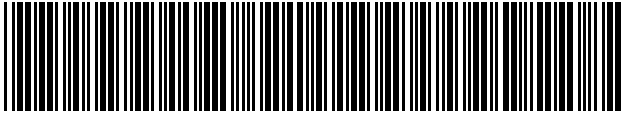


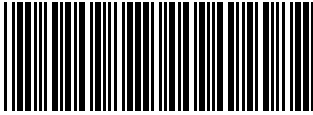


Delivery Types: CD - 1, Email
Records of. : Alberto Hernandez
Defendant. : Reyes Holdings, LLC Adm'd by Sedgwick
Client/Insured :
Adjuster: EVA CALDERON
Claim #: 22RH009775
File Number :
Case Number : ADJ17075462

CA1123768CC1-003



4971965



ID# INFO:

CA1123768CC1-003

Location : **Riverside Medical Clinic, Riverside**
 7117 Brockton Avenue, Basement Level
 Riverside, CA 92506
Record Types : Medical
Deliver To : **Law Offices of Natalia Foley**
Attention : Natalia Foley
 751 South Weir Canyon Road, Suite 157-455
 Anaheim, CA 92808
Attorney : Natalia Foley
Office Responsible for Delivery
 90503
Hand/Mail Delivery **Field Office**
 MAIL

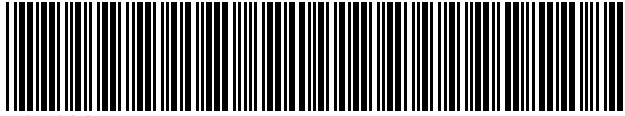
Customer A/c#
 1248689
Route #

Note(s) :

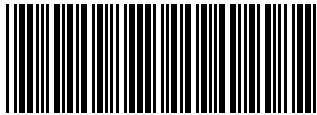
Primary Provider :
Additional Recipients :

Delivery Types: CD - 1, Email
Records of. : Alberto Hernandez
Defendant. : Reyes Holdings, LLC Adm'd by Sedgwick
Client/Insured :
Adjuster : EVA CALDERON
Claim # : 22RH009775
File Number :
Case Number : ADJ17075462

CA1123768CC1-003



4971965



ID# INFO:

CA1123768CC1-003

Location : **Riverside Medical Clinic, Riverside**
 7117 Brockton Avenue, Basement Level
 Riverside, CA 92506

Record Types : Medical

Deliver To : **Law Offices of Natalia Foley**

Attention : Natalia Foley
 751 South Weir Canyon Road, Suite 157-455
 Anaheim, CA 92808

Attorney : Natalia Foley
Office Responsible for Delivery
 90503
Hand/Mail Delivery Field Office
 MAIL

Customer A/c#
 1248689
Route #

Note(s) :

THE ITEMS IDENTIFIED ABOVE HAVE BEEN RECEIVED IN GOOD ORDER.

RECEIVED BY: _____ DATE: _____

DATE	ACTIVITY	EXP.CODE	REP. #	TIME	NAME/COMMENTS

REQUEST: CA1123768

I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 1816 Tribute Road, Suite 100
Sacramento, CA 95815

On 03/30/2023, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 1816 Tribute Road, Suite 100
Sacramento, CA 95815

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 03/30/2023.

SIGNED: _____


Valerie G. Farrell

Law Offices of Natalia Foley,
Natalia Foley
751 South Weir Canyon Road, Suite 157-455,
Anaheim, CA 92808

PROOF OF SERVICE BY MAIL

00001

ATTORNEY OR PARTY WITHOUT ATTORNEY: KELSEY L. PADDOCK (BAR # 287004) HANNA, BROPHY, MACLEAN, MCALEER & JENSEN, LLP - SF 180 GRAND AVENUE, SUITE 750, OAKLAND, CA 94612 ATTORNEY FOR: REYES HOLDINGS, LLC ADM'D BY SEDGWICK	TELEPHONE NO 707-508-4277	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 464 W. FOURTH ST MAILING ADDRESS: CITY AND ZIP CODE: SAN BERNARDINO, 92401 BRANCH NAME: SAN BERNARDINO WCAB		
PLAINTIFF/PETITIONER: ALBERTO HERNANDEZ DEFENDANT/RESPONDENT: REYES HOLDINGS, LLC ADM'D BY SEDGWICK CASE NUMBER: ADJ17075462		
NOTICE OF DEPOSITION		

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

	DATE	TIME
RIVERSIDE MEDICAL CLINIC, RIVERSIDE 7117 BROCKTON AVENUE, BASEMENT LEVEL, RIVERSIDE, CA 92506	04/13/2023	09:00 AM

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 03/29/2023

KELSEY L. PADDOCK
(Type or Print Name)


(Signature)

ATTORNEY AT LAW
(Title)

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ17075462

STATE OF CALIFORNIA, County of SAN BERNARDINO

The undersigned states:

That he /she is (one of) the attorney(s) of record / representative(s) for the applicant/defendant in the action captioned on the reverse hereof. That the subpoenaed Custodian of Records 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 reasons:

To assist in determining one or more of the following: To determine present and/or past physical conditions; nature, extent and duration of sickness; injury, disability arising out of employment and in the course of employment and/or necessity of further treatment; employment occupation and duties, earnings and earnings capacity self-procured and future medical treatment, vocational rehabilitation under Labor Code 129.5 and status as Q.I.W (Qualified Injured Worker).; Jurisdiction and statute of limitations. If no objection is made by any party to this case prior to copying then no valid objection exists.

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

[X] 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 dependent(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check box if applicable and part of the declaration below. See instructions on front of subpoena.)

I declare under penalty that the foregoing is true and correct

Executed on 03/30/2023, at OAKLAND California.

/S/ KELSEY L. PADDOCK Signature
HANNA, BROPHY, MACLEAN, MCALEER & JENSEN, LLP - SF 180 GRAND AVENUE, SUITE 750 OAKLAND, CA 94612 Address
415-543-9110 Telephone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of

I, the undersigned, state that I served the foregoing 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, via Hand, at the date and place set forth opposite each name.

Table with 3 columns: Name of Person Served, Date, Place. Row 1: CHRISTINA, 03/31/2023, 7117 BROCKTON AVENUE, BASEMENT LEVEL RIVERSIDE, CA 92506

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

Executed on 03/31/2023

[Handwritten Signature]

REQUEST: CA1123768

I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 1816 Tribute Road, Suite 100
Sacramento, CA 95815

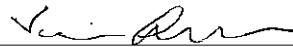
On 03/30/2023, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 1816 Tribute Road, Suite 100
Sacramento, CA 95815

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 03/30/2023.

SIGNED:



Valerie G. Farrell

Law Offices of Natalia Foley,
Natalia Foley
751 South Weir Canyon Road, Suite 157-455,
Anaheim, CA 92808

Proof of Service by Mail

00004

ATTORNEY OR PARTY WITHOUT ATTORNEY: KELSEY L. PADDOCK (BAR # 287004) HANNA, BROPHY, MACLEAN, MCALEER & JENSEN, LLP - SF 180 GRAND AVENUE, SUITE 750, OAKLAND, CA 94612 ATTORNEY FOR: REYES HOLDINGS, LLC ADM'D BY SEDGWICK	TELEPHONE NO 415-543-9110	FOR COURT USE ONLY
WCAB, COUNTY OF SAN BERNARDINO STREET ADDRESS: 464 W. FOURTH ST MAILING ADDRESS: CITY AND ZIP CODE: SAN BERNARDINO, 92401 BRANCH NAME: SAN BERNARDINO WCAB		
PLAINTIFF/PETITIONER: ALBERTO HERNANDEZ DEFENDANT/RESPONDENT: REYES HOLDINGS, LLC ADM'D BY SEDGWICK CASE NUMBER: ADJ17075462		
NOTICE OF DEPOSITION		

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

	DATE	TIME
RIVERSIDE MEDICAL CLINIC, RIVERSIDE 7117 BROCKTON AVENUE, BASEMENT LEVEL, RIVERSIDE, CA 92506	04/13/2023	09:00 AM

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 03/29/2023

KELSEY L. PADDOCK
(Type or Print Name)

/S/ KELSEY L. PADDOCK
(Signature)

ATTORNEY AT LAW
(Title)

ATTACHMENT 3

PERTAINING TO:

Alberto Hernandez

Date of Birth: 10/10/1964, Social Security Number: XXX-XX-2281

All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.

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

WORKERS' COMPENSATION APPEALS BOARD

ALBERTO HERNANDEZ

Claimant/Applicant,

vs.

REYES HOLDINGS, LLC ADM'D BY
SEDGWICK

Employer/Insurance Carrier/Defendant.

Case No. ADJ17075462

(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 above
Case number or attaching a copy of subpoena)

Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See instruction below.*

The People of the State of California Send Greetings to:

RIVERSIDE MEDICAL CLINIC, RIVERSIDE
7117 BROCKTON AVENUE, BASEMENT LEVEL
RIVERSIDE, CA 92506

WE COMMAND YOU to appear before COMPLEX LEGAL SERVICES

at 325 MAPLE AVENUE, TORRANCE, CALIFORNIA, 90503

on the 13th day of April, 2023 at 09:00 o'clock A.M. to testify in the above entitled matter and to bring with you and
produce the following described documents, papers, books and records:

SEE ATTACHMENT 3

(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 damages sustained thereby and forfeit one hundred dollars in addition thereto.

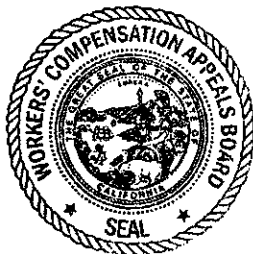
This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is
served herewith.

Date: 03/29/2023

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

Noah Temple

Secretary, Assistant Secretary, Workers' Compensation Judge



***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]**

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 the witness fee has been made in accordance with Government Code 68097.2, et seq.

00007



Order Details	
Order Location:	Riverside Medical Clinic, Riverside
Form Created By:	D05 Production
Date & Time :	4/12/2023 11:06:10 AM
Depo Date :	4/13/2023 12:00:00 AM

Record Subject Information	
Subject Name :	Alberto Hernandez
AKA:	
SSN :	XXX-XX-2281
DOB :	10/10/1964

Location Information	
<input type="checkbox"/> Billing Office Only	<input type="checkbox"/> Film Only Location

Client Preferences	
Load File :	Not Required
Long Page Handling:	No
Custodian Certificate :	Copy

CNR Verification		
<input type="checkbox"/> CNR Received	<input type="checkbox"/> CNR Rejected	<input type="checkbox"/> CNR Approved

ITEM Received	
Status	Comments

Material Received	
Status	Comments

Record Type and Mode of Receipt		
Riverside Medical Clinic, Riverside 7117 Brockton Avenue, Basement Level, Riverside, California, Riverside, 92506		
	Status	Comments
Medical	All Items Record Types Received - Medical	All Items Record Types Received- Medical

Fee Paid					
Check Number	Payee Name	Amount	Check Date	Payment Type	Memo
300645328	Riverside Medical Clinic, Riverside	15.00	3/28/2023 10:49:50 AM	Witness Fee	

Clause Information	
Date Range :	Treated By:
All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.	



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Immunizations

Current Immunizations

Never Reviewed

Name	Date	Dose	VIS Date	Route
Pfizer-biontech Covid-19 Vaccine Pfizer Manufacturing Belgiv Lot: EW0179 External: Auto Reconciled From Outside Source	5/11/2021	--	--	--
Pfizer-biontech Covid-19 Vaccine Pfizer Manufacturing Belgiv Lot: EW0170 External: Auto Reconciled From Outside Source	4/20/2021	--	--	--

Immunization Questions

Question	Answer	Comment
Pfizer-biontech Covid-19 Vaccine Pfizer Manufacturing Belgiv 5/11/2021	None	
Pfizer-biontech Covid-19 Vaccine Pfizer Manufacturing Belgiv 4/20/2021	None	

Visit Summary

Reason for Visit

Establish Care c/o chest pressure, strong palpitations

Diagnoses

Diagnoses	Comments
Rhinitis - Primary	
Eustachian tube dysfunction	
Palpitation	
Birth control	
Lipid screening	

Problem List as of 4/17/2012

Date Reviewed: **4/17/2012**

Problem	ICD-9-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	381.81			4/17/2012 - Present
Rhinitis	472.0			4/17/2012 - Present

Allergies as of 4/17/2012

No Known Allergies

Review status set to Review Complete by Ricky Tang, MD on 4/17/2012



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded)

Encounter Vitals

Row Name	04/17/12 1113
Enc Vitals	
BP	114/80 -GM
Pulse	88 -GM
Resp	16 -GM
Temp	96.2 °F (35.7 °C) -GM
Temp src	Tympanic -GM
SpO2	—
Weight	138 lb (62.6 kg) - GM
Height	5' 4" (1.626 m) - GM
Peak Flow	—
Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data

Row Name	04/17/12 1113
OTHER	
BSA (Calculated - sq m)	1.68 sq meters - GM
IBW/kg (Calculated) Male	59.2 kg -GM
Low Range Vt 6cc/kg MALE	355.2 mL -GM
Adult Moderate Range Vt 8cc/kg MA	473.6 mL -GM
Adult High Range Vt 10cc/kg MALE	592 mL -GM
IBW/kg (Calculated) FEMALE	54.7 kg -GM
Low Range Vt 6cc/kg FEMALE	328.2 mL -GM
Adult Moderate Range vt 8cc/kg FEMALE	437.6 mL -GM
Percent Weight	0 -GM



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Change Since
Birth

IBW/kg 59.2 -GM
(Calculated)

Low Range Vt 355.2 mL -GM
6cc/kg

Adult Moderate 473.6 mL -GM
Range Vt
8cc/kg

Adult High 592 mL -GM
Range Vt
10cc/kg

Vital Signs

BMI 23.7 -GM
(Calculated)

Relevant Labs and Vitals

Temp (in 35.7 -GM
Celsius)

Anthropometrics

Row Name 04/17/12 1113

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -GM

BMI —

(Calculated)

Growth Pattern —

Indices /

Percentile

Ranks

Body —

Compartment

Estimates

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
GM	Giselle Martinez, MA	02/08/11 -

Vitals

Most recent update: 4/17/2012 11:13 AM



Legendary Care™

Visit Summary (continued)

Vitals (continued)

Most recent update: 4/17/2012 11:13 AM

BP 114/80	Pulse 88	Temp 96.2 °F (35.7 °C) (Tympanic)	Resp 16	Ht 5' 4" (1.626 m)
--------------	-------------	---	------------	-----------------------

Wt
138 lb (62.6 kg)

Patient History

Medical as of 4/17/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 4/17/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider

Pertinent Negatives: None

Family as of 4/17/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 4/17/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 4/17/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Never	—	—	—



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Tobacco Use as of 4/17/2012 (continued)

Smokeless Status	Smokeless Type	Smokeless Quit Date
Never	—	—
Source		
Provider		

Alcohol Use as of 4/17/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 4/17/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 4/17/2012

Sexually Active	Birth Control	Partners	Comments	Source
—	—	—	—	Provider

Activities of Daily Living as of 4/17/2012

None

Occupational as of 4/17/2012

None

Socioeconomic as of 4/17/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	—

Medications

Ordered Medications

	Disp	Refills	Start	End
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013

Call Information

	Provider	Department	Center
4/17/2012 10:30 AM	Ricky P. Tang, MD	JV ADULT MEDICINE	JV

Reason for Call

Establish Care c/o chest pressure, strong palpitations



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Lab and Imaging Orders

Comprehensive metabolic panel

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Completed**
 Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD
 Frequency: 04/17/12 -
 Diagnoses
 Palpitation [785.1 (ICD-9-CM)]
 Questionnaire

Question	Answer
Has the patient fasted?	Yes

Lipid panel

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Completed**
 Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD
 Frequency: 04/17/12 -
 Diagnoses
 Lipid screening [V77.91 (ICD-9-CM)]
 Questionnaire

Question	Answer
Has the patient fasted?	Yes

TSH+Free T4

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Completed**
 Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD
 Frequency: 04/17/12 -
 Diagnoses
 Palpitation [785.1 (ICD-9-CM)]



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Other Orders

EKG 12 lead(Read By Ordering Provider)

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Active**
 Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD
 Frequency: 04/17/12 -
 Diagnoses
 Palpitation [785.1 (ICD-9-CM)]

INT REF TO UROLOGY

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Active**
 This order may be acted on in another encounter.
 Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD
 Frequency: 04/17/12 -
 Diagnoses
 Birth control [V25.9 (ICD-9-CM)]
 Order comments: vasectomy

Result Summary

All Results

No results found

Progress Notes

Ricky Tang, MD at 4/17/2012 6:47 PM

Version 1 of 1

Author Type: Physician Status: Signed

CHIEF COMPLAINT - HISTORY OF PRESENT ILLNESS:

47 y.o.-year-old male presents with complaint of recent random chest discomfort, feeling his heart beat at night and hearing his heart beats. Has chronic rhinitis, multiple ear infections when he was younger. He needed an ear tube for infection 20 years ago. No CP with activities, exertion. Active, physical work daily. No GERD.

He wanted vasectomy for birth control. Had been using condom/barrier protection.

Review of Systems

Constitutional: Negative for fever, weight loss and malaise/fatigue.

HENT: Positive for ear pain and congestion.

Eyes: Negative.

Respiratory: Negative for cough, hemoptysis, sputum production, shortness of breath and wheezing.

Cardiovascular: Positive for chest pain and palpitations. Negative for claudication and leg swelling.

Gastrointestinal: Negative for heartburn, nausea, abdominal pain and blood in stool.

Genitourinary: Negative.

Musculoskeletal: Negative.

Skin: Negative.

Neurological: Positive for headaches. Negative for weakness.

Endo/Heme/Allergies: Negative.

Psychiatric/Behavioral: Negative for depression. The patient has insomnia. The patient is not nervous/anxious.

\



Legendary Care™

Progress Notes (continued)

Ricky Tang, MD at 4/17/2012 6:47 PM (continued)

Version 1 of 1

PAST MEDICAL HISTORY/OTHER ILLNESSES:

Past Medical History

Diagnosis	Date
• Eustachian tube dysfunction	4/17/2012

Past Surgical History

Procedure	Date
• Hernia repair <i>B/L inguinal hernia surgery</i>	12/11

ALLERGY:

No Known Allergies

CURRENT MEDICATIONS:

None

SOCIAL HISTORY:

History

Substance Use Topics	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
• Alcohol Use:	No

PHYSICAL EXAMINATION:

Blood pressure 114/80, pulse 88, temperature 96.2 °F (35.7 °C), temperature source Tympanic, resp. rate 16, height 5' 4" (1.626 m), weight 138 lb (62.596 kg).

