



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***

BESETH, BRYCE 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 #: 1957038

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 BESETH, BRYCE 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 UPLAND, California

Signature

ADEL HANNA, BESETH, BRYCE MD



Order Ref #: **1957038**

Ontellus

Accelerating Insight

REGARDING: ADEL HANNA

DOB : 3/29/1946

SSN : XXX-XX-XXXX

AKA :

DOB :

SSN :

LOCATION: BESETH, BRYCE MD

ORDER REF #: 1957038

CERTIFICATE OF PROFESSIONAL PHOTOCOPIER

I, the undersigned, declare that ONTELLUS is the attorney's or party without attorney's representative and that true copies were made of all the original records delivered to me by the Custodian of Records of the above indicated location.

I am an employee of ONTELLUS, 27450 Ynez Road, Suite 300, Temecula, California 92591-4680; a Registered Professional Photocopier in Riverside County, Registration No.: PC19

Pursuant to Business and Professions Section 22462, I will maintain the integrity and confidentiality of information obtained under applicable codes and distribute the records copied by ONTELLUS to the authorized persons or entities.

The enclosed records have been verified for correctness as pertaining to the request/ patient/ student/ employee based on the following:

<input checked="" type="checkbox"/> Date of Birth	<input type="checkbox"/> Conversation with _____ of your office
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> No verifiable data available from client
<input type="checkbox"/> Middle Name/Initial	<input type="checkbox"/> No verifiable data in file
<input type="checkbox"/> Date of Treatment and/or Accident	<input type="checkbox"/> Other: _____

These records consist of : (Check One)

Any and All Records available

Only Those Records Consistent with Specified Omissions

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on 2/3/23 at, (city/state) UPLAND, CA

SIGNATURE [Signature] PRINTED NAME RICHARD RODRIGUEZ

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

Right inguinal hernia

Patient: **Hanna MD, Adel S** MRN: **41776** FIN: **128050**
Age: **75 years** Sex: **Male** DOB: **3/29/1946**
Associated Diagnoses: **None**
Author: **Beseth , Bryce**

Visit Information

Date of Service: 08/04/2021 08:43 am **Performing Location:** Upland Surgical Associates **Encounter#:** 128050

Primary Care Provider (PCP): PRV-BB -Beseth MD, Bryce D

Referring Provider: No referring provider recorded for selected visit.

Chief Complaint

Hernia

History of Present Illness

Right inguinal hernia increasing in size
Bothering patient especially at night

Review of Systems

Constitutional: No fever, No chills.
Eye: No icterus, No visual disturbances.
Ear/Nose/Mouth/Throat: No ear pain, No sore throat.
Respiratory: No hemoptysis, No cyanosis.
Cardiovascular: No peripheral edema, No syncope.
Gastrointestinal: No hematemesis.
Genitourinary: No dysuria, No hematuria.
Hematology/Lymphatics: No bleeding tendency, No swollen lymph glands.
Endocrine: No excessive thirst, No heat intolerance, No excessive hunger.
Immunologic: Not immunocompromised, No malaise.
Integumentary: No rash, No pruritus.
Neurologic: No numbness, No tingling.
Psychiatric: No mania, No hallucinations.

Health Status

Allergies:
No active allergies have been recorded.
Medications: (Selected)

Problem list:
No problem items selected or recorded.

Histories

Past Medical History:
No active or resolved past medical history items have been selected or recorded.

Family History:
No family history items have been selected or recorded.

Procedure history:
No active procedure history items have been selected or recorded.

Social History:

No active social history items have been recorded.

Physical Examination

VS/Measurements

General:

No qualifying data available.

, Alert and oriented, No acute distress.

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

HENT: Normocephalic, Oral mucosa is moist, atraumatic.

Neck: Supple, No lymphadenopathy.

Respiratory: Lungs are clear to auscultation, no rhonchi or egophony.

Cardiovascular: No murmur, normal S1S2.

Gastrointestinal: Soft, Non-tender, Normal bowel sounds, right inguinal hernia .

Genitourinary: No costovertebral angle tenderness.

Lymphatics: No lymphadenopathy neck, axilla, groin.

Musculoskeletal: Normal range of motion, No deformity, Back no costovertebral tenderness.

Integumentary: Warm, Dry, No rash, no ulcerations.

Neurologic: Alert, Oriented, No focal deficits.

Cognition and Speech: Oriented, Speech clear and coherent.

Psychiatric: Appropriate mood & affect.

