. Mild pandidiverticulosis
- 3. Grade II internal hemorrhoids

**PROCEDURE PERFORMED:**


- 1. Colonoscopy with moderate sedation
- 2. Colonoscopy with biopsy

**MEDICATIONS:** Please see chart, medications given under direct and complete supervision: 6 mg Versed IV and 50 mg Demerol IV.

**DETAILS OF PROCEDURE:** Informed consent was obtained after risks, benefits and alternatives were discussed at length with the patient. The patient gave consent to the procedure as well as the medication used for sedation, which was given under direct supervision.

The patient was placed in the left lateral decubitus position. Digital rectal exam showed internal hemorrhoids. An Olympus variable torsion adult colonoscope was inserted into the rectum and advanced to the cecum. The cecum was identified by the ileocecal valve and the appendiceal orifice. The scope was then withdrawn. The prep was good with only small amounts of stool. Small or flat lesions could have been missed. A 4-mm ascending colon polyp was visualized, which was removed entirely via biopsy forceps. Mild pandidiverticulosis was visualized. There were no masses, strictures, or arteriovenous malformations. More than a six-minute withdrawal time was noted. Retroflexion showed 2+ internal hemorrhoids. The patient tolerated the procedure well.

Start Time: 13:14  
Cecum Time: 13:18  
End Time: 13:26

 <p><b>CASA COLINA</b> Hospital and Centers for Medicine</p>	<p>PATIENT NAME: Hanna, Adel          DOB: 03/29/1946          MEDICAL RECORD NO: 624-69-30          DICTATING PHYSICIAN: Dr. Basim Abdelkarim, M.D.</p>
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Hanna, Adel  
3/29/1946

37284  
142217

\* Operative Report - Auth (Verified) \*

**IMPRESSION:**

- 1. Colon polyp x1
- 2. Mild prodiverticulosis
- 3. Grade II internal hemorrhoids

**RECOMMENDATIONS:**

- 1. Repeat colonoscopy as indicated by symptoms given patient's age
- 2. Follow up in GI clinic for procedure and pathology results
- 3. High fiber diet
- 4. Follow up with Ian Donahue, PA for hemorrhoidal banding procedure in GI clinic if symptomatic
- 5. Hold anticoagulants for 3 days
- 6. Follow up with primary doctor; patient was given a copy of the procedure report

All medical record entries made by the Scribe were at my discretion and personally dictated by me. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam and medical decision-making. I have also personally directed, reviewed, and agreed with the discharge instructions and disposition.

I would like to thank Dr. To for the referral.

Dr. Basim Abdelkarim, MD  
Date: 09/10/22

	<p>PATIENT NAME: Hanna, Adel          DOB: 03/29/1946          MEDICAL RECORD NO: 624-69-30          DICTATING PHYSICIAN: Dr. Basim Abdelkarim, M.D.</p>
--	--

**Basim Z Abdelkarim MD INC**

(909) 920-0444

1310 San Bernadino Rd Ste 103  
Upland, CA 91786-

Person: **Hanna, Adel**  
DOB/Age/Sex: **3/29/1946 / 76 years / Male**

MRN: **37284**

CMRN:

Emergency Contact:

PCP: **Abdelkarim MD,Basim**

Email:

FIN/Visit#: **142217**

Address: **6288 COUSIN PL**  
**Covina, CA 91723**

Home Phone: **9492447759**

Visit Date: **9/6/2022**

Mobile Phone:

Language: **English**

Work Phone:

Ethnicity: **Patient Declined**

*Document(s)*

Document Type:

Operative Report

Service Date/Time:

9/14/2022 12:19 PDT

Result Status:

Auth (Verified)

Document Title:

COLO REPORT 09/10/22

Sign Information:

Macias,Nancy (9/14/2022 12:20 PDT)

# Medication Leaflets

# Education Materials

## Return to Work

DR. ADEL HANNA was treated at our facility.

### Injury or illness was:

- Work-related.
- Not work-related.
- Undetermined if work-related.

### Return to work

- Employee may return to work on 12/15/2021.
- Employee may return to modified work on \_\_\_\_\_.

### Work activity restrictions

This person is not able to do the following activities:

- Bend
- Sit for a prolonged time
  - This person should not sit for more than \_\_\_\_\_ hours at a time.
  - This person should not sit for more than \_\_\_\_\_ hours during an 8-hour workday.
- Lift more than \_\_\_\_\_ lb
- Squat
- Stand for a prolonged time
  - \_\_\_\_\_ This person should not stand for more than \_\_\_\_\_ hours at a time.
  - \_\_\_\_\_ This person should not stand for more than \_\_\_\_\_ hours during an 8-hour workday.
- Climb
- Reach
- Push and pull with the \_\_\_\_\_ right hand \_\_\_\_\_ left hand
- Walk
  - \_\_\_\_\_ This person should not walk for more than \_\_\_\_\_ hours at a time.
  - \_\_\_\_\_ This person should not walk for more than \_\_\_\_\_ hours during an 8-hour workday.