HEENT: Normal cephalic no icteric sclera, moist oral mucosa, nasal congestion tympanic membrane bulging

NECK: Supple full range of motion no JVD

CARDIOVASCULAR: Regular rhythm normal S1, S2

LUNGS: Clear to auscultation bilaterally

ABDOMEN: Soft nontender to palpation, positive bowel sounds

EXTREM: No pitting lower extremity edema

EKG Normal sinus rhythm with 1 PVC, heart rate 64. No acute ischemic change. Otherwise normal EKG

ASSESSMENT/ PLAN:

- | | |
|--------------------------------|---|
| 1. Rhinitis | |
| 2. Eustachian tube dysfunction | |
| 3. Palpitation | Comprehensive metabolic panel, TSH+Free T4, EKG
12 lead(Read By Ordering Provider) |
| 4. Birth control | INT REF TO UROLOGY |
| 5. Lipid screening | Lipid panel |



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Ricky Tang, MD at 4/17/2012 6:47 PM (continued)

Version 1 of 1

See patient instruction.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

04/17/2012 1852 - Ricky Tang, MD

Dispositions: Return in about 1 month (around 5/17/2012).

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 5/11/2012 by TANG, RICKY [471] Status: Sent by batch

Do not use

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Follow-up

Diagnoses

Table with 2 columns: Diagnosis, Comments. Contains 'Other general counseling and advice for contraceptive management - Primary' and 'Screening PSA (prostate specific antigen)'.

Problem List as of 4/30/2012

Date Reviewed: 4/17/2012

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Lists 'Eustachian tube dysfunction' and 'Rhinitis'.

Review status set to Review Complete by Benjamin Yang, MD on 4/30/2012

Allergies as of 4/30/2012

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Lists vitals for 04/30/12 1350 including BP, Pulse, Resp, Temp, Weight, Height, etc.

Custom Formula Data

Table with 2 columns: Row Name, Value. Lists custom formula data for 04/30/12 1350 including BSA and IBW/kg.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Male

Low Range Vt 355.2 mL -AR

6cc/kg MALE

Adult Moderate 473.6 mL -AR

Range Vt

8cc/kg MA

Adult High 592 mL -AR

Range Vt

10cc/kg MALE

IBW/kg 54.7 kg -AR

(Calculated)

FEMALE

Low Range Vt 328.2 mL -AR

6cc/kg

FEMALE

Adult Moderate 437.6 mL -AR

Range vt

8cc/kg

FEMALE

Percent Weight 0 -AR

Change Since

Birth

IBW/kg 59.2 -AR

(Calculated)

Low Range Vt 355.2 mL -AR

6cc/kg

Adult Moderate 473.6 mL -AR

Range Vt

8cc/kg

Adult High 592 mL -AR

Range Vt

10cc/kg

Vital Signs

BMI 22.4 -AR

(Calculated)

Relevant Labs and Vitals

Temp (in 36.9 -AR

Celsius)

Anthropometrics

Row Name 04/30/12 1350

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -AR

BMI —

(Calculated)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Growth Pattern —
Indices /
Percentile
Ranks
Body —
Compartment
Estimates

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AR	Anabel Rodriguez, LVN	02/08/11 -

Vitals

Most recent update: 4/30/2012 1:50 PM

BP	Pulse	Temp	Resp	Ht
122/79	66	98.5 °F (36.9 °C) (Oral)	20	5' 4" (1.626 m)

Wt
130 lb (59 kg)

Patient History

Medical as of 4/30/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 4/30/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 4/30/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family as of 4/30/2012 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 4/30/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 4/30/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 4/30/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 4/30/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 4/30/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 4/30/2012

None

Occupational as of 4/30/2012

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 4/30/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Socioeconomic as of 4/30/2012 (continued)

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013

Call Information

	Provider	Department	Center
4/30/2012 1:45 PM	Benjamin K. Yang, MD	MAIN UROLOGY	Main Clinic

Reason for Call

Follow-up

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Lab and Imaging Orders

PSA

Electronically signed by: **Benjamin Yang, MD on 04/30/12 1405**

Status: **Completed**

Ordering user: Benjamin Yang, MD 04/30/12 1405

Authorized by: Benjamin Yang, MD

Frequency: 04/30/12 -

Diagnoses

Screening PSA (prostate specific antigen) [V76.44 (ICD-9-CM)]



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Other Orders

INT REF TO UROLOGY

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Active**
 Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD
 Ordered during: Office Visit on 04/17/2012
 Frequency: 04/17/12 -
 Diagnoses
 Birth control [V25.9 (ICD-9-CM)]
 Order comments: vasectomy

Vasectomy

Electronically signed by: **Benjamin Yang, MD on 04/30/12 1403** Status: **Expired**
 Ordering user: Benjamin Yang, MD 04/30/12 1403 Authorized by: Benjamin Yang, MD
 Frequency: 04/30/12 -
 Diagnoses
 Other general counseling and advice for contraceptive management [V25.09 (ICD-9-CM)]

Result Summary

All Results

No results found

Progress Notes

Benjamin Yang, MD at 4/30/2012 1:05 PM Version 1 of 1
 Author Type: Physician Status: Signed

VASECTOMY CONSULTATION NOTE:

Referring Physician: Tang, Rick, MD
Reason for Consultation: Vasectomy

Alberto Hernandez is a 47 y.o. male who presents today for the above issue. He is married with 4 children.

The patient presents today for consultation in regards to his desire for elective sterilization, bilateral partial vasectomy. The goal of the procedure, it risks, complications and alternatives were reviewed with the patient in great detail. His questions have all been answered to his satisfaction. He acknowledges his understanding, that this is considered a permanent procedure, and desires to proceed. He understands that he needs to verify no sperm in his ejaculate in 3 months or later before he is deemed sterile and can have unprotected intercourse. Written information and consent have been provided.

Past Medical History:

Past Medical History

Diagnosis	Date
• Eustachian tube dysfunction	4/17/2012

Past Surgical History:

Past Surgical History

Procedure	Date
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Legendary Care™

Progress Notes (continued)

Benjamin Yang, MD at 4/30/2012 1:05 PM (continued)

Version 1 of 1

- | | |
|---|-------|
| • Hernia repair
<i>B/L inguinal hernia surgery</i> | 12/11 |
| • Inguinal hernia repair
<i>Bilateral</i> | 12/11 |

Allergies:

Review of patient's allergies indicates no known allergies.

Medications:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• fexofenadine (ALLEGRA) 180 MG tablet	Take 1 tablet by mouth daily.	30 tablet	2
• mometasone (NASONEX) 50 MCG/ACT nasal spray	2 sprays by Nasal route daily.	17 g	2

Social History:

History

Social History

- | | |
|-----------------------|---------|
| • Marital Status: | Married |
| Spouse Name: | N/A |
| Number of Children: | N/A |
| • Years of Education: | N/A |

Occupational History

- Warehouse worker

Social History Main Topics

- | | |
|----------------------|--------------------------|
| • Smoking status: | Passive Smoker |
| • Smokeless tobacco: | Never Used |
| • Alcohol Use: | No |
| • Drug Use: | No |
| • Sexually Active: | Yes -- Female partner(s) |
| <i>Married</i> | |

Other Topics

Concern

- Not on file

Social History Narrative

- No narrative on file

Family History:

Family History

Problem	Relation	Age of Onset
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Legendary Care™

Progress Notes (continued)

Benjamin Yang, MD at 4/30/2012 1:05 PM (continued)

Version 1 of 1

- | | | |
|------------------------|--------|----|
| • COPD | Mother | |
| • Diabetes | Mother | |
| • High cholesterol | Mother | |
| • Hypertension | Mother | |
| • Vision loss | Mother | |
| • Arthritis | Father | |
| • Cancer | Father | 65 |
| <i>prostate cancer</i> | | |
| • Diabetes | Father | |
| • High cholesterol | Father | |
| • Hypertension | Father | |

ROS:

Review of Systems

Constitutional: Negative for fever, chills and malaise/fatigue.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for nausea, vomiting and abdominal pain.

Genitourinary: Negative for dysuria, urgency, frequency, hematuria and flank pain.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash.

Examination:

BP 122/79 | Pulse 66 | Temp(Src) 98.5 °F (36.9 °C) (Oral) | Resp 20 | Ht 5' 4" (1.626 m) | Wt 130 lb (58.968 kg) | BMI 22.31 kg/m2

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Pulmonary/Chest: Effort normal. No respiratory distress.

Abdominal: Soft. He exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Labs and Imaging:

BUN

Date	Value	Range	Status
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Legendary Care™

Progress Notes (continued)

Benjamin Yang, MD at 4/30/2012 1:05 PM (continued)

Version 1 of 1

4/17/2012	17	6-24 (mg/dL)	Final
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Creatinine, Ser

Date	Value	Range	Status
4/17/2012	0.85	0.76-1.27 (mg/dL)	Final

ASSESSMENT:

Desires vasectomy

PLAN:

Instructional forms regarding the vasectomy procedure were given to the patient to take home. A consent form was signed today in clinic. All of the patient's questions were answered. He will be scheduled for a clinic vasectomy following proper authorization.

Benjamin Yang, MD at 4/30/2012 2:05 PM

Version 1 of 1

Author Type: Physician Status: Signed
Added by: YANG, BENJAMIN on: 4/30/2012 02:05 PM

Modules accepted: Orders

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

04/30/2012 1357 - Benjamin Yang, MD

Dispositions: Return in about 4 weeks (around 5/28/2012) for vasectomy.

04/30/2012 1357 - Benjamin Yang, MD

Dispositions: Return in about 4 days (around 5/4/2012).

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Letters

Letter on 5/11/2012 by YANG, BENJAMIN [478] Status: Sent by batch

Do not use

This records is only a placeholder for MyChart Timed Results Release setup for use on the Result Batch Letters Setup II screen in System Definitions



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary

Diagnoses

	Comments
Other general counseling and advice for contraceptive management	- Primary

Problem List as of 6/1/2012

Date Reviewed: **4/17/2012**

	ICD-9-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	381.81			4/17/2012 - Present
Rhinitis	472.0			4/17/2012 - Present

Review status set to Review Complete by
Tamicka Morris, LVN on 6/1/2012

Allergies as of 6/1/2012

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name	06/01/12 1353
Enc Vitals	
BP	123/69 -TM
Pulse	71 -TM
Resp	20 -TM
Temp	98.2 °F (36.8 °C) -TM
Temp src	Oral -TM
SpO2	—
Weight	135 lb (61.2 kg) - TM
Height	5' 4" (1.626 m) - TM
Peak Flow	—
Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data

Row Name	06/01/12 1353
OTHER	
BSA (Calculated - sq m)	1.66 sq meters - TM
IBW/kg (Calculated) Male	59.2 kg -TM
Low Range Vt 6cc/kg MALE	355.2 mL -TM



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Adult Moderate 473.6 mL -TM
Range Vt
8cc/kg MA

Adult High 592 mL -TM
Range Vt
10cc/kg MALE

IBW/kg 54.7 kg -TM
(Calculated)
FEMALE

Low Range Vt 328.2 mL -TM
6cc/kg
FEMALE

Adult Moderate 437.6 mL -TM
Range vt
8cc/kg
FEMALE

Percent Weight 0 -TM
Change Since
Birth

IBW/kg 59.2 -TM
(Calculated)

Low Range Vt 355.2 mL -TM
6cc/kg

Adult Moderate 473.6 mL -TM
Range Vt
8cc/kg

Adult High 592 mL -TM
Range Vt
10cc/kg

Vital Signs

BMI 23.2 -TM
(Calculated)

Relevant Labs and Vitals

Temp (in 36.8 -TM
Celsius)

Anthropometrics

Row Name 06/01/12 1353

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -TM

BMI —

(Calculated)

Growth Pattern —

Indices /
Percentile



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Ranks

Body —

Compartment

Estimates

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
TM	Tamicka Morris, LVN	02/08/11 -

Vitals

Most recent update: 6/1/2012 1:54 PM

BP	Pulse	Temp	Resp	Ht
123/69	71	98.2 °F (36.8 °C) (Oral)	20	5' 4" (1.626 m)

Wt

135 lb (61.2 kg)

Patient History

Medical as of 6/1/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 6/1/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 6/1/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family Status as of 6/1/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 6/1/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 6/1/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 6/1/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/1/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/1/2012

None

Occupational as of 6/1/2012

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/1/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

Disp	Refills	Start	End
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Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013

Call Information

	Provider	Department	Center
6/1/2012 1:30 PM	Benjamin K. Yang, MD	MAIN UROLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

Procedures by Benjamin Yang, MD at 6/1/2012 1:31 PM

Version 1 of 1

Author: Benjamin Yang, MD	Service: —	Author Type: Physician
Filed: 6/1/2012 2:20 PM	Encounter Date: 6/1/2012	Status: Signed
Editor: Benjamin Yang, MD (Physician)		
Procedures		
1. VASECTOMY [SHX75 (Custom)]		

Vasectomy Procedure:

The skin of the genital and surrounding area was prepped and draped in a sterile fashion. Beginning first on the right, the vas deferens was palpated through the skin and brought into a position near the scrotal midline. The vas deferens was



Legendary Care™

Procedure Notes (continued)

Procedures by Benjamin Yang, MD at 6/1/2012 1:31 PM (continued)

Version 1 of 1

held in close approximation to the skin. The skin of the scrotum overlying the vas deferens was then infiltrated with a mixture of 2% Lidocaine and 0.5% Marcaine with Epinephrine. Approximately 2 ml was used. An additional 3 ml was then injected about the vas deferens. Once adequate anesthesia was achieved, the right vas deferens was secured in position with a surgical clamp. A 1 cm skin incision was then made and dissection carried down to the level of the vas deferens. The vas deferens was then brought out through the skin incision. A 2 cm length of the vas deferens was then excised, and the ends sealed with vas clips and cauterized. The vas deferens on the left was then identified by palpation through the skin and brought into position beneath the incision. An additional 5 ml of local anesthetic was injected about the vas deferens and a similar dissection was undertaken. As on the right, a section of vas deferens 2 cm in length was removed and the ends sealed with vas clips and cauterized. The wound was then inspected for hemostasis. Good hemostasis was noted, and bleeding points were cauterized. The skin incision was closed with an horizontal mattress suture of 4-0 catgut. The patient tolerated the procedure well. He was once again warned that he should consider himself fertile until a semen analysis in 3 months is found to be free of sperm.

Attribution Key

Attribution information is not available for this note.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

06/01/2012 1332 - Benjamin Yang, MD

Dispositions: Return in about 3 months (around 9/1/2012) for semen check.

06/01/2012 1332 - Benjamin Yang, MD

Dispositions: Return in about 3 days (around 6/4/2012).

Procedures - All Notes

Procedures by Benjamin Yang, MD

6/1/2012 1:31 PM

Author: Benjamin Yang, MD	Specialty: Urology	Author Type: Physician
Encounter Date: 6/1/2012	Filed: 6/1/2012 2:20 PM	Status: Signed
Editor: Benjamin Yang, MD (Physician)		
Procedures		
1. VASECTOMY [SHX75 (Custom)]		

Vasectomy Procedure:

The skin of the genital and surrounding area was prepped and draped in a sterile fashion. Beginning first on the right, the vas deferens was palpated through the skin and brought into a position near the scrotal midline. The vas deferens was held in close approximation to the skin. The skin of the scrotum overlying the vas deferens was then infiltrated with a mixture of 2% Lidocaine and 0.5% Marcaine with Epinephrine. Approximately 2 ml was used. An additional 3 ml was then injected about the vas deferens. Once adequate anesthesia was achieved, the right vas deferens was secured in position



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Procedures - All Notes (continued)

Procedures by Benjamin Yang, MD (continued)

6/1/2012 1:31 PM

with a surgical clamp. A 1 cm skin incision was then made and dissection carried down to the level of the vas deferens. The vas deferens was then brought out through the skin incision. A 2 cm length of the vas deferens was then excised, and the ends sealed with vas clips and cauterized. The vas deferens on the left was then identified by palpation through the skin and brought into position beneath the incision. An additional 5 ml of local anesthetic was injected about the vas deferens and a similar dissection was undertaken. As on the right, a section of vas deferens 2 cm in length was removed and the ends sealed with vas clips and cauterized. The wound was then inspected for hemostasis. Good hemostasis was noted, and bleeding points were cauterized. The skin incision was closed with an horizontal mattress suture of 4-0 catgut. The patient tolerated the procedure well. He was once again warned that he should consider himself fertile until a semen analysis in 3 months is found to be free of sperm.

Electronically signed by Benjamin Yang, MD at 6/1/2012 2:20 PM
Attribution Key

Attribution information is not available for this note.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Follow-up

Diagnoses

Table with 2 columns: Diagnoses, Comments. Contains 'Recurrent acute otitis media - Primary' and 'Eustachian tube dysfunction'.

Problem List as of 6/11/2012

Date Reviewed: 4/17/2012

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Lists 'Eustachian tube dysfunction' and 'Rhinitis'.

Review status set to Review Complete by Giselle Martinez, MA on 6/11/2012

Allergies as of 6/11/2012

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Lists vitals such as BP (112/78 -GM), Pulse (62 -GM), Temp (96.9 °F), Weight (140 lb), etc.

Custom Formula Data

Table with 2 columns: Row Name, Value. Shows 'OTHER' and 'Percent Weight 0 -GM'.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Temp (in Celsius) 36.1 -GM

Anthropometrics

Row Name 06/11/12 0858

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -GM

BMI —

(Calculated)

Growth Pattern —

Indices / Percentile Ranks

Body —

Compartment Estimates

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
GM	Giselle Martinez, MA	02/08/11 -

Vitals

Most recent update: 6/11/2012 8:59 AM

BP	Pulse	Temp	Resp	Wt
112/78	62	96.9 °F (36.1 °C) (Tympanic)	18	140 lb (63.5 kg)

Patient History

Medical as of 6/11/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 6/11/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 6/11/2012



Legendary Care™

Visit Summary (continued)

Family as of 6/11/2012 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/11/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 6/11/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/11/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 6/11/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/11/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/11/2012

None

Occupational as of 6/11/2012



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Occupational as of 6/11/2012 (continued)

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/11/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013

Ordered Medications

	Disp	Refills	Start	End
predniSONE (DELTASONE) 10 MG tablet pack Sig: 2 tablets twice a day for 3 days then 1 tablet twice a day for 3 days then 1 tablet once a day for 3 days and off.	21 tablet	0	6/11/2012	6/21/2012
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tabs day 1, then 1 tab day 2 to day 5	6 tablet	0	6/11/2012	6/16/2012
clobetasol (TEMOVATE) 0.05 % ointment Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013
triamcinolone (KENALOG) 0.1 % cream Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013

Call Information

	Provider	Department	Center
6/11/2012 8:45 AM	Ricky P. Tang, MD	JV ADULT MEDICINE	JV

Reason for Call

Follow-up

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Orders (continued)

Lab and Imaging Orders (continued)

No orders found



Legendary Care™

Other Orders

INT REF TO ENT

Electronically signed by: **Ricky Tang, MD on 06/11/12 0948** Status: **Active**
Ordering user: Ricky Tang, MD 06/11/12 0948 Authorized by: Ricky Tang, MD
Frequency: 06/11/12 -
Diagnoses
Recurrent acute otitis media [382.9 (ICD-9-CM)]
Order comments: Recurring right otitis media, vertigo

Result Summary

All Results

No results found

Progress Notes

Ricky Tang, MD at 6/12/2012 12:12 AM

Version 1 of 1

Author Type: Physician Status: Signed

CHIEF COMPLAINT - HISTORY OF PRESENT ILLNESS:

47 y.o.-year-old male presents with complaint of increasing right ear pain since last week. Has history recurrent ear infection and eustachian tube dysfunction. Had not responded to nasal saline, Nasonex, Allegra treatments.