Impression and Plan

robotic right inguinal hernia repair with mesh

Orders

Orders (Selected)

Outpatient Orders

Modify

Surgery (Request): Instructions: Robot assisted lap vs open right inguinal hernia repair with mesh at SARH, Right inguinal hernia.

I had a long discussion with the patient regarding the risks and benefits of Robotic surgery. We discussed the risks of bleeding requiring transfusion, longer operating and anesthesia time, temporary swelling of tissue due to gas in the tissue, changes in heart rate, blood pressure or blood values due to absorption of the gas used during minimally invasive surgery, any inadvertent cut, tear, puncture, burn or injury to organ, structure, or tissue, including, but not limited to: major blood vessel, hollow organ, such as the bowel or bladder, solid organ, such as the spleen, kidney, heart, lungs or liver, ureter (tubes that carry urine from the kidneys to the bladder), loss of a needle, piece of an instrument, particulate or any other object used during surgery in patient's body, infection, reoperation and damage to adjacent structures including arteries, nerves, veins and other structures as well as medical risks associated with local and general anesthesia, including heart attack, pneumonia and others up to and including death. Surgeon may be required to switch from minimally invasive surgery to open surgery (through a large incision) or hand-assisted surgery. This is usually due to: patient anatomy/frame, severe scarring or swelling of tissues, injury during surgery, technical challenges, cancer or disease that can be seen in more places than first thought, or the patient cannot tolerate gas/air in abdomen (used to inflate the abdomen during minimally invasive surgery)..

Signature Line

Signed and Authored by Bryce Beseth on 08/04/2021 07:17 PM PDT

Type: Surgical Consultation
Service Date: August 04, 2021 3:54 PM PDT

Printed by: Beseth, Bryce
Printed on: 2/1/2023 11:21 AM PST

Page 2 of 3

Status: Auth (Verified)
Title: Right inguinal hernia
Performed By: Beseth , Bryce on August 04, 2021 3:55 PM PDT
Electronically Signed By: Beseth , Bryce on August 04, 2021 7:17 PM PDT
Visit Information: 128050, Upland Surgical Associates, Outpatient, 8/4/2021 - 8/6/2021



San Antonio Regional Hospital

Department of Pathology

D.R. DeCastro, M.D., Medical Director C.S. Koo, M.D., Co-Medical Director

999 San Bernardino Road

Upland, California 91786

Tel: 909-985-2811 X26014 Fax: 909-920-3827

Surgical Final Report

Beseth M.D., Bryce D
510 N. 13th Ave.
Upland, CA 91786

Patient Name:	HANNA, ADEL S. MD		
DOB:	3/29/1946	Case #:	S21-4920
Gender:	M	Date Taken (Coll.):	8/12/2021
Location:	ACU	Received:	8/12/2021
Account #:	5228417	Reported:	8/13/2021
		MRN:	918505
Physician(s):	Beseth M.D., Bryce D		
Copy To:			

Final Pathologic Diagnosis

- A. Right inguinal hernia sac:
Consistent with hernia sac.

- B. Right cord lipoma:
Consistent with benign lipoma.

Electronically Signed
Koo M.D., Choon S.

lxc/8/13/2021

Specimen(s) Received

- A: RIGHT INGUINAL HERNIA SAC
- B: RIGHT CORD LIPOMA

Clinical History

Right inguinal hernia

Gross Description

A. The specimen is submitted in 10% neutral buffered formalin in a properly identified container and labeled right inguinal hernia sac. It consists of a fibromembranous tissue grossly appearing to be hernia sac. It measures 2.7 x 1.5 x 0.4 cm. Representative sections in one cassette.

B. The specimen is submitted in 10% neutral buffered formalin in a properly identified container and labeled cord lipoma. It consists of an elongated piece of fatty tissue measuring 4.5 x 1.7 x 1 cm. Representative sections in one cassette. DDC/sw

sxw/8/12/2021

Microscopic Description

- A. One block, one slide. Microscopic examination performed.
- B. One block, one slide. Microscopic examination performed. CSK/lc

CPT:

- A: 88302
- B: 88304

HANNA, ADEL S. MD
S21-4920

Beseth, Bryce D./BUSINESS-1
END OF REPORT

Page 1 of 1



SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, California 91786

Patient: HANNA MD, ADEL SHAKER
MRN: 918505
FIN: 5228417
Patient Type: Day Patient
Attending: Beseth M.D., Bryce D