Patient: HANNA MD, ADEL SHAKER  
MRN:918505 FIN:5295168

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Drive or operate a motor vehicle at work

Grasp with the  right hand  left hand

Other \_\_\_\_\_

These restrictions are effective until \_\_\_\_\_ or until a recheck appointment on \_\_\_\_\_.

Health care provider name (printed): \_\_\_\_\_

Health care provider (signature): \_\_\_\_\_

Date: \_\_\_\_\_

### How to use this form

Show this **Return to Work** statement to your supervisor at work as soon as possible. Your employer should be aware of your condition and may be able to help with the necessary work activity restrictions.

Contact your health care provider if:

- You wish to return to work sooner than the date that is listed above.
- You have problems that make it difficult for you to return at that time.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 12/13/2018 Document Reviewed: 12/13/2018  
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## Return To Work

DR. ADEL HANNA

\_\_\_\_\_ was treated at San Antonio Community Hospital.

### INJURY OR ILLNESS WAS:

Work-related

Not work-related

Undetermined if work-related

### RETURN TO WORK

• Employee may return to work on: 12/15/2021

• Employee may return to modified work on: \_\_\_\_\_

### WORK ACTIVITY RESTRICTIONS

Work activities not tolerated include:

Bending

Prolonged sitting

Lifting

Squatting

Prolonged standing

Climbing

Reaching

Pushing and pulling

Walking

Other \_\_\_\_\_

Patient: HANNA MD, ADEL SHAKER  
MRN: 918505 FIN: 5295168

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Printed on: 11/15/2021 17:47 PST

Show this **Return to Work** statement to your supervisor at work as soon as possible. Your employer should be aware of your condition and can help with the necessary work activity restrictions. If you wish to return to work sooner than the date above, or if you have further problems which make it difficult for you to return at that time, please call us or your caregiver.

DR. LARRY CHAN

Physician Name (Printed)

FOR: DR. LARRY CHAN / MEDICINE/IR

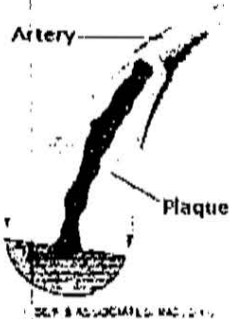
Physician Signature

11/15/2021

Date

Document Released: 12/18/2005 Document Revised: 12/06/2012 Document Reviewed: 06/03/2008  
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## High Cholesterol



High cholesterol is a condition in which the blood has high levels of a white, waxy, fat-like substance (cholesterol). The human body needs small amounts of cholesterol. The liver makes all the cholesterol that the body needs. Extra (excess) cholesterol comes from the food that we eat.

Cholesterol is carried from the liver by the blood through the blood vessels. If you have high cholesterol, deposits (plaques) may build up on the walls of your blood vessels (arteries). Plaques make the arteries narrower and stiffer. Cholesterol plaques increase your risk for heart attack and stroke. Work with your health care provider to keep your cholesterol levels in a healthy range.

### What increases the risk?

This condition is more likely to develop in people who:

- Eat foods that are high in animal fat (saturated fat) or cholesterol.
- Are overweight.
- Are not getting enough exercise.
- Have a family history of high cholesterol.

### What are the signs or symptoms?

There are no symptoms of this condition.

### How is this diagnosed?

This condition may be diagnosed from the results of a blood test.

- If you are older than age 20, your health care provider may check your cholesterol every 4–6 years.
- You may be checked more often if you already have high cholesterol or other risk factors for heart disease.

The blood test for cholesterol measures:

Patient: HANNA MD, ADEL SHAKER  
MRN:918505 FIN:5295168

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Printed on: 11/15/2021 17:47 PST

**The following Patient Education Materials have been given to the patient:**

Forms

# Return to Work

Dr. Adel Shaker Hanna was treated at our facility San Antonio Regional Hospital

**Injury or illness was:**

*Handwritten initials/signature*

Work-related.

Not work-related.

Undetermined if work-related.

**Return to work**

- Employee may return to work on **August 20, 2022 with No Restrictions**

Health care provider name (printed): **Dr. Larry Chan**

Health care provider (signature):

*Handwritten signature of Dr. Larry Chan*

Date: July 20, 2022

**How to use this form**

Show this **Return to Work** statement to your supervisor at work as soon as possible. Your employer should be aware of your condition and may be able to help with the necessary work activity restrictions.

Contact your health care provider if:

- You wish to return to work sooner than the date that is listed above.
- You have problems that make it difficult for you to return at that time.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 12/13/2018 Document Reviewed: 12/13/2018  
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Person Full Name: HANNA MD, ADEL SHAKER  
07/20/2022 16:49:59

Date of Birth: 03/29/1946

MRN: 918505

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