He is frustrated. He states in the past at Kaiser, he was sent to ENT, who continue to prescribe meds that did not help.

Also has recurrent itchy spot between buttock. Had used high potency steroid cream off and on. Has recurrent when stopping, feels not helping as much.

ROS as above, otherwise normal.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

PAST MEDICAL HISTORY/OTHER ILLNESSES:

Past Medical History

Diagnosis	Date
• Eustachian tube dysfunction	4/17/2012

Past Surgical History

Procedure	Date
• Hernia repair <i>B/L inguinal hernia surgery</i>	12/11
• Inguinal hernia repair <i>Bilateral</i>	12/11

No Known Allergies



Legendary Care™

Progress Notes (continued)

Ricky Tang, MD at 6/12/2012 12:12 AM (continued)

Version 1 of 1

CURRENT MEDICATIONS:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• azithromycin (ZITHROMAX Z-PAK) 250 MG tablet	2 tabs day 1, then 1 tab day 2 to day 6 5	6 tablet	0
• clobetasol (TEMOVATE) 0.05 % ointment	Apply bid for 2 weeks	30 g	1
• fexofenadine (ALLEGRA) 180 MG tablet	Take 1 tablet by mouth daily.	30 tablet	2
• mometasone (NASONEX) 50 MCG/ACT nasal spray	2 sprays by Nasal route daily.	17 g	2
• predniSONE (DELTASONE) 10 MG tablet pack	2 tablets twice a day for 3 days then 1 tablet twice a day for 3 days then 1 tablet once a day for 3 days and off.	21 tablet	0
• triamcinolone (KENALOG) 0.1 % cream	Apply bid for 2 weeks	30 g	1

SOCIAL HISTORY:

History

Substance Use Topics

- Smoking status: Passive Smoker
- Smokeless tobacco: Never Used
- Alcohol Use: No

PHYSICAL EXAMINATION:

Blood pressure 112/78, pulse 62, temperature 96.9 °F (36.1 °C), temperature source Tympanic, resp. rate 18, weight 140 lb (63.504 kg).

HEENT: Normal cephalic no icteric sclera, moist oral mucosa, nasal congestion, right otitis media with erythema tympanic membrane.

NECK: Supple full range of motion no JVD

CARDIOVASCULAR: Regular rhythm normal S1, S2

LUNGS: Clear to auscultation bilaterally

ABDOMEN: Soft nontender to palpation, positive bowel sounds

EXTREM: No pitting lower extremity edema

SKIN: At between buttock rash

ASSESSMENT:

1. Recurrent acute otitis media INT REF TO ENT
2. Eustachian tube dysfunction Chronic failed topical nasal treatment
3. Recurrent dermatitis use topical steroid

PLAN:



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Hernandez, Alberto
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Legendary Care™

Progress Notes (continued)

Ricky Tang, MD at 6/12/2012 12:12 AM (continued)

Version 1 of 1

Patient Instructions

Take prednisone 10 mg
2 tablets twice a day for 3 days then
1 tablet twice a day for 3 days then
1 tablet once a day for 3 days and off.

Zithromax Z Pak
2 tabs on day 1, then 1 tab day 2 to day 5.

Saline nose spray 2 sprays per nostril 3 times a day

Nasonex 1 spray per nostril twice a day
See Dr Sun about recurring otitis media

Use clobetasol ointment twice a day for 2 weeks
Then taper to triamcinolone 0.1% cream twice a day for 2 weeks
Then Vaseline once a day

Riverside Medical Clinic

Eustachian Tube Problems: After Your Visit

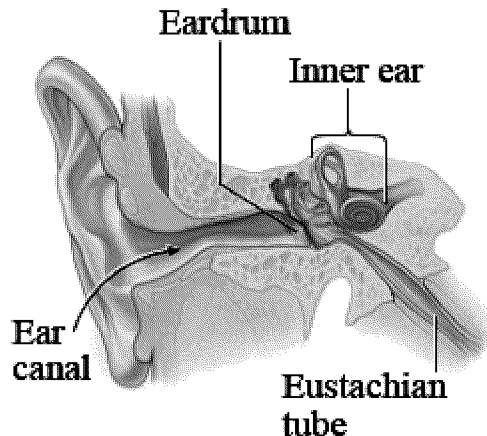
Your Care Instructions



Progress Notes (continued)

Ricky Tang, MD at 6/12/2012 12:12 AM (continued)

Version 1 of 1



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The eustachian (say "you-STAY-shee-un") tubes run between the inside of the ears and the throat. They keep air pressure stable in the ears. If your eustachian tubes become blocked, the air pressure in your ears changes. The fluids from a cold can clog eustachian tubes, causing pain in the ears. A quick change in air pressure can cause eustachian tubes to close up. This might happen when an airplane changes altitude or when a scuba diver goes up or down underwater.

Eustachian tube problems often clear up on their own or after antibiotic treatment. If your tubes continue to be blocked, you may need surgery.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- To ease ear pain, apply a warm washcloth or a heating pad set on low. There may be some drainage from the ear when the heat melts earwax. Put a cloth between the heat source and your skin.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.
- Your doctor may recommend over-the-counter medicine. Oral or nasal decongestants may relieve ear pain. Avoid decongestants that are combined with antihistamines, which tend to cause more blockage. But if allergies seem to be the problem, your doctor may recommend a combination. Before you use cough and cold medicines, check the label. These medicines may not be safe for young children or for people with certain health problems.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You develop sudden, complete hearing loss.
- You have severe pain or feel dizzy.
- You have new or increasing pus or blood draining from your ear.
- You have redness, swelling, or pain around or behind the ear.

Watch closely for changes in your health, and be sure to contact your doctor if:



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Hernandez, Alberto
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Legendary Care™

Progress Notes (continued)

Ricky Tang, MD at 6/12/2012 12:12 AM (continued)

Version 1 of 1

- You do not get better after 2 weeks.
- You have any new symptoms, such as itching or a feeling of fullness in the ear.



Where can you learn more?

Go to <http://www.healthwise.net/rmc>

Enter **Y822** in the search box to learn more about "**Eustachian Tube Problems: After Your Visit.**"

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Content Version: 9.0.56998; Last Revised: March 28, 2011

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

(Calculated)

Male

Low Range Vt 369 mL -AI
6cc/kg MALE

Adult Moderate 492 mL -AI
Range Vt
8cc/kg MA

Adult High 615 mL -AI
Range Vt
10cc/kg MALE

IBW/kg 57 kg -AI
(Calculated)
FEMALE

Low Range Vt 342 mL -AI
6cc/kg
FEMALE

Adult Moderate 456 mL -AI
Range vt
8cc/kg
FEMALE

Percent Weight 0 -AI
Change Since
Birth

IBW/kg 61.5 -AI
(Calculated)

Low Range Vt 369 mL -AI
6cc/kg

Adult Moderate 492 mL -AI
Range Vt
8cc/kg

Adult High 615 mL -AI
Range Vt
10cc/kg

Vital Signs

BMI 23.3 -AI
(Calculated)

Anthropometrics

Row Name 06/28/12 1205

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -AI

BMI —

(Calculated)

Growth Pattern —

Indices /



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Percentile
Ranks
Body —
Compartment
Estimates

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AI	Ashley Ingles, MA	02/08/11 -

Vitals

Most recent update: 6/28/2012 12:05 PM

Resp 18	Ht 5' 5" (1.651 m)	Wt 140 lb (63.5 kg)
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Patient History

Medical as of 6/28/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 6/28/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 6/28/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/28/2012



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family Status as of 6/28/2012 (continued)

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 6/28/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 6/28/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 6/28/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/28/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/28/2012

None

Occupational as of 6/28/2012

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/28/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

Disp	Refills	Start	End
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Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
clobetasol (TEMOVATE) 0.05 % ointment Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013
triamcinolone (KENALOG) 0.1 % cream Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013

Call Information

	Provider	Department	Center
6/28/2012 11:40 AM	Jimmy Jyh-Ming Sun, MD	TV EAR NOSE THROAT	TMV

Reason for Call

Advice Only ears

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Ashley Ingles, MA at 6/28/2012 12:03 PM

Version 1 of 1

Author Type: Medical Assistant Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 47 y.o. male.

CC: Ear



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Ashley Ingles, MA at 6/28/2012 12:03 PM (continued)

Version 1 of 1

HPI:

Symptoms present for: For 15 years/ referred by Dr Tang

Which ears are affected: right

Hearing loss: No
Tinnitus: Yes for 10 seconds
Vertigo: yes Sometimes
Ear pressure: yes
Ear pain: yes
Ear drainage: yes
Recurring ear infections: yes
Prior ear surgery: No
Family history of hearing loss: No
History of severe head injury: No
Nasal allergies: No
Use of Q-tips: yes
Excessive noise exposure: No
Ear itching: No
Use of Ototoxins: No

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated.

Review of Systems

Constitutional: Negative for weight loss.
HENT: **positive** for ear discharge.
Eyes: Negative for blurred vision.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for heartburn.
Genitourinary: Negative for hematuria.
Musculoskeletal: Negative for falls.
Skin: Negative for rash.
Neurological: Negative for seizures.
Endo/Heme/Allergies: Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for depression.

Jimmy Sun, MD at 6/28/2012 12:37 PM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:



Legendary Care™

Progress Notes (continued)

Jimmy Sun, MD at 6/28/2012 12:37 PM (continued)

Version 1 of 1

Patient ID: Alberto Hernandez is a 47 y.o. male.

CC: Ear

HPI:

Symptoms present for: For 15 years/ referred by Dr Tang
Constantly, for the past 15 years, the patient has a feeling of fluid in the right ear. In the past the patient had a left tympanostomy tube. He also feels some dysequilibrium. Cawthorne exercises don't. He has intermittent severe right ear pains which last for two weeks at a time. It occurs once a month. He has right ear itching which he tries to relieve with Q-tips.
Which ears are affected: right

Hearing loss: No
Tinnitus: Yes for 10 seconds
Vertigo: yes Sometimes
Ear pressure: yes
Ear pain: yes
Ear drainage: yes
Recurring ear infections: yes
Prior ear surgery: No
Family history of hearing loss: No
History of severe head injury: No
Nasal allergies: No
Use of Q-tips: yes
Excessive noise exposure: No
Ear itching: No
Use of Ototoxins: No

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated.

Review of Systems

Constitutional: Negative for weight loss.
HENT: **positive** for ear discharge.
Eyes: Negative for blurred vision.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Gastrointestinal: Negative for heartburn.
Genitourinary: Negative for hematuria.
Musculoskeletal: Negative for falls.
Skin: Negative for rash.
Neurological: Negative for seizures.
Endo/Heme/Allergies: Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for depression.

Objective:



Legendary Care™

Progress Notes (continued)

Jimmy Sun, MD at 6/28/2012 12:37 PM (continued)

Version 1 of 1

Physical Exam

General: Nonobese

Palpate face: Nontender

Salivary gland: No tumor palpated

Neck: Trachea midline

Lymphatic: No lymphadenopathy

Thyroid: No thyromegaly

Otосcopy: moderate-severe myringosclerosis with a dull tympanic membrane on the left, right deep ear canal is occluded by hard tan debris with hyphae and spores.

External nose/ear: No deformity

Internal nose: Noncongested

Lips/teeth/gums: Intact

Oropharynx: No exudate, 1+ tonsils

Pharynx: No erythema

Voice: Clear

Fungal otitis externa treatment – The ear canal was inspected under binocular microscopy to allow for visualization of microscopic fungal elements and to safely suction fungal debris from the entire ear canal and tympanic membrane. The tympanic membrane is red and thickened, but not bulging. The canal was filled with fresh Nystatin/triamcinolone ointment and a cotton ball placed in the concha. Side treated right side.

Tympanometry was performed:

Right	Type As	Pressure 25	Canal volume 1.6 mL	Compliance 0.3
Left	Type B	Pressure 25	Canal volume 1.6 mL	Compliance 0.3

Assessment:

Right hearing loss caused by fungal otitis externa (fungal overgrowth of the ear canal). Also consider cerumen impaction, bacterial otitis externa acute, cholesteatoma. There is inflammation of the right tympanic membrane which may be a reaction to the fungal ear canal infection or may indicate otitis media. Also evidence of left chronic serous otitis media.

Clean as much fungus and fungal debris as possible from the ear canal with suction under binocular microscopy. Applied topical antifungal medication. Keep ear dry. Avoid Q-tips and excessive use of antibiotics. Follow up in one week or sooner prn development of ear pain, itching, drainage or hearing loss. Plan on further workup with an audiogram after the fungal infection is controlled.

Plan:

See above.

Procedure Notes



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Procedure Notes (continued)

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Ear Problem follow on right ear

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes Acute nonsuppurative otitis media, unspecified - Primary, Unspecified hearing loss, Otagia, unspecified, Other specified dermatomycoses, Chronic mycotic otitis externa.

Problem List as of 7/13/2012

Date Reviewed: 7/13/2012

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Includes Eustachian tube dysfunction, Rhinitis.

Review status set to Review Complete by Jimmy Sun, MD on 7/13/2012

Allergies as of 7/13/2012

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes BP, Pulse, Resp, Temp, Temp src, SpO2, Weight, Height, Peak Flow, Pain Score, Pain Loc, Pain Edu?, Excl. in GC?.

Custom Formula Data

Table with 2 columns: Row Name, Value. Includes OTHER, BSA.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

(Calculated - sq LF
m)

IBW/kg 61.5 kg -LF
(Calculated)
Male

Low Range Vt 369 mL -LF
6cc/kg MALE

Adult Moderate 492 mL -LF
Range Vt
8cc/kg MA

Adult High 615 mL -LF
Range Vt
10cc/kg MALE

IBW/kg 57 kg -LF
(Calculated)
FEMALE

Low Range Vt 342 mL -LF
6cc/kg
FEMALE

Adult Moderate 456 mL -LF
Range vt
8cc/kg
FEMALE

Percent Weight 0 -LF
Change Since
Birth

IBW/kg 61.5 -LF
(Calculated)

Low Range Vt 369 mL -LF
6cc/kg

Adult Moderate 492 mL -LF
Range Vt
8cc/kg

Adult High 615 mL -LF
Range Vt
10cc/kg

Vital Signs

BMI 23.3 -LF
(Calculated)

Relevant Labs and Vitals

Temp (in 36.9 -LF
Celsius)

Anthropometrics

Row Name 07/13/12 1419

Anthropometrics

Height —

Weight —



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Frame Size	—
Weight Change	100 -LF
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
LF	Luis Franco, LVN	02/08/11 -

Vitals

Most recent update: 7/13/2012 2:20 PM

Temp	Resp	Ht	Wt
98.5 °F (36.9 °C) (Oral)	16	5' 5" (1.651 m)	140 lb (63.5 kg)

Patient History

Medical as of 7/13/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 7/13/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 7/13/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 7/13/2012 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 7/13/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 7/13/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 7/13/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 7/13/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 7/13/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 7/13/2012

None

Occupational as of 7/13/2012

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 7/13/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider



RIVERSIDE MEDICAL
CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Socioeconomic as of 7/13/2012 (continued)

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
clobetasol (TEMOVATE) 0.05 % ointment (Taking) Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013
fexofenadine (ALLEGRA) 180 MG tablet (Taking) Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray (Taking) Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013
triamcinolone (KENALOG) 0.1 % cream (Taking) Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013

Call Information

	Provider	Department	Center
7/13/2012 2:00 PM	Jimmy Jyh-Ming Sun, MD	TV EAR NOSE THROAT	TMV

Reason for Call

Ear Problem follow on right ear

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Jimmy Sun, MD at 7/13/2012 2:41 PM

Version 1 of 1



Legendary Care™

Progress Notes (continued)

Jimmy Sun, MD at 7/13/2012 2:41 PM (continued)

Version 1 of 1

Author Type: Physician

Status: Signed

Alberto Hernandez 47 y.o. Visit 7/13/2012

Subjective:

Chief complaint: fungal otitis externa

History of Present Illness: Follow up for right fungal otitis externa. His right ear itching and pain has resolved. He still has right hearing loss. He also had evidence of left serous otitis media. He reports having many recurrent ear infections.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

Review of Systems

Constitutional: Negative for weight loss.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Objective:

Physical Exam

Otology: Right ear canal is partially filled with yellow ointment. No hyphae or spores

Left tympanic membrane is myringosclerotic with no perforation or erythema.

Fungal otitis externa treatment – The ear canal was inspected under binocular microscopy to allow for visualization of microscopic fungal elements and to safely suction fungal debris from the entire ear canal and tympanic membrane. Side treated: right side. Tuning fork: Weber midline, AC>BC

Tympanometry was performed:

Right	Type As	Pressure 10	Canal volume 1.1 mL	Compliance 0.2
Left	Type As	Pressure 20	Canal volume 1.1 mL	Compliance 0.2

Assessment:

Otalgia and ear itching caused by fungal otitis externa improved(fungal overgrowth of the ear canal). Left acute serous otitis media resolved. There is evidence of reduced mobility on tympanometry which based on history is most consistent with tympanosclerosis caused by prior ear infections. The level of conductive hearing loss is not sufficient to warrant surgery.

Clean as much fungus and fungal debris as possible from the ear canal with suction under binocular microscopy. Applied topical antifungal medication. Keep ear dry. Avoid Q-tips and excessive use of antibiotics. Follow up prn development of ear pain, itching, drainage or hearing loss.



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Legendary Care™

Progress Notes (continued)

Jimmy Sun, MD at 7/13/2012 2:41 PM (continued)

Version 1 of 1

Plan:

As above

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Follow-up

Diagnoses

Table with 2 columns: Diagnoses, Comments. Row: S/P vasectomy - Primary

Problem List as of 9/14/2012

Date Reviewed: 7/13/2012

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Rows: Eustachian tube dysfunction, Rhinitis

Review status set to Review Complete by Anabel Rodriguez, LVN on 9/14/2012

Allergies as of 9/14/2012

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Rows: 09/14/12 1641, Enc Vitals, BP, Pulse, Resp, Temp, Temp src, SpO2, Weight, Height, Peak Flow, Pain Score, Pain Loc, Pain Edu?, Excl. in GC?