DOB/Age/Sex: 3/29/1946 75 years Male
Admit/Disch: 8/12/2021 8/12/2021
Admitting:
Copy To: Beseth M.D., Bryce D

Operative Reports

Document Name: Operative Reports
Result Status: Auth (Verified)
Performed By: Beseth M.D., Bryce D (8/16/2021 12:39 PDT)
Authenticated By: Beseth M.D., Bryce D (8/16/2021 12:39 PDT)

Date and Time of Procedure
8/12/2021

Surgical Packing in Place

- Yes
- No
- N/A

Indication for Surgery
Right inguinal hernia

Preoperative Diagnosis
Right inguinal hernia

Postoperative Diagnosis
1. Right direct and indirect inguinal hernias
2. Right cord lipoma

Surgeon(s)
Beseth M.D., Bryce D. (Surgeon - primary)

Anesthesia
General

Operation/Procedure
1. Right inguinal hernia repair with mesh
2. Excision of right cord lipoma

Infectious Disease Findings ALREADY Present at Time of Surgery

(Document noted infectious findings in Procedure/Technique Description section below)

- Abscess
- Pus/Purulence
- Perforation
- Necrosis
- Gangrene
- Fecal Spillage
- Inflammation - Acute
- Inflammation - Chronic
- Other Signs of Infection:
- No Signs of Infection Present at Time of Surgery

Procedure/Technique Description

The patient was evaluated in the preoperative holding area and the site of the hernia was marked in indelible ink with the aid of the patient. The patient was then taken to the operating room and laid supine on the operating table. After the induction of general anesthesia, the abdomen and groin were prepped and draped in

San Antonio Regional Hospital

Patient: HANNA MD, ADEL SHAKER

MRN: 918505

FIN: 5228417

Patient Type: Day Patient

Attending: Beseth M.D., Bryce D

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

Admit/Disch: 8/12/2021 8/12/2021

Admitting:

Copy To: Beseth M.D., Bryce D

Operative Reports

standard surgical fashion. A skin incision was made in the right lower quadrant and deepened down through the subcutaneous tissues using electrocautery. The aponeurosis of the external oblique was incised in a direction parallel to its fibers and a Weitlaner retractor was placed. The spermatic cord and associated vessels were encircled with a penrose drain. The patient was found to have a direct and an indirect defect. The indirect sac was dissected free of surrounding structures and opened. It did not contain any contents.

It was suture-ligated at its base and the distal portion of the sac was amputated and passed off the table as a specimen. The proximal portion of the sac was allowed to retract back up into the abdomen.

The patient was also found to have a cord lipoma and this was dissected off of the cord and excised and passed off table as a specimen. The patient had a larger direct defect more medially. This was repaired using mesh. An onlay mesh patch was trimmed to the appropriate shape and then sewn in place. It was first anchored to the fascia overlying the pubic tubercle using Novafil suture. Novafil suture was then used to sew the mesh to the shelving edge of the inguinal ligament inferolaterally and to the conjoint tendon superiorly. The sutures were tied together laterally where they met at the lateral aspect of the patch. Interrupted Novafil suture was then to close the defect in the mesh that had been created for the passage of the spermatic cord. The wound was irrigated with antibiotic irrigation and local anesthetic was injected. The entire operative field was surveyed and everything looked good. Hemostasis was evident. The aponeurosis of the external oblique was then closed using running 0-Vicryl suture and the subcutaneous tissues were reapproximated using interrupted 3-0 Vicryl suture. The skin was then closed using 4-0 Vicryl subcuticular suture followed by Mastisol and Steri-strips. The patient was taken to the recovery room in good condition.

Signed by: Beseth M.D., Bryce D

Signed Date/Time: 08/16/2021 12:39 PM



SAN ANTONIO REGIONAL HOSPITAL

999 San Bernardino Road, Upland, California 91786

Patient: HANNA MD, ADEL SHAKER

MRN: 918505

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

FIN: 5228417

Admit/Disch: 8/12/2021

Patient Type: Day Patient

Admitting: Beseth M.D., Bryce D

Attending: Beseth M.D., Bryce D

Copy To: Beseth M.D., Bryce D

History and Physical

Document Name:

History and Physical

Result Status:

Auth (Verified)

Performed By:

Beseth M.D., Bryce D (8/12/2021 07:37 PDT)

Authenticated By:

Beseth M.D., Bryce D (8/12/2021 07:37 PDT)

Chief Complaint

Right inguinal hernia

History of Present Illness

Patient is a 75-year-old male with a right inguinal hernia. The hernia is gradually increasing in size and has been bothering the patient increasingly. Hernia is interfering with many of the patient's activities. He strongly wished to proceed with surgical management.