Custom Formula Data

Table with 2 columns: Row Name, Value. Row: 09/14/12 1641

Relevant Labs and Vitals

Table with 2 columns: Lab/Vital, Value. Row: Temp (in Celsius) 37 -AR

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Table with 3 columns: Initials, Name, Effective Dates. Row: AR, Anabel Rodriguez, LVN, 02/08/11 -



Legendary Care™

Visit Summary (continued)

Vitals

Most recent update: 9/14/2012 4:41 PM

BP	Pulse	Temp	Resp
131/82	65	98.6 °F (37 °C) (Oral)	20

Patient History

Medical as of 9/14/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 9/14/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 9/14/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 9/14/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 9/14/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke	—	—	—
Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	



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Legendary Care™

Visit Summary (continued)

Tobacco Use as of 9/14/2012 (continued)

Source Provider

Alcohol Use as of 9/14/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 9/14/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 9/14/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 9/14/2012

None

Occupational as of 9/14/2012

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 9/14/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
clobetasol (TEMOVATE) 0.05 % ointment Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013
triamcinolone (KENALOG) 0.1 % cream Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013

Call Information

	Provider	Department	Center
9/14/2012 4:10 PM	Benjamin K. Yang, MD	MAIN UROLOGY	Main Clinic



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Hernandez, Alberto
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Legendary Care™

Medications (continued)

Call Information (continued)

Reason for Call

Follow-up

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Other Orders

POCT semen

Electronically signed by: **Benjamin Yang, MD on 09/14/12 1735** Status: **Completed**
 Ordering user: Benjamin Yang, MD 09/14/12 1735 Authorized by: Benjamin Yang, MD
 Frequency: 09/14/12 -
 Diagnoses
 S/P vasectomy [V26.52 (ICD-9-CM)]
 Order comments: Post-vasectomy semen check

All Results

POCT semen [5868601]

Resulted: 09/14/12, Result status: Final result

Specimen Information

Type	Source	Collected On
—	—	1735

Components

Component	Value	Reference Range	Flag	Lab
Sperm Ct, Smn	1	—	—	—
Motile Sperm, Smn	0	—	—	—

Progress Notes

Benjamin Yang, MD at 9/14/2012 9:53 AM

Version 1 of 1

Author Type: Physician Status: Signed

Patient ID: Alberto Hernandez is a 47 y.o. male

Current visit HPI:

The patient underwent an uncomplicated vasectomy in clinic on 6/1/12. He had no problems. He dropped off his semen downstairs at the lab today mistakenly.

The patient's pertinent past urologic history from prior visits and medical history is as follows and was reviewed today:

Alberto Hernandez is a 47 y.o. male who presents today for the above issue. He is married with 4 children.

ROS:

Review of Systems

Constitutional: Negative for fever, chills and malaise/fatigue.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for nausea, vomiting and abdominal pain.

Genitourinary: Negative for dysuria, urgency, frequency, hematuria and flank pain.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash.



Legendary Care™

Progress Notes (continued)

Benjamin Yang, MD at 9/14/2012 9:53 AM (continued)

Version 1 of 1

Examination:

BP 131/82 | Pulse 65 | Temp(Src) 98.6 °F (37 °C) (Oral) | Resp 20

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Pulmonary/Chest: Effort normal. No respiratory distress.

Abdominal: Soft. He exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Labs and Imaging:

Urinalysis: Clear. There is no evidence for the presence of hematuria, bacteriuria or leukocytosis.

Semen analysis: No sperm seen under high-powered field.

BUN

Date	Value	Range	Status
4/17/2012	17	6-24 (mg/dL)	Final

Creatinine, Ser

Date	Value	Range	Status
4/17/2012	0.85	0.76-1.27 (mg/dL)	Final

ASSESSMENT:

S/p vasectomy

PLAN:

I spoke to the patient about his positive semen check today. He will return in 4 weeks for another semen check.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes



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Legendary Care™

H&P Notes (continued)

No notes of this type exist for this encounter.

Follow-up and Disposition History

09/14/2012 1736 - Benjamin Yang, MD

Dispositions: Return in about 4 weeks (around 10/12/2012) for semen check.

09/14/2012 1736 - Benjamin Yang, MD

Dispositions: Return in about 4 days (around 9/18/2012).

09/14/2012 1725 - Benjamin Yang, MD

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
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Legendary Care™

Visit Summary

Reason for Visit

Sterilization 1 month f/u

Diagnoses

	Comments
S/P vasectomy - Primary	

Problem List as of 10/12/2012

Date Reviewed: **10/12/2012**

	ICD-9-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	381.81			4/17/2012 - Present
Rhinitis	472.0			4/17/2012 - Present
S/P vasectomy	V26.52			10/12/2012 - Present

Review status set to Review Complete by
Tamicka Morris, LVN on 10/12/2012

Allergies as of 10/12/2012

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name	10/12/12 1635
Enc Vitals	
BP	124/83 -TM
Pulse	68 -TM
Resp	20 -TM
Temp	98.4 °F (36.9 °C) -TM
Temp src	Oral -TM
SpO2	—
Weight	130 lb (59 kg) - TM
Height	5' 4" (1.626 m) - TM
Peak Flow	—
Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data

Row Name	10/12/12 1635
OTHER	
BSA	1.63 sq meters - (Calculated - sq TM m)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

IBW/kg 59.2 kg -TM
(Calculated)
Male

Low Range Vt 355.2 mL -TM
6cc/kg MALE

Adult Moderate 473.6 mL -TM
Range Vt
8cc/kg MA

Adult High 592 mL -TM
Range Vt
10cc/kg MALE

IBW/kg 54.7 kg -TM
(Calculated)
FEMALE

Low Range Vt 328.2 mL -TM
6cc/kg
FEMALE

Adult Moderate 437.6 mL -TM
Range vt
8cc/kg
FEMALE

Percent Weight 0 -TM
Change Since
Birth

IBW/kg 59.2 -TM
(Calculated)

Low Range Vt 355.2 mL -TM
6cc/kg

Adult Moderate 473.6 mL -TM
Range Vt
8cc/kg

Adult High 592 mL -TM
Range Vt
10cc/kg

Vital Signs

BMI 22.4 -TM
(Calculated)

Relevant Labs and Vitals

Temp (in 36.9 -TM
Celsius)

Anthropometrics

Row Name 10/12/12 1635

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -TM



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

BMI —
(Calculated)
Growth Pattern —
Indices /
Percentile
Ranks
Body —
Compartment
Estimates

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
TM	Tamicka Morris, LVN	02/08/11 -

Vitals

Most recent update: 10/12/2012 4:35 PM

BP 124/83 Pulse 68 Temp 98.4 °F (36.9 °C) (Oral) Resp 20 Ht 5' 4" (1.626 m)

Wt
130 lb (59 kg)

Patient History

Medical as of 10/12/2012

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 10/12/2012

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider

Pertinent Negatives: None

Family as of 10/12/2012

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 10/12/2012 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 10/12/2012

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 10/12/2012

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 10/12/2012

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 10/12/2012

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 10/12/2012

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 10/12/2012

None

Occupational as of 10/12/2012

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 10/12/2012

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source



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Legendary Care™

Visit Summary (continued)

Socioeconomic as of 10/12/2012 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
clobetasol (TEMOVATE) 0.05 % ointment Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013
triamcinolone (KENALOG) 0.1 % cream Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013

Call Information

	Provider	Department	Center
10/12/2012 4:10 PM	Benjamin K. Yang, MD	MAIN UROLOGY	Main Clinic

Reason for Call

Sterilization	1 month f/u
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Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Other Orders

POCT semen

Electronically signed by: **Benjamin Yang, MD on 10/12/12 1644** Status: **Completed**
 Ordering user: Benjamin Yang, MD 10/12/12 1644 Authorized by: Benjamin Yang, MD
 Frequency: 10/12/12 -
 Diagnoses
 S/P vasectomy [V26.52 (ICD-9-CM)]
 Order comments: Post-vasectomy semen check

All Results

POCT semen [5868602]

Resulted: 10/12/12, Result status: Final result

Specimen Information

Type	Source	Collected On
—	—	1645

Components

Component	Value	Reference Range	Flag	Lab
Sperm Ct, Smn	0	—	—	—
Motile Sperm, Smn	0	—	—	—

Progress Notes

Benjamin Yang, MD at 10/12/2012 4:39 PM

Version 1 of 1

Author Type: Physician Status: Signed

Patient ID: Alberto Hernandez is a 48 y.o. male

Current visit HPI:

The patient returns today for his 2nd semen check.

The patient's pertinent past urologic history from prior visits and medical history is as follows and was reviewed today:

Alberto Hernandez is a 48 y.o. male who presents today for the above issue. He is married with 4 children.

The patient underwent an uncomplicated vasectomy in clinic on 6/1/12. He had no problems. He dropped off his semen downstairs at the lab today mistakenly.

ROS:

Review of Systems

Constitutional: Negative for fever, chills and malaise/fatigue.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for nausea, vomiting and abdominal pain.

Genitourinary: Negative for dysuria, urgency, frequency, hematuria and flank pain.

Musculoskeletal: Negative for back pain.

Skin: Negative for rash.



Legendary Care™

Progress Notes (continued)

Benjamin Yang, MD at 10/12/2012 4:39 PM (continued)

Version 1 of 1

Examination:

BP 124/83 | Pulse 68 | Temp(Src) 98.4 °F (36.9 °C) (Oral) | Resp 20 | Ht 5' 4" (1.626 m) | Wt 130 lb (58.968 kg) | BMI 22.31 kg/m2

Physical Exam

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished.

HENT:

Head: Normocephalic and atraumatic.

Eyes: Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Pulmonary/Chest: Effort normal. No respiratory distress.

Abdominal: Soft. He exhibits no distension. There is no tenderness.

Musculoskeletal: Normal range of motion.

Neurological: He is alert and oriented to person, place, and time.

Skin: Skin is warm.

Psychiatric: He has a normal mood and affect. His behavior is normal.

Labs and Imaging:

No urine

Semen analysis: No sperm seen under high-powered field.

ASSESSMENT:

S/p vasectomy

PLAN:

I spoke to the patient about his negative semen check today. He has had a successful vasectomy and should have 99% chance of being permanently sterile now. He was instructed that he can stop his contraceptive measures.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

10/12/2012 1644 - Benjamin Yang, MD

Dispositions: Return if symptoms worsen or fail to improve.



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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Follow-up and Disposition History (continued)

All Notes

No notes of this type exist for this encounter.



Legendary Care™

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Ear Problem right ear pain, pulling on it

Diagnoses

Table with 2 columns: Diagnosis, Comments. Contains: Chronic myringitis - Primary, Unspecified hearing loss, Impacted cerumen

Problem List as of 2/22/2013

Date Reviewed: 2/22/2013

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Contains: Eustachian tube dysfunction, Rhinitis, S/P vasectomy

Review status set to Review Complete by Jimmy Sun, MD on 2/22/2013

Allergies as of 2/22/2013

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Contains: BP, Pulse, Resp, Temp, Weight, Height, Peak Flow, Pain Score, Pain Loc, Pain Edu?, Excl. in GC?

Custom Formula Data

Table with 2 columns: Row Name, Value. Contains: OTHER, BSA (Calculated - sq AV)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

m)

IBW/kg 59.2 kg -AV
(Calculated)
Male

Low Range Vt 355.2 mL -AV
6cc/kg MALE

Adult Moderate 473.6 mL -AV
Range Vt
8cc/kg MA

Adult High 592 mL -AV
Range Vt
10cc/kg MALE

IBW/kg 54.7 kg -AV
(Calculated)
FEMALE

Low Range Vt 328.2 mL -AV
6cc/kg
FEMALE

Adult Moderate 437.6 mL -AV
Range vt
8cc/kg
FEMALE

Percent Weight 0 -AV
Change Since
Birth

IBW/kg 59.2 -AV
(Calculated)

Low Range Vt 355.2 mL -AV
6cc/kg

Adult Moderate 473.6 mL -AV
Range Vt
8cc/kg

Adult High 592 mL -AV
Range Vt
10cc/kg

Vital Signs

BMI 22.4 -AV
(Calculated)

Anthropometrics

Row Name 02/22/13 1313

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -AV

BMI —

(Calculated)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Growth Pattern —
 Indices / Percentile Ranks
 Body —
 Compartment Estimates

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AV	Abriana Valentine	—

Vitals

Most recent update: 2/22/2013 1:13 PM

Resp	Ht	Wt
16	5' 4" (1.626 m)	130 lb (59 kg)

Patient History

Medical as of 2/22/2013

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 2/22/2013

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 2/22/2013

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 2/22/2013 (continued)

Family Status as of 2/22/2013

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 2/22/2013

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			Provider

Alcohol Use as of 2/22/2013

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 2/22/2013

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 2/22/2013

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 2/22/2013

None

Occupational as of 2/22/2013

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 2/22/2013

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications



Legendary Care™

Medications (continued)

Medications at Start of Encounter

	Disp	Refills	Start	End
clobetasol (TEMOVATE) 0.05 % ointment Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013
fexofenadine (ALLEGRA) 180 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	2	4/17/2012	4/17/2013
mometasone (NASONEX) 50 MCG/ACT nasal spray Sig - Route: 2 sprays by Nasal route daily. - Nasal	17 g	2	4/17/2012	4/17/2013
triamcinolone (KENALOG) 0.1 % cream Sig: Apply bid for 2 weeks	30 g	1	6/11/2012	6/11/2013

Ordered Medications

	Disp	Refills	Start	End
neomycin-polymyxin-hydrocortisone (CORTISPORIN) 3.5-10000-1 otic suspension Sig - Route: Place 4 drops into the right ear 4 (four) times daily. - Right Ear Class: Print Notes to Pharmacy: Equivalent to Corticosporin Otic	10 mL	1	2/22/2013	3/4/2013

Call Information

	Provider	Department	Center
2/22/2013 1:00 PM	Jimmy Jyh-Ming Sun, MD	TV EAR NOSE THROAT	TMV

Reason for Call

Ear Problem right ear pain, pulling on it

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Jimmy Sun, MD at 2/22/2013 1:36 PM

Version 1 of 1



Legendary Care™

Progress Notes (continued)

Jimmy Sun, MD at 2/22/2013 1:36 PM (continued)

Version 1 of 1

Author Type: Physician

Status: Signed

Alberto Hernandez 48 y.o. Visit 2/22/2013

Subjective:

Chief complaint: ear

History of Present Illness: Following treatment for fungal otitis externa, the symptoms resolved only for 2 weeks. Since, he has had right ear pressure, pain and itching. He denies any drainage. He admits to using Q-tips.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

Review of Systems

Constitutional: Negative for weight loss.

Respiratory: Negative for shortness of breath.

Cardiovascular: Negative for chest pain.

Objective:

Physical Exam

Otology: very deep hard dark brown right cerumen impaction, left ear canal and tympanic membrane are clear, no fungal hyphae or debris

Ear wax disimpaction under binocular microscopy – Due to the deep nature of the cerumen impaction, binocular microscope was use to avoid trauma to the ear canal and tympanic membrane. The ear wax was safely removed using alligator forceps. The ear canal ais clear. Side treated: right side. The tympanic membrane is moderately indurated, mildly erythematous. No tympanic membrane perforation.

Tympanometry was performed:

Right	Type As	Pressure -55	Canal volume 0.8 mL	Compliance 0.2
Left	Type As	Pressure n/a	Canal volume 1.0 mL	Compliance n/a

Assessment:

Right chronic myringitis causing hearing loss, otalgia, and itching. Also right cerumen impaction. Fungal otitis externa controlled.

Plan:

PLAN: Right cerumen disimpaction performed safely today with the aid of binocular microscopy. Antibiotic ear drops. Avoid Q-tips. Follow up in 3 weeks or sooner if symptoms worsen.

Procedure Notes



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Procedure Notes (continued)

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

c/o left side pain, near ribs radiating to left side of back x 3 weeks. Pain worse with movement Does not recall injury

Diagnoses

Table with 2 columns: Diagnosis (Muscle strain - Primary) and Comments

Problem List as of 12/15/2013

Date Reviewed: 2/22/2013

Table with 5 columns: Problem Name, ICD-9-CM, Priority, Class, Noted - Resolved

Allergies as of 12/15/2013

Review status set to Review Complete by Rishi Agarwal, MD on 12/15/2013

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name 12/15/13 1305

Enc Vitals

Vital signs table including BP (127/93), Pulse (71), Resp (16), Temp (99.1 F), Weight (136 lb), Height (5' 5")

Custom Formula Data

Row Name 12/15/13 1305

OTHER

BSA (Calculated - sq meters) 1.68 sq meters



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

m)

IBW/kg 61.5 kg -RS
(Calculated)
Male

Low Range Vt 369 mL -RS
6cc/kg MALE

Adult Moderate 492 mL -RS
Range Vt
8cc/kg MA

Adult High 615 mL -RS
Range Vt
10cc/kg MALE

IBW/kg 57 kg -RS
(Calculated)
FEMALE

Low Range Vt 342 mL -RS
6cc/kg
FEMALE

Adult Moderate 456 mL -RS
Range vt
8cc/kg
FEMALE

Percent Weight 0 -RS
Change Since
Birth

IBW/kg 61.5 -RS
(Calculated)

Low Range Vt 369 mL -RS
6cc/kg

Adult Moderate 492 mL -RS
Range Vt
8cc/kg

Adult High 615 mL -RS
Range Vt
10cc/kg

Vital Signs

BMI 22.7 -RS
(Calculated)

Relevant Labs and Vitals

Temp (in 37.3 -RS
Celsius)

Anthropometrics

Row Name 12/15/13 1305

Anthropometrics

Height —

Weight —

Frame Size —



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Weight Change 100 -RS

BMI —

(Calculated)

Growth Pattern —

Indices /
Percentile
Ranks

Body —

Compartment
Estimates



Legendary Care™

Flowsheets (all recorded)

Nursing Flowsheet

Row Name 12/15/13 1305

Mental Eye Motor Verbal

Choose —

Adult/Child or
Infant

CHILD / 4 -RS

ADULT - Eye

Opening

CHILD / 5 -RS

ADULT -

Verbal

Response

CHILD / 6 -RS

ADULT - Motor

Response

CHILD / 15 -RS

ADULT - Total

Score

Eye

Pupil Right —

Pupil Left —

Unequal Pupil —

R (In mm)

Unequal Pupil —

L (In mm)

Visual Acuity —

OD

Visual Acuity —

OS

Breathing

Airway —

Breathing —

Level of —

Distress

Breath Sounds —

Right

Breath Sounds —

Left

Cardiac

Chest Pain —

Radiates: —

Severity —

Time of Onset —

Pacer —

12 Lead EKG —

EKG —

Monitor/Rhythy

m



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Relieved:	—
Peripheral Pulse	—
Pulse Site	—
Capillary Refill Time	—
Skin	
Skin Condition	Warm;Dry -RS
Wound Type	—
Controlled Bleeding	—
Muscular / Skeletal	—
Motor Intact	—
Neuro Intact	—
Sensory Intact	—
Dressing	
Dressing Site	—
Dressing Status	—
Drains	—
Output (cc)	—
Drain Appearance	—
Drainage Color	—
Drainage Size/Amount	—
Abdomen	
Abdomen	—
Area	—
GI/URO	
GI	—
Urinary	—
Pregnant (wks and G/P/AB)	—
Vaginal Bleeding (pads/hr)	—
Vaginal Discharge (days)	—
MISC	
Note	—
Appliances	—
Patient Instructions given	—



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Score EIGHT -RS

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
RS	Rosie Siordia, LVN	02/08/11 -

Vitals

Most recent update: 12/15/2013 1:06 PM

BP	Pulse	Temp	Resp	Ht
127/93 †	71	99.1 °F (37.3 °C) (Oral)	16	5' 5" (1.651 m)

Wt	SpO2
136 lb (61.7 kg)	98%

Patient History

Medical as of 12/15/2013

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 12/15/2013

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 12/15/2013

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family Status as of 12/15/2013

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 12/15/2013

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 12/15/2013

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 12/15/2013

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 12/15/2013

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 12/15/2013

None

Occupational as of 12/15/2013

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 12/15/2013

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Ordered Medications

Disp	Refills	Start	End
------	---------	-------	-----



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Ordered Medications (continued)

	Disp	Refills	Start	End
cyclobenzaprine (FLEXERIL) 5 MG tablet Sig - Route: Take 1 tablet by mouth 3 (three) times daily as needed for Muscle spasms. - Oral	30 tablet	0	12/15/2013	12/25/2013
lidocaine (LIDODERM) 5 % Sig - Route: Place 1 patch onto the skin daily. - Transdermal	30 patch	0	12/15/2013	1/14/2014
ibuprofen (MOTRIN) 600 MG tablet Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral	30 tablet	0	12/15/2013	12/25/2013

Call Information

	Provider	Department	Center
12/15/2013 1:00 PM	Rishi Agarwal, MD	CS URGENT CARE	CS

Reason for Call

c/o left side pain, near ribs radiating to left side of back x 3 weeks. Pain worse with movement Does not recall injury

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Rishi Agarwal, MD at 12/15/2013 1:38 PM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 49 y.o. male.