Family History

Migraines: Self.

None: Negative: Self.

Father: History is unknown

Mother: History is unknown

Social History

Alcohol

Denies, 08/06/2021

Substance Abuse

Denies, 08/06/2021

Tobacco

Denies, Tobacco Use: Former smoker, quit more than 30 days ago., 08/06/2021

Review of Systems

As per the above history of present illness and problem list

Physical Exam

General: awake and alert

Eye: Extraocular movements intact

HENT: Mucous membranes are moist. No epistaxis.

Neck: Trachea midline. No lymphadenopathy.

Respiratory: Bilateral air entry.

Cardiovascular: Normal S1-S2. No murmur.

Gastrointestinal: Soft. Nontender. Active bowel sounds. Right inguinal hernia.

Lymphatics: No lymphadenopathy.

Musculoskeletal: Extremities warm and well-perfused bilaterally.

Integumentary: No rashes or ulcerations.

Neurologic: No focal neurological deficits.

Cognition and Speech: Normal speech.

Orders:

Auto Diff, Blood, STAT collect, Collected, 08/12/21 7:06:00 PDT, Stop date 08/12/21 7:06:00 PDT

Basic Metabolic Panel, Blood, STAT collect, 08/12/21 6:59:00 PDT, Stop date 08/12/21 6:59:00 PDT

Problem List/Past Medical History

Ongoing/Comorbidities

Acid reflux / Confirmed

Allergic rhinitis / Confirmed

Cardiac ejection fraction / Confirmed

Comments: CARDIAC LV EF 60%

Resolved

No qualifying data

COVID-19 Testing Done Prior to Arrival As Stated By Patient (Subjective)

Covid Vaccine History: 2nd Dose Moderna CV-19 Vaccine Rec'd - 2 or MORE wks ago (08/06/21 12:04:00)

Covid Vaccine History: 2nd Dose Moderna CV-19 Vaccine Rec'd - 2 or MORE wks ago (08/06/21 12:04:00)

Proof of COVID-19 Vaccine: Vaccine card verified (08/06/21 12:04:00)

Proof of COVID-19 Vaccine: Vaccine card verified (08/06/21 12:04:00)

Proof of COVID-19 Vaccine Verified By: Andrade-Escarcega RN, Maria (08/06/21 12:04:00)

Proof of COVID-19 Vaccine Verified By: Andrade-Escarcega RN, Maria (08/06/21 12:04:00)

Date Last Covid Vaccine Given: 01/26/21 (08/06/21 12:04:00)

Date Last Covid Vaccine Given: 01/26/21 (08/06/21 12:04:00)

COVID-19 Testing Done Prior to Arrival: No (08/06/21 12:04:00)

Procedure/Surgical History

- Cholecystectomy

Medications

Inpatient

No active inpatient medications

Home

atenolol 50 mg oral tablet, 50 mg= 1 tab, PO, Daily

Report ID: 93372025

Print Date/Time: 8/12/2021 08:02 PDT

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San Antonio Regional Hospital