Chief Complaint

Patient presents with

- left side pain

c/o left side pain, near ribs radiating to left side of back x 3 weeks. Pain worse with movement Does not



Legendary Care™

Progress Notes (continued)

Rishi Agarwal, MD at 12/15/2013 1:38 PM (continued)

Version 1 of 1

recall injury

HPI Comments: 49M presenting with about 3 weeks of left lower back/left side pain. Denies direct injury or trauma or falls to the affected region. He does do a lot of lifting and reaching for his job; he works as a fork lift operator. He suspects he may have pulled a muscle. Denies fever, chills, nausea, vomiting, headache, chest pain, shortness of breath, difficulty breathing, GI symptoms, GU symptoms.

Back Pain

This is a new problem. The current episode started 1 to 4 weeks ago. The problem occurs constantly. The problem is unchanged. The pain is present in the lumbar spine. The quality of the pain is described as aching. The pain does not radiate. The pain is moderate. The pain is the same all the time. The symptoms are aggravated by twisting. He has tried nothing for the symptoms. The treatment provided no relief.

Review of Systems

Constitutional: Negative.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Musculoskeletal: Positive for back pain.

Skin: Negative.

Neurological: Negative.

Endo/Heme/Allergies: Negative.

Psychiatric/Behavioral: Negative.

Alberto has a past medical history of Eustachian tube dysfunction (4/17/2012).

Alberto has past surgical history that includes Hernia repair (12/11); Inguinal hernia repair (12/11); and Tympanostomy tube placement.

His family history includes Arthritis in his father; COPD in his mother; Cancer (age of onset:65) in his father; Diabetes in his father and mother; High cholesterol in his father and mother; Hypertension in his father and mother; and Vision loss in his mother.

Alberto reports that he has been passively smoking. He has never used smokeless tobacco. He reports that he does not drink alcohol or use illicit drugs.

Alberto has a current medication list which includes the following prescription(s): cyclobenzaprine, ibuprofen, and lidocaine.

No current outpatient prescriptions on file prior to visit.

Alberto has no known allergies.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction



Legendary Care™

Progress Notes (continued)

Rishi Agarwal, MD at 12/15/2013 1:38 PM (continued)

Version 1 of 1

- Rhinitis
- S/P vasectomy

Vitals:

Blood pressure 127/93, pulse 71, temperature 99.1 °F (37.3 °C), temperature source Oral, resp. rate 16, height 5' 5" (1.651 m), weight 136 lb (61.689 kg), SpO2 98.00%.

Objective:

Physical Exam

Constitutional: He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

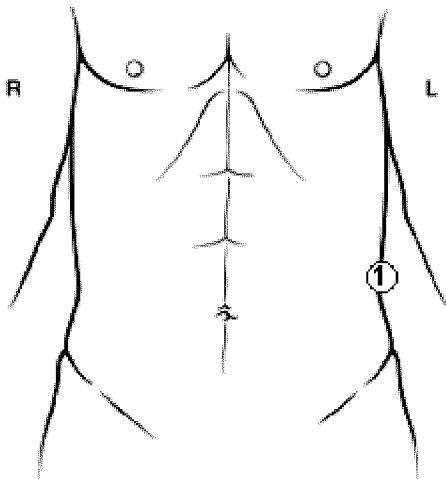
Eyes: Conjunctivae and EOM are normal.

Neck: Normal range of motion.

Cardiovascular: Normal rate and normal heart sounds.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.

Abdominal: Soft. He exhibits no distension and no mass. There is no tenderness. There is no rebound and no guarding.



1: ttp

Musculoskeletal: Normal range of motion. He exhibits tenderness. He exhibits no edema.

Back:

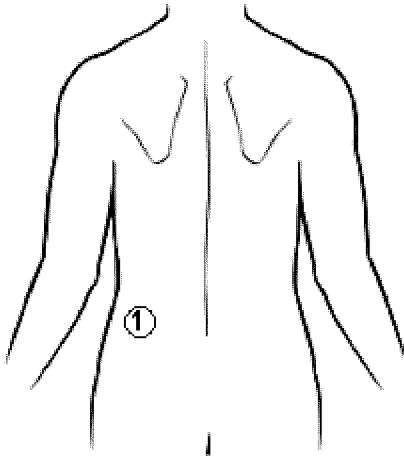


Legendary Care™

Progress Notes (continued)

Rishi Agarwal, MD at 12/15/2013 1:38 PM (continued)

Version 1 of 1



1: ttp

Neurological: He is alert.

Skin: No rash noted. No erythema.

Psychiatric: He has a normal mood and affect.

Assessment:

Muscle strain, left lower back and left side

UA negative

Plan:

I prescribed flexeril, lidocaine patches, and ibuprofen for the patient's pain.

I advised the patient follow up with his PCP within a week.

I advised the patient go to the ED should he develop high fever, chills, nausea, vomiting, headache, chest pain, shortness of breath, difficulty breathing, abdominal pain, GI symptoms, GU symptoms.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

12/15/2013 1346 - Rishi Agarwal, MD

No data found.



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Hernandez, Alberto
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Follow-up and Disposition History (continued)

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Other

Problem List as of 2/6/2014

Date Reviewed: 2/22/2013

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, and S/P vasectomy.

Review status set to Review Complete by Rishi Agarwal, MD on 12/15/2013

Allergies as of 2/6/2014

No Known Allergies

Patient History

Medical as of 2/6/2014

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Row: Eustachian tube dysfunction, 4/17/2012, —, Provider.

Pertinent Negatives: None

Surgical as of 2/6/2014

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows include HERNIA REPAIR, INGUINAL HERNIA REPAIR, and TYMPANOSTOMY TUBE PLACEMENT.

Pertinent Negatives: None

Family as of 2/6/2014

Table with 6 columns: Problem, Relation, Name, Age of Onset, Comments, Source. Rows list family members with conditions like COPD, Diabetes, and Cancer.



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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family as of 2/6/2014 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
Hypertension	Father	—	—	—	Provider

Family Status as of 2/6/2014

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 2/6/2014

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	Source
Never	—	—	Provider

Alcohol Use as of 2/6/2014

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 2/6/2014

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 2/6/2014

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 2/6/2014

None

Occupational as of 2/6/2014

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 2/6/2014

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Medications

Incoming Interface

	Provider	Department	Center
2/6/2014 6:12 PM	Jimmy Jyh-Ming Sun, MD	TV EAR NOSE THROAT	TMV

Reason for Call

Other

Care Advice Given

No Care Advice given for this encounter.

Refused

	Disp	Refills	Start	End
neomycin-polymyxin-hydrocortisone (CORTISPORIN) 3.5-10000-1 otic suspension [Pharmacy Med Name: NEOMYCIN-POLYMYXIN-HC EAR SUSP] Sig: place 4 drops into right ear four times a day Class: Normal DAW: No Reason for Refusal: Patient needs an appointment Reason for Refusal Comment: The original Refused By: Jimmy Jyh-Ming Sun, MD		1	2/6/2014	

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Notes (continued)

H&P Notes (continued)

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Cough c/o cough and right ear, runny nose x 1 month.

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes Cough - Primary, Sinusitis, BOM (bilateral otitis media).

Problem List as of 4/6/2015

Date Reviewed: 4/6/2015

Table with 5 columns: Problem, ICD-9-CM, Priority, Class, Noted - Resolved. Lists Eustachian tube dysfunction, Rhinitis, S/P vasectomy.

Allergies as of 4/6/2015

Review status set to Review Complete by Christine Anh Vo, DO on 4/6/2015

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes vitals like BP, Pulse, Temp, Weight, Height, etc.

Custom Formula Data

Table with 2 columns: Row Name, Value. Includes BSA 1.68 sq meters.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

(Calculated - sq MC
m)

IBW/kg 61.5 kg -MC
(Calculated)
Male

Low Range Vt 369 mL -MC
6cc/kg MALE

Adult Moderate 492 mL -MC
Range Vt
8cc/kg MA

Adult High 615 mL -MC
Range Vt
10cc/kg MALE

IBW/kg 57 kg -MC
(Calculated)
FEMALE

Low Range Vt 342 mL -MC
6cc/kg
FEMALE

Adult Moderate 456 mL -MC
Range vt
8cc/kg
FEMALE

Percent Weight Change Since
Birth 0 -MC

IBW/kg 61.5 -MC
(Calculated)

Low Range Vt 369 mL -MC
6cc/kg

Adult Moderate 492 mL -MC
Range Vt
8cc/kg

Adult High 615 mL -MC
Range Vt
10cc/kg

Vital Signs

BMI 22.7 -MC
(Calculated)

Relevant Labs and Vitals

Temp (in Celsius) 36.8 -MC

Anthropometrics

Row Name 04/06/15 1317

Anthropometrics

Height —

Weight —



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Frame Size	—
Weight Change	100 -MC
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—



Legendary Care™

Flowsheets (all recorded)

Nursing Flowsheet

Row Name 04/06/15 1319

Mental Eye Motor Verbal

Choose Adult/Child -MC
Adult/Child or
Infant

CHILD / 4 -MC

ADULT - Eye
Opening

CHILD / 5 -MC

ADULT -
Verbal
Response

CHILD / 6 -MC

ADULT - Motor
Response

CHILD / 15 -MC

ADULT - Total
Score

Eye

Pupil Right —

Pupil Left —

Unequal Pupil —
R (In mm)

Unequal Pupil —
L (In mm)

Visual Acuity —
OD

Visual Acuity —
OS

Breathing

Airway Patent -MC

Breathing Normal -MC

Level of Distress None -MC

Breath Sounds —
Right

Breath Sounds —
Left

Cardiac

Chest Pain —

Radiates: —

Severity —

Time of Onset —

Pacer —

12 Lead EKG —

EKG —

Monitor/Rhythy
m



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Relieved:	—
Peripheral Pulse	Palpable -MC
Pulse Site	—
Capillary Refill Time	—
Skin	
Skin Condition	Warm;Dry -MC
Wound Type	—
Controlled Bleeding	—
Muscular / Skeletal	—
Motor Intact	—
Neuro Intact	—
Sensory Intact	—
Dressing	
Dressing Site	—
Dressing Status	—
Drains	—
Output (cc)	—
Drain Appearance	—
Drainage Color	—
Drainage Size/Amount	—
Abdomen	
Abdomen	No Pain -MC
Area	—
GI/URO	
GI	—
Urinary	—
Pregnant (wks and G/P/AB)	—
Vaginal Bleeding (pads/hr)	—
Vaginal Discharge (days)	—
MISC	
Note	—
Appliances	—
Patient Instructions given	—



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Score —

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
MC	Michelle Cash, RN	02/08/11 -

Vitals

Most recent update: 4/6/2015 1:18 PM

BP	Pulse	Temp	Resp	Ht
120/78	72	98.3 °F (36.8 °C) (Oral)	16	5' 5" (1.651 m)

Wt	SpO2
136 lb 3.2 oz (61.8 kg)	98%

Patient History

Medical as of 4/6/2015

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 4/6/2015

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 4/6/2015

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family Status as of 4/6/2015

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 4/6/2015

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 4/6/2015

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 4/6/2015

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 4/6/2015

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 4/6/2015

None

Occupational as of 4/6/2015

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 4/6/2015

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

Disp	Refills	Start	End
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Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) (Taking) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022

Ordered Medications

	Disp	Refills	Start	End
promethazine-dextromethorphan (PROMETHAZINE-DM) 6.25-15 MG/5ML syrup Sig - Route: Take 5 mLs by mouth 4 (four) times daily as needed for Cough. - Oral	180 mL	0	4/6/2015	4/16/2015
amoxicillin-clavulanate (AUGMENTIN) 875-125 MG per tablet Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	20 tablet	0	4/6/2015	4/16/2015
loratadine-pseudoephedrine (CLARITIN-D 24-HOUR) 10-240 MG per 24 hr tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	30 tablet	0	4/6/2015	5/6/2015

Call Information

	Provider	Department	Center
4/6/2015 1:00 PM	Christine Vo, DO	CS URGENT CARE	CS

Reason for Call

Cough c/o cough and right ear, runny nose x 1 month.

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Christine Anh Vo, DO at 4/6/2015 4:31 PM

Version 1 of 1

Author Type: Physician

Status: Signed



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Christine Anh Vo, DO at 4/6/2015 4:31 PM (continued)

Version 1 of 1

Subjective:

Patient ID: Alberto Hernandez is a 50 y.o. male.

Chief Complaint

Patient presents with

- Cough
c/o cough and right ear, runny nose x 1 month.

Cough

This is a new problem. The current episode started more than 1 month ago. The problem has been gradually worsening. The problem occurs constantly. The cough is productive of sputum. Associated symptoms include chills, ear congestion, ear pain, myalgias, nasal congestion, postnasal drip, rhinorrhea, a sore throat and shortness of breath. Pertinent negatives include no chest pain, fever, headaches, heartburn, hemoptysis, sweats, weight loss or wheezing. The symptoms are aggravated by cold air. Risk factors: sick contact. He has tried OTC cough suppressant for the symptoms. The treatment provided no relief. His past medical history is significant for bronchitis.

Review of Systems

Constitutional: Positive for chills and malaise/fatigue. Negative for fever and weight loss.

HENT: Positive for ear pain, congestion, sore throat, rhinorrhea and postnasal drip.

Respiratory: Positive for cough, sputum production and shortness of breath. Negative for hemoptysis and wheezing.

Cardiovascular: Negative. Negative for chest pain.

Gastrointestinal: Negative. Negative for heartburn.

Musculoskeletal: Positive for myalgias.

Neurological: Negative for headaches.

Alberto has a past medical history of Eustachian tube dysfunction (4/17/2012).

Alberto has past surgical history that includes Hernia repair (12/11); Inguinal hernia repair (12/11); and Tympanostomy tube placement.

His family history includes Arthritis in his father; COPD in his mother; Cancer (age of onset:65) in his father; Diabetes in his father and mother; High cholesterol in his father and mother; Hypertension in his father and mother; and Vision loss in his mother.

Alberto reports that he has been passively smoking. He has never used smokeless tobacco. He reports that he does not drink alcohol or use illicit drugs.

Alberto has a current medication list which includes the following prescription(s): pseudoephedrine-dm-apap, amoxicillin-clavulanate, loratadine-pseudoephedrine, and promethazine-dextromethorphan.

No current outpatient prescriptions on file prior to visit.



Legendary Care™

Progress Notes (continued)

Christine Anh Vo, DO at 4/6/2015 4:31 PM (continued)

Version 1 of 1

Alberto has no known allergies.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy

Objective:

Physical Exam

Nursing note and vitals reviewed.

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Hearing and ear canal normal. There is swelling and tenderness. Tympanic membrane is injected, erythematous and bulging. A middle ear effusion is present.

Left Ear: Hearing and ear canal normal. There is swelling and tenderness. Tympanic membrane is injected, erythematous and bulging. A middle ear effusion is present.

Nose: Mucosal edema, rhinorrhea and sinus tenderness present. No nose lacerations. Right sinus exhibits maxillary sinus tenderness and frontal sinus tenderness. Left sinus exhibits maxillary sinus tenderness and frontal sinus tenderness.

Mouth/Throat: Uvula is midline and mucous membranes are normal. Posterior oropharyngeal erythema present. No oropharyngeal exudate, posterior oropharyngeal edema or tonsillar abscesses.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Normal range of motion. Neck supple.

Cardiovascular: Normal rate, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes. He has no rales. He exhibits no tenderness.

Lymphadenopathy:

He has cervical adenopathy.

Neurological: He is alert and oriented to person, place, and time. He has normal reflexes. No cranial nerve deficit.

Skin: Skin is warm and dry. No rash noted. He is not diaphoretic. No erythema.

Assessment:

1. Cough

promethazine-dextromethorphan (PROMETHAZINE-DM)
6.25-15 MG/5ML syrup
loratadine-pseudoephedrine (CLARITIN-D 24-HOUR) 10-
240 MG per 24 hr tablet



Legendary Care™

Progress Notes (continued)

Christine Anh Vo, DO at 4/6/2015 4:31 PM (continued)

Version 1 of 1

- 2. Sinusitis amoxicillin-clavulanate (AUGMENTIN) 875-125 MG per tablet
- 3. BOM (bilateral otitis media) amoxicillin-clavulanate (AUGMENTIN) 875-125 MG per tablet

Plan:

- 1. Cough promethazine-dextromethorphan (PROMETHAZINE-DM) 6.25-15 MG/5ML syrup
loratadine-pseudoephedrine (CLARITIN-D 24-HOUR) 10-240 MG per 24 hr tablet
- 2. Sinusitis amoxicillin-clavulanate (AUGMENTIN) 875-125 MG per tablet
- 3. BOM (bilateral otitis media) amoxicillin-clavulanate (AUGMENTIN) 875-125 MG per tablet

Recommended supportive care with OTC saline nasal rise BID prn.
Follow up with pMD in 2-3 days or RTC if not improving. ER precaution if worsening symptoms.
Pt agreed with treatment plan and all questions answered.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

04/06/2015 1433 - Christine Anh Vo, DO

Dispositions: Return if symptoms worsen or fail to improve.

Check-out note: Follow up with pMD in 2-3 days or RTC if not improving. ER precaution if worsening symptoms.
Pt agreed with treatment plan and all questions answered.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Ear Problem check both problem with right side right now

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes Bacterial sinusitis - Primary, Cough, Nasal congestion, Foreign body sensation in ear canal, unspecified laterality.

Problem List as of 4/22/2016

Date Reviewed: 4/6/2015

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Includes Eustachian tube dysfunction, Rhinitis, S/P vasectomy.

Review status set to Review Complete by Abriana Valentine, MA on 4/22/2016

Allergies as of 4/22/2016

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes BP, Pulse, Resp, Temp, SpO2, Weight, Height, Peak Flow, Pain Score, Pain Loc, Pain Edu?, Excl. in GC?.

Custom Formula Data

Table with 2 columns: Row Name, Value. Includes OTHER.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

BSA 1.68 sq meters -
(Calculated - sq AV
m)

IBW/kg 61.5 kg -AV
(Calculated)
Male

Low Range Vt 369 mL -AV
6cc/kg MALE

Adult Moderate 492 mL -AV
Range Vt
8cc/kg MA

Adult High 615 mL -AV
Range Vt
10cc/kg MALE

IBW/kg 57 kg -AV
(Calculated)
FEMALE

Low Range Vt 342 mL -AV
6cc/kg
FEMALE

Adult Moderate 456 mL -AV
Range vt
8cc/kg
FEMALE

Percent Weight 0 -AV
Change Since
Birth

IBW/kg 61.5 -AV
(Calculated)

Low Range Vt 369 mL -AV
6cc/kg

Adult Moderate 492 mL -AV
Range Vt
8cc/kg

Adult High 615 mL -AV
Range Vt
10cc/kg

Vital Signs

BMI 22.7 -AV
(Calculated)

Anthropometrics

Row Name 04/22/16 1302

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -AV



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

BMI —
(Calculated)
Growth Pattern —
Indices /
Percentile
Ranks
Body —
Compartment
Estimates

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AV	Abriana Valentine, MA	11/24/14 -

Vitals

Most recent update: 4/22/2016 1:02 PM

Resp 16 Ht 5' 5" (1.651 m) Wt 136 lb (61.7 kg)

Patient History

Medical as of 4/22/2016

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 4/22/2016

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 4/22/2016

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 4/22/2016 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 4/22/2016

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	—	—	—	Provider
Father	—	Alive	—	—	—	—	Provider

Tobacco Use as of 4/22/2016

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 4/22/2016

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 4/22/2016

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 4/22/2016

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 4/22/2016

None

Occupational as of 4/22/2016

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 4/22/2016

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Socioeconomic as of 4/22/2016 (continued)

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022

Ordered Medications

	Disp	Refills	Start	End
amoxicillin (AMOXIL) 500 MG tablet Sig - Route: Take 1 tablet by mouth 3 (three) times daily. - Oral	30 tablet	0	4/22/2016	5/2/2016

Call Information

	Provider	Department	Center
4/22/2016 1:10 PM	Jimmy Jyh-Ming Sun, MD	TV EAR NOSE THROAT	TMV

Reason for Call

Ear Problem check both problem with right side right now

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Jimmy Jyh-Ming Sun, MD at 4/22/2016 1:10 PM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:



Legendary Care™

Progress Notes (continued)

Jimmy Jyh-Ming Sun, MD at 4/22/2016 1:10 PM (continued)

Version 1 of 1

Patient ID: Alberto Hernandez is a 51 y.o. male.

Referred by Tang, Ricky Pokboon, MD

CC: Ear

HPI:

The patient had ear tubes 3 years ago. However, he feels pressure and fluid in the right ear. He developed the flu 2 weeks ago. He still has nasal congestion and cough.

Current Outpatient Prescriptions on File Prior to Visit

Medication	Sig	Dispense	Refill
• Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)	Take by mouth.		

No current facility-administered medications on file prior to visit.

No Known Allergies

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated.

Review of Systems

Constitutional: Weight loss No
 Eyes: Blurred vision No
 HENT: Noisy breathing No
 Neck: Neck mass No
 Cardiovascular: Chest pain No
 Respiratory: Hemoptysis No
 Gastrointestinal: Vomiting No
 Skin: Skin rash No
 Neurological: Loss of consciousness No
 Hematology: Heavy bleeding No
 Allergy: Itchy nose No

Objective:

Physical Exam
 General: Nonobese
 Palpate face: Nontender
 Salivary gland: No tumor palpated
 Neck: Trachea midline
 Lymphatic: No lymphadenopathy
 Thyroid: No thyromegaly
 Otoscopy: deep right ear canal cotton. Left tympanic membrane is myringosclerotic.
 External nose/ear: No deformity
 Internal nose: Noncongested



Legendary Care™

Progress Notes (continued)

Jimmy Jyh-Ming Sun, MD at 4/22/2016 1:10 PM (continued)

Version 1 of 1

Lips/teeth/gums: Intact
Oropharynx: No exudate
Pharynx: No erythema
Voice: Clear
Eyes: extraocular motions intact, normal gaze alignment
Heart: Regular rate and rhythm
Lungs: Clear to auscultation
Facial function: Symmetric
Tuning fork: Weber midline, AC>BC
Head/face: No traumatic wounds
Neurologic exam: CN II-XII intact
Larynx/nasopharynx: unable to visualize due to gag

	04/22/16
	1302
Resp:	16
Height:	5' 5" (1.651 m)
Weight:	136 lb (61.689 kg)

With an procedure otoscopy, I removed the cotton atraumatically with alligator forceps.

Nasal endoscopy - Applied topical neosynephrine/pontocaine to nose and waited at least 5 minutes. Inspected both nasal cavities with attempt to visualize the middle and inferior meatuses, natural maxillary sinus ostia, the anterior sphenoid sinus wall. The presence or absence of edema, thick mucus, pus, polyps, synechia, postoperative changes, bleeding, CSF, and septal deviations or perforations were noted. There is white partly cloudy thick pus draining from the bilateral posterior middle meatus.

Assessment:

Acute bacterial rhinosinusitis causing nasal congestion and cough.
Right ear pressure due to a foreign body of the right ear.

Plan:

Amoxicillin. Follow up if not improved by 2 weeks.
Removed ear canal foreign body.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

H&P Notes (continued)

No notes of this type exist for this encounter.

Follow-up and Disposition History

04/22/2016 1325 - Jimmy Jyh-Ming Sun, MD

Dispositions: Return for Return as per plan.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Cough c/o cough and congestion x1 month

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes Post-nasal drip - Primary, Clinical sinusitis, Cough.

Problem List as of 1/14/2020

Date Reviewed: 1/14/2020

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Lists Eustachian tube dysfunction, Rhinitis, S/P vasectomy.

Review status set to Review Complete by Evelyn Rounds, RN on 1/14/2020

Allergies as of 1/14/2020

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes BP, Pulse, Resp, Temp, Weight, Height, Peak Flow, Pain Score, etc.

Custom Formula Data

Table with 2 columns: Row Name, Value. Includes OTHER, BSA.



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

(Calculated - sq ER
m)

IBW/kg 61.5 kg -ER
(Calculated)
Male

Low Range Vt 369 mL -ER
6cc/kg MALE

Adult Moderate 492 mL -ER
Range Vt
8cc/kg MA

Adult High 615 mL -ER
Range Vt
10cc/kg MALE

IBW/kg 57 kg -ER
(Calculated)
FEMALE

Low Range Vt 342 mL -ER
6cc/kg
FEMALE

Adult Moderate 456 mL -ER
Range vt
8cc/kg
FEMALE

Percent Weight 0 -ER
Change Since
Birth

IBW/kg 61.5 -ER
(Calculated)

Low Range Vt 369 mL -ER
6cc/kg

Adult Moderate 492 mL -ER
Range Vt
8cc/kg

Adult High 615 mL -ER
Range Vt
10cc/kg

Vital Signs

BMI 24.3 -ER
(Calculated)

Relevant Labs and Vitals

Temp (in 37.1 -ER
Celsius)

Anthropometrics

Row Name 01/14/20 1421

Anthropometrics

Height —

Weight —



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Frame Size	—
Weight Change	100 -ER
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—



Legendary Care™

Flowsheets (all recorded)

Nursing Flowsheet

Row Name 01/14/20 1420

Mental Eye Motor Verbal

Choose Adult/Child -ER
Adult/Child or
Infant

CHILD / 4 -ER
ADULT - Eye
Opening

CHILD / 5 -ER
ADULT -
Verbal
Response

CHILD / 6 -ER
ADULT - Motor
Response

CHILD / 15 -ER
ADULT - Total
Score

Eye

Pupil Right —

Pupil Left —

Unequal Pupil —
R (In mm)

Unequal Pupil —
L (In mm)

Visual Acuity —
OD

Visual Acuity —
OS

Breathing

Airway Patent -ER

Breathing Normal -ER

Level of Distress None -ER

Breath Sounds —
Right

Breath Sounds —
Left

Cardiac

Chest Pain —

Radiates: —

Severity —

Time of Onset —

Pacer —

12 Lead EKG —

EKG —

Monitor/Rhythy
m



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Relieved:	—
Peripheral Pulse	—
Pulse Site	—
Capillary Refill Time	—
Skin	
Skin Condition	—
Wound Type	—
Controlled Bleeding	—
Muscular / Skeletal	—
Motor Intact	—
Neuro Intact	—
Sensory Intact	—
Dressing	
Dressing Site	—
Dressing Status	—
Drains	—
Output (cc)	—
Drain Appearance	—
Drainage Color	—
Drainage Size/Amount	—
Abdomen	
Abdomen	—
Area	—
GI/URO	
GI	—
Urinary	—
Pregnant (wks and G/P/AB)	—
Vaginal Bleeding (pads/hr)	—
Vaginal Discharge (days)	—
MISC	
Note	—
Appliances	—
Patient Instructions given	—



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Score —

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
ER	Evelyn Rounds, RN	12/21/17 -

Vitals

Most recent update: 1/14/2020 2:21 PM

BP 135/79	Pulse 87	Temp 98.7 °F (37.1 °C) (Oral)	Resp 16	Ht 5' 5" (1.651 m)
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Wt 146 lb (66.2 kg)	SpO2 98%
------------------------	-------------

Patient History

Medical as of 1/14/2020

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 1/14/2020

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 1/14/2020

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



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Amb Encounter Report

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Legendary Care™

Visit Summary (continued)

Family Status as of 1/14/2020

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 1/14/2020

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 1/14/2020

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 1/14/2020

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 1/14/2020

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 1/14/2020

None

Occupational as of 1/14/2020

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 1/14/2020

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

Disp	Refills	Start	End
------	---------	-------	-----



Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022

Ordered Medications

	Disp	Refills	Start	End
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet (Discontinued) Sig: 2 tablets on day 1, then one tablet daily on days 2-5 Reason for Discontinue: Therapy completed	6 tablet	0	1/14/2020	5/16/2022
brompheniramine-pseudoephedrine-DM 30-2-10 MG/5ML syrup Sig - Route: Take 5 mLs by mouth 3 (three) times daily as needed for up to 10 days. - Oral	120 mL	0	1/14/2020	1/24/2020
promethazine-codeine (PHENERGAN WITH CODEINE) 6.25-10 MG/5ML syrup Sig - Route: Take 5 mLs by mouth nightly as needed for Cough for up to 24 days. - Oral Class: Print	120 mL	0	1/14/2020	2/7/2020
predniSONE (DELTASONE) 10 MG tablet Sig - Route: Take 1 tablet by mouth daily for 7 days. - Oral	7 tablet	0	1/14/2020	1/21/2020

Call Information

	Provider	Department	Center
1/14/2020 2:15 PM	Christine Vo, DO	CS URGENT CARE	CS

Reason for Call

Cough c/o cough and congestion x1 month

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Result Summary (continued)

Progress Notes

Christine Anh Vo, DO at 1/14/2020 2:15 PM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 55 y.o. male.

Chief Complaint

Patient presents with

- Cough
c/o cough and congestion x1 month

Cough

This is a new problem. The current episode started more than 1 month ago. The problem has been gradually worsening. The problem occurs constantly. The cough is productive of sputum. Associated symptoms include chills, ear congestion, ear pain, myalgias, nasal congestion, postnasal drip, rhinorrhea and a sore throat. Pertinent negatives include no chest pain, fever, headaches, heartburn, hemoptysis, rash, shortness of breath, sweats, weight loss or wheezing. The symptoms are aggravated by cold air. Risk factors: sinusitis. He has tried OTC cough suppressant for the symptoms. The treatment provided no relief. His past medical history is significant for bronchitis. There is no history of asthma, bronchiectasis, COPD, emphysema, environmental allergies or pneumonia.

Review of Systems

Constitutional: Positive for chills and malaise/fatigue. Negative for diaphoresis, fever and weight loss.

HENT: Positive for congestion, ear pain, postnasal drip, rhinorrhea, sinus pain and sore throat. Negative for ear discharge, hearing loss, nosebleeds and tinnitus.

Eyes: Negative.

Respiratory: Positive for cough and sputum production. Negative for hemoptysis, shortness of breath, wheezing and stridor.

Cardiovascular: Negative. Negative for chest pain, palpitations, orthopnea, claudication, leg swelling and PND.

Gastrointestinal: Negative. Negative for heartburn.

Musculoskeletal: Positive for myalgias. Negative for back pain, falls, joint pain and neck pain.

Skin: Negative. Negative for itching and rash.

Neurological: Negative. Negative for weakness and headaches.

Endo/Heme/Allergies: Negative for environmental allergies.

Alberto has a past medical history of Eustachian tube dysfunction (4/17/2012).

Alberto has a past surgical history that includes Hernia repair (12/11); Inguinal hernia repair (12/11); and Tympanostomy tube placement.

His family history includes Arthritis in his father; COPD in his mother; Cancer (age of onset: 65) in his father;



Legendary Care™

Progress Notes (continued)

Christine Anh Vo, DO at 1/14/2020 2:15 PM (continued)

Version 1 of 1

Diabetes in his father and mother; High cholesterol in his father and mother; Hypertension in his father and mother; Vision loss in his mother.

Alberto reports that he is a non-smoker but has been exposed to tobacco smoke. He has never used smokeless tobacco. He reports that he does not drink alcohol or use drugs.

Alberto has a current medication list which includes the following prescription(s): azithromycin, brompheniramine-pseudoephedrine-dm, prednisone, promethazine-codeine, and pseudoeph-doxyamine-dm-apap.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• Pseudoeph-Doxylamine-DM-APAP	Take by mouth.		
	(NYQUIL PO)		

No current facility-administered medications on file prior to visit.

Alberto has No Known Allergies.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy

Objective:

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: Normal appearance. He is well-developed. He is not ill-appearing, toxic-appearing or diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: Hearing and external ear normal. No decreased hearing noted. Swelling and tenderness present. No laceration or drainage. A middle ear effusion is present. There is no impacted cerumen. No foreign body. No mastoid tenderness. No PE tube. No hemotympanum. Tympanic membrane is injected, erythematous and bulging. Tympanic membrane is not scarred, perforated or retracted. Tympanic membrane has decreased mobility.

Left Ear: Hearing and external ear normal. No decreased hearing noted. Swelling and tenderness present. No laceration or drainage. A middle ear effusion is present. There is no impacted cerumen. No foreign body. No mastoid tenderness. No PE tube. No hemotympanum. Tympanic membrane is injected, erythematous and bulging. Tympanic membrane is not scarred, perforated or retracted. Tympanic membrane has decreased mobility.

Nose: Congestion and rhinorrhea present. No nasal deformity, septal deviation, signs of injury, laceration, nasal tenderness or mucosal edema.

Right Nostril: No foreign body, epistaxis, septal hematoma or occlusion.

Left Nostril: No foreign body, epistaxis, septal hematoma or occlusion.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Christine Anh Vo, DO at 1/14/2020 2:15 PM (continued)

Version 1 of 1

Right Turbinates: Swollen.

Left Turbinates: Swollen.

Right Sinus: Maxillary sinus tenderness and frontal sinus tenderness present.

Left Sinus: Maxillary sinus tenderness and frontal sinus tenderness present.

Mouth/Throat:

Lips: Pink.

Mouth: Mucous membranes are moist.

Pharynx: Uvula midline. Pharyngeal swelling and posterior oropharyngeal erythema present. No oropharyngeal exudate or uvula swelling.

Tonsils: No tonsillar exudate or tonsillar abscesses.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Musculoskeletal: Normal range of motion and neck supple. No neck rigidity or muscular tenderness.

Vascular: No carotid bruit.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds. No murmur. No friction rub. No gallop.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: No stridor. No wheezing, rhonchi or rales.

Chest:

Chest wall: No tenderness.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Lymphadenopathy:

Cervical: Cervical adenopathy present.

Skin:

General: Skin is warm.

Capillary Refill: Capillary refill takes less than 2 seconds.

Coloration: Skin is not jaundiced or pale.

Findings: No bruising, erythema, lesion or rash.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Assessment:



Legendary Care™

Progress Notes (continued)

Christine Anh Vo, DO at 1/14/2020 2:15 PM (continued)

Version 1 of 1

- | | |
|-----------------------|---|
| 1. Post-nasal drip | predniSONE (DELTASONE) 10 MG tablet |
| 2. Clinical sinusitis | azithromycin (ZITHROMAX Z-PAK) 250 MG tablet |
| 3. Cough | brompheniramine-pseudoephedrine-DM 30-2-10 MG/5ML syrup
promethazine-codeine (PHENERGAN WITH CODEINE) 6.25-10 MG/5ML syrup |

Plan:

- | | |
|-----------------------|---|
| 1. Post-nasal drip | predniSONE (DELTASONE) 10 MG tablet |
| 2. Clinical sinusitis | azithromycin (ZITHROMAX Z-PAK) 250 MG tablet |
| 3. Cough | brompheniramine-pseudoephedrine-DM 30-2-10 MG/5ML syrup
promethazine-codeine (PHENERGAN WITH CODEINE) 6.25-10 MG/5ML syrup |

Recommended supportive care with OTC saline nasal rinse bid prn.
Discussed all risks and side effects of medications rx today with patient, including cough medication with codeine.
Pt wanted to defer CXR today.
Follow up with pMD in 2-3 days or RTC if not improving. ER precaution if worsening symptoms.
Pt agreed with treatment plan and all questions answered.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

01/14/2020 1516 - Christine Anh Vo, DO

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.



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RIVERSIDE MEDICAL CLINIC, LLC
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Diarrhea complains of watery diarrhea, nausea since 4 am today. Occasional cough. Chills this morning.

Diagnoses

Table with 2 columns: Diagnosis, Comments. Row: Diarrhea, unspecified type - Primary

Problem List as of 8/25/2021

Date Reviewed: 1/14/2020

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows: Eustachian tube dysfunction, Rhinitis, S/P vasectomy

Review status set to Review Complete by Diann Gonzales, RN on 8/25/2021

Allergies as of 8/25/2021

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes vitals like BP, Pulse, Resp, Temp, Weight, Height, Pain Score, etc.