Patient: HANNA MD, ADEL SHAKER

MRN: 918505

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

FIN: 5228417

Admit/Disch: 8/12/2021

Patient Type: Day Patient

Admitting: Beseth M.D., Bryce D

Attending: Beseth M.D., Bryce D

Copy To: Beseth M.D., Bryce D

History and Physical

Confirm Signed Consent On Chart, 08/12/21 6:59:00 PDT, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/12/21 6:59:00 PDT
COVID-19/In House, Nasopharyngeal Swab, STAT collect, 08/11/21 10:45:00 PDT, Stop date 08/11/21 10:45:00 PDT, Nurse collect, 72HR PRIOR TO SURGERY - COVID, Pre Surgery Screen, Order for future visit
Education Pain, 08/12/21 6:59:00 PDT, Stop Date 08/12/21 6:59:00 PDT, Pain management, pain scale, comfort level goal
Education Pre-Op, 08/12/21 6:59:00 PDT, Stop Date 08/12/21 6:59:00 PDT, deep breathing and coughing exercises
Intermittent Pneumatic Compression Device, Calves, 08/12/21 6:59:00 PDT
IV Lock Insert, 08/12/21 6:59:00 PDT, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/12/21 6:59:00 PDT
Manual Diff, Blood, STAT collect, Collected, 08/12/21 7:06:00 PDT, Stop date 08/12/21 7:06:00 PDT
Misc Nursing Task, 08/12/21 6:59:00 PDT, LABS, Confirm lab results are available, Stop: 08/12/21 6:59:00 PDT
Misc Nursing Task, 08/12/21 6:59:00 PDT, BETA BLOCKER, If patient on Beta-Blocker and has NOT taken it within 24 hours prior to planned incision time, verify medication name/dose. Order ONCE NOW dose, Stop: 08/12/21 6:59:00 PDT
NPO, 08/12/21 6:59:00 PDT, NPO
Obtain consent form, 08/12/21 6:59:00 PDT, Stop Date/Time: 08/12/21 6:59:00 PDT, 08/12/21 6:59:00 PDT
Place in Ambulatory Status (CCL, ESU, OPS, SDS), 08/12/21 6:59:00 PDT, Level of Care: Outpatient/Ambulatory
Up ad Lib, 08/12/21 6:59:00 PDT
Vital Signs Per Standards of Care, 08/12/21 6:59:00 PDT
XR Chest Portable 1 View, 08/12/21 6:59:00 PDT, STAT, 08/12/21 6:59:00 PDT, Reason: Pre-op for Anesthesia Clearance

Allergies

REGLAN

Lab Results

Labs (Last four charted values)

WBC L 3.8 (AUG 12)

Hgb H 16.4 (AUG 12)

Hct 50 (AUG 12)

Plt L 135 (AUG 12)

Plan

The patient is a 75-year-old male with an enlarging right inguinal hernia. The hernia has become increasingly symptomatic. I discussed the options of laparoscopic versus open repair and the patient wished to proceed with an open right inguinal hernia repair. I spoke to the patient length regarding the risks and benefits of surgery. I explained the risks including bleeding requiring transfusion, infection, reoperation, and damage to adjacent structures including arteries nerves, veins, intestines, spermatic cord, testicle and other structures including structures contained in the hernia sac such as large or small intestine. The patient understands that damage to the blood supply to the testicle can result in loss of function of the testicle and testicular loss. The patient understands that in some cases, chronic groin pain can develop after surgery. The patient also understands that we'll use mesh for the repair and that there is a chance that the mesh may become infected. The patient understands that if mesh infection were to occur, then reoperation for removal of mesh may be required. The patient agrees to proceed with open right inguinal hernia repair with mesh.

Signed by: Beseth M.D., Bryce D

Signed Date/Time: 08/12/2021 07:37 AM

Report ID: 93372025

Print Date/Time: 8/12/2021 08:02 PDT

Page 2 of 2

a Postop Telehealth Visit -

Patient: **Hanna MD, Adel S** MRN: **41776** FIN: **128050**
Age: **75 years** Sex: **Male** DOB: **3/29/1946**
Associated Diagnoses: **None**
Author: **Beseth , Bryce**

The patient has consented to proceeding with telehealth Visit Appointment - Postop Note

Due to prevention of Covid-19 transmission, telehealth interactive audio telecommunications system in place which permits real-time communication between the provider and established patient.

Postop _

Subjective:

The patient is feeling well after surgery but having back pain with radiation down the left leg.
Patient has had this before and has gotten physical therapy but now the pain is worse
Denies problems with incision site and pain in the groin is manageable.
The patient is eating well and having normal bowel movements.
The patient has not had any fevers, chills, nausea or vomiting.

Physical exam:

I have examined the patient by video inspection only.
The patient appears to be well nourished.
General: No acute distress
Neurologic: Alert, oriented, speech clear and coherent
Psychiatric: Cooperative, appropriate mood and affect

Assessment and Plan:

Patient is doing well.
Incision is healing well per patient.
I reviewed pathology results with the patient.

MRI back to eval for bulging disc
Follow up in office in 2 weeks for reeval and to discuss MRI

Signature Line

Signed and Authored by Bryce Beseth on 08/19/2021 03:10 PM PDT

Type: Surgical Progress Note
Service Date: August 19, 2021 3:08 PM PDT
Status: Auth (Verified)
Title: a Postop Telehealth Visit -

Printed by: Beseth , Bryce
Printed on: 2/1/2023 11:21 AM PST

Performed By: Beseth , Bryce on August 19, 2021 3:10 PM PDT
Electronically Signed By: Beseth , Bryce on August 19, 2021 3:10 PM PDT
Visit Information: 128050, Upland Surgical Associates, Outpatient, 8/4/2021 - 8/6/2021