Custom Formula Data

Table with 2 columns: Row Name, Value. Includes formula data like BSA (Calculated - sq meters)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

m)

IBW/kg 61.5 kg -DG
(Calculated)
Male

Low Range Vt 369 mL -DG
6cc/kg MALE

Adult Moderate 492 mL -DG
Range Vt
8cc/kg MA

Adult High 615 mL -DG
Range Vt
10cc/kg MALE

IBW/kg 57 kg -DG
(Calculated)
FEMALE

Low Range Vt 342 mL -DG
6cc/kg
FEMALE

Adult Moderate 456 mL -DG
Range vt
8cc/kg
FEMALE

Percent Weight 0 -DG
Change Since
Birth

IBW/kg 61.5 -DG
(Calculated)

Low Range Vt 369 mL -DG
6cc/kg

Adult Moderate 492 mL -DG
Range Vt
8cc/kg

Adult High 615 mL -DG
Range Vt
10cc/kg

Vital Signs

BMI 23.3 -DG
(Calculated)

Anthropometrics

Row Name 08/25/21 2010

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -DG

BMI —

(Calculated)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Growth Pattern —
Indices /
Percentile
Ranks
Body —
Compartment
Estimates

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
DG	Diann Gonzales, RN	08/23/19 -

Vitals

Most recent update: 8/25/2021 8:11 PM

Ht 5' 5" (1.651 m) Wt 140 lb (63.5 kg)

Patient History

Medical as of 8/25/2021

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 8/25/2021

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 8/25/2021

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 8/25/2021 (continued)

Family Status as of 8/25/2021

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—		—	—	Provider
Father	—	Alive	—		—	—	Provider

Tobacco Use as of 8/25/2021

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			Provider

Alcohol Use as of 8/25/2021

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 8/25/2021

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 8/25/2021

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 8/25/2021

None

Occupational as of 8/25/2021

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 8/25/2021

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications



Legendary Care™

Medications (continued)

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Class: Historical Med			8/9/2021	2/4/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet (Taking) Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
losartan (COZAAR) 25 MG tablet (Taking) Class: Historical Med			8/9/2021	2/4/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig - Route: Take 50 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) (Taking) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 90 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022

Ordered Medications

	Disp	Refills	Start	End
diphenoxylate-atropine (LOMOTIL) 2.5-0.025 MG per tablet Sig - Route: Take 1 tablet by mouth 4 (four) times daily as needed for Diarrhea for up to 2 days. - Oral Class: Print	10 tablet	0	8/25/2021	8/27/2021

Call Information

	Provider	Department	Center
8/25/2021 8:00 PM	Piyush R. Viradia, MD	CS URGENT CARE Arrive at: Your Home	CS

Reason for Call

Diarrhea	complains of watery diarrhea, nausea since 4 am today. Occasional cough. Chills this morning.
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Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)



RIVERSIDE MEDICAL
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Piyush R Viradia, MD at 8/25/2021 8:00 PM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 56 y.o. male.

Chief Complaint

Patient presents with

- Diarrhea

complains of watery diarrhea, nausea since 4 am today. Occasional cough. Chills this morning.

Due to COVID-19 Pandemic, This patient was seen, to the best of my abilities, via Bluestream Health Telemedicine Video Visit.

Pt provided informed consent for video and or telephone communication upon joining the conference session.

Vitals are patient reported and exam was performed as a provider directed pt self-examination.

I advised patient, if possible, to have a home BP machine and Thermometer so they can check their own BP, Pulse, and Temp.

HPI

complains of watery diarrhea, nausea since 4 am today. Occasional cough. Chills this morning. No exposure to COVID. No SOB/chest pain

Review of Systems

Constitutional: Negative for chills, diaphoresis, fever and malaise/fatigue.

HENT: Negative for congestion, ear pain, hearing loss and sore throat.

Eyes: Negative for pain.

Respiratory: Negative for cough, sputum production, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations and orthopnea.

Gastrointestinal: Positive for diarrhea and nausea. Negative for abdominal pain, blood in stool, constipation, heartburn, melena and vomiting.

Genitourinary: Negative for dysuria, flank pain, frequency, hematuria and urgency.

Skin: Negative for rash.



RIVERSIDE MEDICAL
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Piyush R Viradia, MD at 8/25/2021 8:00 PM (continued)

Version 1 of 1

Neurological: Negative for dizziness, sensory change, speech change and headaches.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

Objective:

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is well-developed. He is not ill-appearing, toxic-appearing or diaphoretic.

HENT:

Right Ear: External ear normal.

Left Ear: External ear normal.

Mouth/Throat:

Pharynx: No oropharyngeal exudate.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Chest:

Chest wall: No tenderness.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Not sick looking on screen, Talking normal full sentences, No SOB, No Distress

Assessment:



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Legendary Care™

Progress Notes (continued)

Piyush R Viradia, MD at 8/25/2021 8:00 PM (continued)

Version 1 of 1

- | | |
|-------------------------------|--|
| 1. Diarrhea, unspecified type | diphenoxylate-atropine (LOMOTIL) 2.5-0.025 MG per tablet |
|-------------------------------|--|

Plan:

- | | |
|--|--|
| 1. Diarrhea, unspecified type | diphenoxylate-atropine (LOMOTIL) 2.5-0.025 MG per tablet |
| 2 Call your physician immediately if symptoms increase or go to ER | |
| Follow up with personal physician in morning,if your medical problem persists. | |

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

08/25/2021 2108 - Piyush R Viradia, MD

Dispositions: Return in about 1 day (around 8/26/2021).

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 8/25/2021 by VIRADIA, PIYUSH [475] Status: Sent

August 25, 2021

Patient: **Alberto Hernandez**
Date of Birth: **10/10/1964**
Date of Visit: **8/25/2021**

CS Urgent Care
6405 DAY STREET

To Whom It May Concern:



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Hernandez, Alberto
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RIVERSIDE CA 92507
Phone: 951-683-6370

It is my medical opinion that Alberto Hernandez may return to work on 8/27/21.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Piyush R. Viradia, MD

This form has been electronically signed by: Piyush R. Viradia, MD

Printed by: Darline Garcia, MA



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RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Establish Care

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes: History of ST elevation myocardial infarction (STEMI) - Primary, Prediabetes, Hyperlipidemia, unspecified hyperlipidemia type

Problem List as of 1/10/2022

Date Reviewed: 1/14/2020

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Includes: Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021

Allergies as of 1/10/2022

Review status set to Review Complete by Maria Revilla, MA on 1/10/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes: 01/10/22 1333, Enc Vitals, BP 100/66 -MR, Pulse 71 -MR, Weight 140 lb 6.4 oz (63.7 kg) -MR, Height 5' 5" (1.651 m) per pt -MR

Custom Formula Data

Table with 2 columns: Row Name, Value. Includes: 01/10/22 1333



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

OTHER

BSA	1.71 sq meters -
(Calculated - sq m)	MR
IBW/kg	61.5 kg -MR
(Calculated)	
Male	
Low Range Vt	369 mL -MR
6cc/kg MALE	
Adult Moderate Range Vt	492 mL -MR
8cc/kg MA	
Adult High Range Vt	615 mL -MR
10cc/kg MALE	
IBW/kg	57 kg -MR
(Calculated)	
FEMALE	
Low Range Vt	342 mL -MR
6cc/kg	
FEMALE	
Adult Moderate Range vt	456 mL -MR
8cc/kg	
FEMALE	
Percent Weight Change Since Birth	0 -MR
IBW/kg	61.5 -MR
(Calculated)	
Low Range Vt	369 mL -MR
6cc/kg	
Adult Moderate Range Vt	492 mL -MR
8cc/kg	
Adult High Range Vt	615 mL -MR
10cc/kg	

Vital Signs

BMI	23.4 -MR
(Calculated)	

Anthropometrics

Row Name	01/10/22 1333
Anthropometrics	
Height	—
Weight	—
Frame Size	—



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Weight Change 100 -MR

BMI —

(Calculated)

Growth Pattern —

Indices /
Percentile
Ranks

Body —

Compartment
Estimates

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
MR	Maria Revilla, MA	10/03/12 -

Vitals

Most recent update: 1/10/2022 1:43 PM

BP	Pulse	Ht	Wt
100/66	71	5' 5" (1.651 m)	140 lb 6.4 oz (63.7 kg)

Patient History

Medical as of 1/10/2022

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 1/10/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 1/10/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 1/10/2022 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 1/10/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 1/10/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 1/10/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 1/10/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 1/10/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 1/10/2022

None

Occupational as of 1/10/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 1/10/2022



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Visit Summary (continued)

Socioeconomic as of 1/10/2022 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Class: Historical Med			8/9/2021	2/4/2022
Dapagliflozin Propanediol 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth. - Oral Class: Historical Med			9/7/2021	2/4/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig - Route: Take 50 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 90 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
losartan (COZAAR) 25 MG tablet Class: Historical Med			8/9/2021	2/4/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022

Call Information

	Provider	Department	Center
1/10/2022 2:00 PM	Margaret Song, MD	CS ADULT MEDICINE	CS

Reason for Call

Establish Care

Care Advice Given

No Care Advice given for this encounter.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Medications (continued)

All Meds and Administrations

(There are no med orders for this encounter)

Orders



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Lab and Imaging Orders

Lipid panel

Electronically signed by: **Margaret M Song, MD on 01/10/22 1424** Status: **Completed**
 Ordering user: Margaret M Song, MD 01/10/22 1424 Authorized by: Margaret M Song, MD
 Frequency: 01/10/22 -
 Diagnoses
 Hyperlipidemia, unspecified hyperlipidemia type [E78.5]
 Questionnaire

Question	Answer
Has the patient fasted?	Yes

Comprehensive metabolic panel

Electronically signed by: **Margaret M Song, MD on 01/10/22 1424** Status: **Completed**
 Ordering user: Margaret M Song, MD 01/10/22 1424 Authorized by: Margaret M Song, MD
 Frequency: 01/10/22 -
 Diagnoses
 Prediabetes [R73.03]
 Questionnaire

Question	Answer
Has the patient fasted?	Yes

Hemoglobin A1c

Electronically signed by: **Margaret M Song, MD on 01/10/22 1424** Status: **Completed**
 Ordering user: Margaret M Song, MD 01/10/22 1424 Authorized by: Margaret M Song, MD
 Frequency: 01/10/22 -
 Diagnoses
 Prediabetes [R73.03]



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Hernandez, Alberto
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Legendary Care™

Other Orders

INTERNAL REFERRAL TO CARDIOLOGY

Electronically signed by: **Margaret M Song, MD on 01/10/22 1423** Status: **Active**
 This order may be acted on in another encounter.
 Ordering user: Margaret M Song, MD 01/10/22 1423 Authorized by: Margaret M Song, MD
 Frequency: 01/10/22 -
 Diagnoses
 History of ST elevation myocardial infarction (STEMI) [I25.2]
 Order comments: Clinical Indications: history of STEMI, has stent to LAD

Result Summary

All Results

No results found

Progress Notes

Margaret M Song, MD at 1/10/2022 2:00 PM

Version 1 of 1

Author Type: Physician Status: Signed

This is a 57 y.o. male presents today for a follow up and

Chief Complaint

Patient presents with

- Establish Care

HPI

New patient

Had a heart attack and passed out while climbing a hill he routinely climbs daily, in late May 2021. Had stent placed in Loma Linda.

Denies chest pain or shortness of breath. Denies fatigue

Works as forklift driver

ROS:

Constitutional: Negative for fever, chills, weight loss, malaise/fatigue and diaphoresis.

Respiratory: Negative for cough, hemoptysis, sputum production, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations, orthopnea, claudication, leg swelling and PND.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool and melena.

Musculoskeletal: Negative for myalgias, back pain and joint pain.

Neurological: Negative for dizziness, tingling, focal weakness and headaches.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 1/10/2022 2:00 PM (continued)

Version 1 of 1

- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021

Social History

Tobacco Use

- Smoking status: Passive Smoke Exposure - Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No
- Drug use: No

Family History

Problem	Relation	Age of Onset
• COPD	Mother	
• Diabetes	Mother	
• High cholesterol	Mother	
• Hypertension	Mother	
• Vision loss	Mother	
• Arthritis	Father	
• Cancer <i>prostate cancer</i>	Father	65
• Diabetes	Father	
• High cholesterol	Father	
• Hypertension	Father	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet			
• Dapagliflozin Propanediol 10 MG Tab	Take 10 mg by mouth.		
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 50 mg by mouth.		
• Ticagrelor 90 MG Tab	Take 90 mg by mouth.		
• azithromycin (ZITHROMAX Z-PAK) 250 MG tablet	2 tablets on day 1, then 6 tablet one tablet daily on days 2-5		0
• losartan (COZAAR) 25 MG tablet			
• Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)	Take by mouth.		



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 1/10/2022 2:00 PM (continued)

Version 1 of 1

No current facility-administered medications for this visit.

Health Maintenance

Topic	Date Due
• ZOSTER VACCINE (SHINGLES) (1 of 2 - RZV, Shingrix)	Never done
• COLORECTAL CANCER SCREENING COLONOSCOPY	Never done
• Influenza Vaccine (1)	09/01/2021
• COVID-19 Vaccine (3 - Booster for Pfizer series)	11/11/2021
• Pneumococcal Vaccine: Pediatrics (0 to 5 Years) and At-Risk Patients (6 to 64 Years)	Aged Out

BP Readings from Last 3 Encounters:

01/10/22	100/66
01/14/20	135/79
04/06/15	120/78

Wt Readings from Last 3 Encounters:

01/10/22	140 lb 6.4 oz (63.7 kg)
08/25/21	140 lb (63.5 kg)
01/14/20	146 lb (66.2 kg)

OBJECTIVE:

BP 100/66 | Pulse 71 | Ht 5' 5" (1.651 m) Comment: per pt | Wt 140 lb 6.4 oz (63.7 kg) | BMI 23.36 kg/m²
 General: In no apparent distress and well developed and well nourished
 Heart: Regular rate and rhythm, S1, S2 normal
 Lung: Chest clear, no wheezing, rales. Adequate breath sound noted
 Abdomen: Soft, non-tender, without masses or organomegaly, nondistended
 Extremities: No edema.
 Neuro: Alert and oriented x 3

ASSESSMENT/PLAN:

- | | |
|--|---|
| 1. History of ST elevation myocardial infarction (STEMI): stent to LAD June 2021 | INTERNAL REFERRAL TO CARDIOLOGY |
| 2. Prediabetes | Comprehensive metabolic panel
Hemoglobin A1c |
| 3. Hyperlipidemia, unspecified hyperlipidemia type | Lipid panel |

Procedure Notes



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Procedure Notes (continued)

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

01/10/2022 1428 - Margaret M Song, MD

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Problem List as of 1/12/2022

Date Reviewed: 1/14/2020

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, and History of ST elevation myocardial infarction (STEMI).

Review status set to Review Complete by Maria Revilla, MA on 1/10/2022

Allergies as of 1/12/2022

No Known Allergies

Patient History

Medical as of 1/12/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Row: Eustachian tube dysfunction, 4/17/2012, Provider.

Pertinent Negatives: None

Surgical as of 1/12/2022

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows include HERNIA REPAIR, INGUINAL HERNIA REPAIR, and TYMPANOSTOMY TUBE PLACEMENT.

Pertinent Negatives: None

Family as of 1/12/2022

Table with 6 columns: Problem, Relation, Name, Age of Onset, Comments, Source. Rows list family members with conditions like COPD, Diabetes, High cholesterol, Hypertension, and Cancer.



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Hernandez, Alberto
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Legendary Care™

Visit Summary (continued)

Family as of 1/12/2022 (continued)

Family Status as of 1/12/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 1/12/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			Provider

Alcohol Use as of 1/12/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 1/12/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 1/12/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 1/12/2022

None

Occupational as of 1/12/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 1/12/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications



Legendary Care™

Medications (continued)

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
atorvastatin (LIPITOR) 80 MG tablet Class: Historical Med			8/9/2021	2/4/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 10 mg by mouth. - Oral Class: Historical Med			9/7/2021	2/4/2022
losartan (COZAAR) 25 MG tablet Class: Historical Med			8/9/2021	2/4/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig - Route: Take 50 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022
Ticagrelor 90 MG Tab Sig - Route: Take 90 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022

Call Information

	Provider	Department	Center
1/12/2022 2:38 PM	Margaret Song, MD	CS ADULT MEDICINE	CS

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Result Summary (continued)

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 1/12/2022 by SONG, MARGARET [1843] Status: Sent

January 12, 2022

Alberto Hernandez
11673 Hummingbird Place
Moreno Valley CA 92557

**Canyon Springs
Adult Medicine**
6405 DAY STREET
FLOOR 2
RIVERSIDE CA 92507
Phone: 951-683-6370

Dear Alberto:

Below are the results from your recent visit:

Resulted Orders

Lipid panel

Result	Value	Ref Range
Cholesterol, Total	136	100 - 199 mg/dL
Triglycerides	80	0 - 149 mg/dL
HDL	47	>39 mg/dL
VLDL Cholesterol Cal	16	5 - 40 mg/dL
LDL Chol Calc (NIH)	73	0 - 99 mg/dL

Narrative

*Performed at: 01 - Labcorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700*

Comprehensive metabolic panel

Result	Value	Ref Range
Glucose	104 (H)	65 - 99 mg/dL
BUN	17	6 - 24 mg/dL



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Legendary Care™

Notes (continued)

Creatinine, Ser	1.05	0.76 - 1.27 mg/dL
EGFR IF NONAFRICAN AM	78	>59 mL/min/1.73
eGFR If Africn Am	91	>59 mL/min/1.73

Comment:

***In accordance with recommendations from the NKF-ASN Task force,**
Labcorp is in the process of updating its eGFR calculation to the
2021 CKD-EPI creatinine equation that estimates kidney function
without a race variable.*

BUN/Creatinine Ratio	16	9 - 20
Sodium	141	134 - 144 mmol/L
Potassium	4.0	3.5 - 5.2 mmol/L
Chloride	106	96 - 106 mmol/L
CO2	23	20 - 29 mmol/L
Calcium	9.0	8.7 - 10.2 mg/dL
Total Protein	6.0	6.0 - 8.5 g/dL
Albumin	4.3	3.8 - 4.9 g/dL
Globulin, Total	1.7	1.5 - 4.5 g/dL
Albumin/Globulin Ratio	2.5 (H)	1.2 - 2.2
Total Bilirubin	0.4	0.0 - 1.2 mg/dL
Alkaline Phosphatase	86	44 - 121 IU/L

Comment:

Please note reference interval change

AST	21	0 - 40 IU/L
ALT	31	0 - 44 IU/L

Narrative

*Performed at: 01 - Labcorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700*

Hemoglobin A1c

Result	Value	Ref Range
A1c	5.9 (H)	4.8 - 5.6 %

Comment:

*Prediabetes: 5.7 - 6.4
Diabetes: >6.4
Glycemic control for adults with diabetes: <7.0*

Narrative

*Performed at: 01 - Labcorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700*

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Notes (continued)

Margaret Song, MD



Legendary Care™

Visit Summary

Reason for Visit

Med Refill

Problem List as of 2/4/2022

Date Reviewed: 1/14/2020

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present

Review status set to Review Complete by Maria Revilla, MA on 1/10/2022

Allergies as of 2/4/2022

No Known Allergies

Patient History

Medical as of 2/4/2022

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider

Pertinent Negatives: None

Surgical as of 2/4/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider

Pertinent Negatives: None

Family as of 2/4/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider



Legendary Care™

Visit Summary (continued)

Family as of 2/4/2022 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 2/4/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 2/4/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 2/4/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 2/4/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 2/4/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 2/4/2022

None

Occupational as of 2/4/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 2/4/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or	Decline to	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Socioeconomic as of 2/4/2022 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity Latino	Race State	Source
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Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
atorvastatin (LIPITOR) 80 MG tablet Class: Historical Med			8/9/2021	2/4/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 10 mg by mouth. - Oral Class: Historical Med			9/7/2021	2/4/2022
losartan (COZAAR) 25 MG tablet Class: Historical Med			8/9/2021	2/4/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig - Route: Take 50 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022
Ticagrelor 90 MG Tab Sig - Route: Take 90 mg by mouth. - Oral Class: Historical Med			6/15/2021	2/4/2022

Discontinued Medications

	Reason for Discontinue
Ticagrelor 90 MG Tab	Reorder
Dapagliflozin Propanediol 10 MG Tab	Reorder
losartan (COZAAR) 25 MG tablet	Reorder
atorvastatin (LIPITOR) 80 MG tablet	Reorder
metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Reorder

Ordered Medications

	Disp	Refills	Start	End
Ticagrelor 90 MG Tab (Discontinued)	90 tablet	1	2/7/2022	2/22/2022



Legendary Care™

Medications (continued)

Ordered Medications (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral Reason for Discontinue: Reorder				
Dapagliflozin Propanediol 10 MG Tab (Discontinued) Sig - Route: Take 1 tablet by mouth daily. - Oral Reason for Discontinue: Duplicate order	90 tablet	1	2/7/2022	12/21/2022
losartan (COZAAR) 25 MG tablet (Discontinued) Sig: Take 1 tablet by mouth daily. Reason for Discontinue: Duplicate order	90 tablet	1	2/7/2022	5/16/2022
atorvastatin (LIPITOR) 80 MG tablet (Discontinued) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	

Call Information

	Provider	Department	Center
2/4/2022 3:12 PM	Maria Revilla, MA	CS ADULT MEDICINE	CS

Reason for Call

Med Refill since 2/4/2022

Care Advice Given

No Care Advice given for this encounter.

Approved

	Disp	Refills	Start	End
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral Class: Normal DAW: No Authorizing Provider: Margaret M Song, MD	90 tablet	1	2/7/2022	2/22/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral Class: Normal DAW: No Authorizing Provider: Margaret M Song, MD	90 tablet	1	2/7/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig: Take 1 tablet by mouth daily. Class: Normal DAW: No Authorizing Provider: Margaret M Song, MD	90 tablet	1	2/7/2022	5/16/2022
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily. Class: Normal DAW: No Authorizing Provider: Margaret M Song, MD	90 tablet	1	2/7/2022	8/8/2022
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily. Class: Normal	90 tablet	1	2/7/2022	



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Approved (continued)

	Disp	Refills	Start	End
DAW: No				
Authorizing Provider: Margaret M Song, MD				

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Problem List as of 2/22/2022

Date Reviewed: 1/14/2020

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present

Review status set to Review Complete by Maria Revilla, MA on 1/10/2022

Allergies as of 2/22/2022

No Known Allergies

Patient History

Medical as of 2/22/2022

Past Medical History

Diagnosis	Date	Comments	Source
Eustachian tube dysfunction	4/17/2012	—	Provider
Pertinent Negatives: None			

Surgical as of 2/22/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
Pertinent Negatives: None				

Family as of 2/22/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Family as of 2/22/2022 (continued)

Family Status as of 2/22/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 2/22/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			Provider

Alcohol Use as of 2/22/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 2/22/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 2/22/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 2/22/2022

None

Occupational as of 2/22/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 2/22/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications



Legendary Care™

Medications (continued)

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
losartan (COZAAR) 25 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	5/16/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	2/22/2022

Discontinued Medications

	Reason for Discontinue
Ticagrelor 90 MG Tab	Reorder

Ordered Medications

	Disp	Refills	Start	End
Ticagrelor 90 MG Tab (Discontinued) Sig - Route: Take 1 tablet by mouth daily. - Oral Reason for Discontinue: Reorder	90 tablet	1	2/22/2022	2/23/2022

Call Information

	Provider	Department	Center
2/22/2022 12:17 PM	Margaret Song, MD	CS ADULT MEDICINE	CS

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Orders (continued)

Lab and Imaging Orders (continued)

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



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RIVERSIDE MEDICAL CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Problem List as of 2/23/2022

Date Reviewed: 1/14/2020

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, and History of ST elevation myocardial infarction (STEMI).

Review status set to Review Complete by Maria Revilla, MA on 1/10/2022

Allergies as of 2/23/2022

No Known Allergies

Patient History

Medical as of 2/23/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Row for Eustachian tube dysfunction on 4/17/2012.

Pertinent Negatives: None

Surgical as of 2/23/2022

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows for HERNIA REPAIR, INGUINAL HERNIA REPAIR, and TYMPANOSTOMY TUBE PLACEMENT.

Pertinent Negatives: None

Family as of 2/23/2022

Table with 6 columns: Problem, Relation, Name, Age of Onset, Comments, Source. Rows list family members with conditions like COPD, Diabetes, High cholesterol, Hypertension, and Cancer.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Family as of 2/23/2022 (continued)

Family Status as of 2/23/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 2/23/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			Provider

Alcohol Use as of 2/23/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 2/23/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 2/23/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 2/23/2022

None

Occupational as of 2/23/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 2/23/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications



Legendary Care™

Medications (continued)

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
losartan (COZAAR) 25 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	5/16/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/22/2022	2/23/2022

Discontinued Medications

	Reason for Discontinue
🏠 Ticagrelor 90 MG Tab	Reorder

Ordered Medications

	Disp	Refills	Start	End
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	

Call Information

	Provider	Department	Center
2/23/2022 2:27 PM	Margaret Song, MD	CS ADULT MEDICINE	CS

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



RIVERSIDE MEDICAL
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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Orders (continued)

Lab and Imaging Orders (continued)

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Diagnoses

Table with 2 columns: Diagnosis, Comments. Row: History of ST elevation myocardial infarction (STEMI) - Primary

Problem List as of 3/29/2022 Date Reviewed: 1/14/2020

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, and History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021

Allergies as of 3/29/2022

No Known Allergies

Review status set to Review Complete by Maria Revilla, MA on 1/10/2022

Patient History

Medical as of 3/29/2022

Table with 4 columns: Diagnosis, Date, Comments, Source. Row: Eustachian tube dysfunction, 4/17/2021, Pertinent Negatives: None

Surgical as of 3/29/2022

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows include HERNIA REPAIR, INGUINAL HERNIA REPAIR, TYMPANOSTOMY TUBE PLACEMENT, Pertinent Negatives: None

Family as of 3/29/2022

Table with 6 columns: Problem, Relation, Name, Age of Onset, Comments, Source. Rows include COPD, Diabetes, High cholesterol, Hypertension, Vision loss, all related to Mother



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Amb Encounter Report

Hernandez, Alberto
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Legendary Care™

Visit Summary (continued)

Family as of 3/29/2022 (continued)

Problem	Relation	Name	Age of Onset	Comments	Source
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 3/29/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 3/29/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 3/29/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 3/29/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 3/29/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 3/29/2022

None

Occupational as of 3/29/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 3/29/2022



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Legendary Care™

Visit Summary (continued)

Socioeconomic as of 3/29/2022 (continued)

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
losartan (COZAAR) 25 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	5/16/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022

Call Information

	Provider	Department	Center
3/29/2022 5:05 PM	Joseph Quan, MD	MAIN CARDIOLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



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 Amb Encounter Report

Hernandez, Alberto
 MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Lab and Imaging Orders

X-ray chest 2 vw

Electronically signed by: **Claudia Perez, LVN on 03/29/22 1705** Status: **Discontinued**
 Ordering user: Claudia Perez, LVN 03/29/22 1705 Authorized by: Joseph Quan, MD
 Cosigning events
 Electronically cosigned by Joseph Quan, MD 04/01/22 1222 for Ordering
 Frequency: 03/29/22 - Discontinued by: Automatic Order Provider 10/08/22 0405
 [Order Expired]

Diagnoses

History of ST elevation myocardial infarction (STEMI) [I25.2]

Questionnaire

Question	Answer
Reason for Exam:	History of ST elevation myocardial infarction (STEMI)



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Other Orders

EKG 12 lead (Read By Ordering Provider)

Electronically signed by: **Claudia Perez, LVN on 03/29/22 1705** Status: **Completed**
Ordering user: Claudia Perez, LVN 03/29/22 1705 Authorized by: Joseph Quan, MD
Cosigning events
Electronically cosigned by Joseph Quan, MD 04/01/22 1222 for Ordering
Frequency: 03/29/22 -
Diagnoses
History of ST elevation myocardial infarction (STEMI) [I25.2]

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Visit Summary

Reason for Visit

Coronary Artery Disease consult

Diagnoses

	Comments
CAD, multiple vessel - Primary	
S/P coronary artery stent placement	
Old MI (myocardial infarction)	
Ischemic cardiomyopathy	
Chronic systolic HF (heart failure) (HCC) (Chronic)	

Problem List as of 3/30/2022

Date Reviewed: **1/14/2020**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present

Review status set to Review Complete by Daisy Flores, MA on 3/30/2022

Allergies as of 3/30/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name	03/30/22 0842
Enc Vitals	
BP	109/67 -DF
Pulse	62 -DF
Resp	—
Temp	—
Temp src	—
SpO2	—
Weight	142 lb (64.4 kg) - DF
Height	5' 5" (1.651 m) - DF
Peak Flow	—
Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Row Name 03/30/22 0842

OTHER

BSA 1.72 sq meters -
(Calculated - sq DF
m)

IBW/kg 61.5 kg -DF
(Calculated)
Male

Low Range Vt 369 mL -DF
6cc/kg MALE

Adult Moderate 492 mL -DF
Range Vt
8cc/kg MA

Adult High 615 mL -DF
Range Vt
10cc/kg MALE

IBW/kg 57 kg -DF
(Calculated)
FEMALE

Low Range Vt 342 mL -DF
6cc/kg
FEMALE

Adult Moderate 456 mL -DF
Range vt
8cc/kg
FEMALE

Percent Weight 0 -DF
Change Since
Birth

IBW/kg 61.5 -DF
(Calculated)

Low Range Vt 369 mL -DF
6cc/kg

Adult Moderate 492 mL -DF
Range Vt
8cc/kg

Adult High 615 mL -DF
Range Vt
10cc/kg

Vital Signs

BMI 23.6 -DF
(Calculated)

Anthropometrics

Row Name 03/30/22 0842

Anthropometrics

Height —

Weight —



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Frame Size	—
Weight Change	100 -DF
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
DF	Daisy Flores, MA	08/27/18 -

Vitals

Most recent update: 3/30/2022 8:42 AM

BP	Pulse	Ht	Wt
109/67	62	5' 5" (1.651 m)	142 lb (64.4 kg)

Patient History

Medical as of 3/30/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 3/30/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider



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Visit Summary (continued)

Surgical as of 3/30/2022 (continued)

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 3/30/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 3/30/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 3/30/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 3/30/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 3/30/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 3/30/2022



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Visit Summary (continued)

Sexual Activity as of 3/30/2022 (continued)

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 3/30/2022

None

Occupational as of 3/30/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 3/30/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet (Taking) Sig: 2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0	1/14/2020	5/16/2022
Dapagliflozin Propanediol 10 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
losartan (COZAAR) 25 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	5/16/2022
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO) (Taking) Sig - Route: Take by mouth. - Oral Class: Historical Med				5/16/2022



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MRN: 1015723, DOB: 10/10/1964, Sex: M

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Medications (continued)

Call Information

	Provider	Department	Center
3/30/2022 8:15 AM	Joseph Quan, MD	MAIN CARDIOLOGY	Main Clinic

Reason for Call

Coronary Artery Disease consult

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Other Orders

INTERNAL REFERRAL TO CARDIOLOGY

Electronically signed by: **Margaret M Song, MD on 01/10/22 1423** Status: **Active**
 Ordering user: Margaret M Song, MD 01/10/22 1423 Authorized by: Margaret M Song, MD
 Ordered during: Office Visit on 01/10/2022
 Frequency: 01/10/22 -
 Diagnoses
 History of ST elevation myocardial infarction (STEMI) [I25.2]
 Order comments: Clinical Indications: history of STEMI, has stent to LAD

TREADMILL EXERCISE TESTING

Electronically signed by: **Claudia Perez, LVN on 03/30/22 0913** Status: **Completed**
 Ordering user: Claudia Perez, LVN 03/30/22 0913 Authorized by: Joseph Quan, MD
 Cosigning events
 Electronically cosigned by Joseph Quan, MD 04/01/22 1222 for Ordering
 Frequency: 03/30/22 -
 Diagnoses
 CAD, multiple vessel [I25.10]
 Old MI (myocardial infarction) [I25.2]
 Chronic systolic HF (heart failure) (HCC) [I50.22]
 Order comments: Reason for test: CAD multiple vessel, old MI, chronic systolic HF

ECHOCARDIOGRAM 2D W/DOPPLER AND COLORFLOW

Electronically signed by: **Claudia Perez, LVN on 03/30/22 0913** Status: **Completed**
 Ordering user: Claudia Perez, LVN 03/30/22 0913 Authorized by: Joseph Quan, MD
 Cosigning events
 Electronically cosigned by Joseph Quan, MD 04/01/22 1222 for Ordering
 Frequency: 03/30/22 -
 Diagnoses
 CAD, multiple vessel [I25.10]
 Old MI (myocardial infarction) [I25.2]
 Chronic systolic HF (heart failure) (HCC) [I50.22]
 Order comments: Reason for test: CAD multiple vessel, old MI, chronic systolic HF

Result Summary

All Results

No results found

Progress Notes

Joseph Quan, MD at 3/30/2022 8:15 AM

Version 1 of 1

Author Type: Physician Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with
 • Coronary Artery Disease



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 3/30/2022 8:15 AM (continued)

Version 1 of 1

consult

HPI

Cardiology consultation is requested to follow ischemic cardiomyopathy. This 57-year-old male was previously followed at LLUMC for his ischemic heart disease. He presented with STEMI in May 2021 and received coronary stent placement in the LAD. His last echocardiogram study showed LVEF at 35%. He has remained on dual antiplatelet therapy with Brilinta and aspirin. He states that he has had intermittent chest pain, with tightness and fatigue. He has had no recent cardiac work-up.

Baseline EKG demonstrates normal sinus rhythm at a rate of 63 bpm, with right bundle branch block, and evidence of anteroseptal and lateral infarct.

He works as a forklift driver.

After further discussion, he has agreed to proceed with noninvasive cardiac testing at the Riverside Medical Clinic.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• azithromycin (ZITHROMAX Z-PAK) 250 MG tablet	2 tablets on day 1, then one tablet daily on days 2-5	6 tablet	0
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• losartan (COZAAR) 25 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)	Take by mouth.		
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.	180 tablet	1

No current facility-administered medications on file prior to visit.

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 3/30/2022 8:15 AM (continued)

Version 1 of 1

- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: Warehouse worker
- Employer: COCA COLA CO.

Tobacco Use

- Smoking status: Passive Smoke Exposure - Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Yes
- Partners: Female
- Comment: Married*

Other Topics

Concern

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain:

- Difficulty of Paying Living Expenses: Not on file

Food Insecurity:

- Worried About Running Out of Food in the Last Year: Not on file
- Ran Out of Food in the Last Year: Not on file

Transportation Needs:

- Lack of Transportation (Medical): Not on file
- Lack of Transportation (Non-Medical): Not on file

Physical Activity:

- Days of Exercise per Week: Not on file
- Minutes of Exercise per Session: Not on file

Stress:

- Feeling of Stress : Not on file

Social Connections:

- Frequency of Communication with Friends and Family: Not on file
- Frequency of Social Gatherings with Friends and Family: Not on file
- Attends Religious Services: Not on file
- Active Member of Clubs or Organizations: Not on file
- Attends Club or Organization Meetings: Not on file
- Marital Status: Not on file

Intimate Partner Violence:

- Fear of Current or Ex-Partner: Not on file
- Emotionally Abused: Not on file
- Physically Abused: Not on file
- Sexually Abused: Not on file

Housing Stability:

- Unable to Pay for Housing in the Last Year: Not on file



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 3/30/2022 8:15 AM (continued)

Version 1 of 1

- Number of Places Lived in the Last Year: Not on file
- Unstable Housing in the Last Year: Not on file

No Known Allergies

Family History

Problem	Relation	Age of Onset
• COPD	Mother	
• Diabetes	Mother	
• High cholesterol	Mother	
• Hypertension	Mother	
• Vision loss	Mother	
• Arthritis	Father	
• Cancer <i>prostate cancer</i>	Father	65
• Diabetes	Father	
• High cholesterol	Father	
• Hypertension	Father	

Past Surgical History:

Procedure	Laterality	Date
• CARDIAC CATHETERIZATION		
• HERNIA REPAIR <i>B/L inguinal hernia surgery</i>		12/11
• INGUINAL HERNIA REPAIR <i>Bilateral</i>		12/11
• TYMPANOSTOMY TUBE PLACEMENT <i>25yrs ago</i>		

Review of Systems

Constitutional: Negative for chills, fever, malaise/fatigue and weight loss.
 Eyes: Negative for blurred vision and double vision.
 Respiratory: Negative for cough and wheezing.
 Cardiovascular: Negative for chest pain, palpitations, orthopnea, leg swelling and PND.
 Gastrointestinal: Negative for heartburn.
 Genitourinary: Negative for frequency.
 Musculoskeletal: Negative for back pain and myalgias.
 Skin: Negative for rash.
 Neurological: Negative for dizziness, loss of consciousness and headaches.
 Endo/Heme/Allergies: Does not bruise/bleed easily.
 Psychiatric/Behavioral: Negative for depression.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 3/30/2022 8:15 AM (continued)

Version 1 of 1

as appropriate.

BP 109/67 | Pulse 62 | Ht 5' 5" (1.651 m) | Wt 142 lb (64.4 kg) | BMI 23.63 kg/m²

Objective:

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is well-developed.

HENT:

Head: Atraumatic.

Eyes:

General: No scleral icterus.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Vascular: No JVD.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Neck supple.

Skin:

Findings: No erythema.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Assessment:

- | | |
|--|--|
| 1. CAD, multiple vessel | TREADMILL EXERCISE TESTING
ECHOCARDIOGRAM 2D W/DOPPLER AND
COLORFLOW |
| 2. S/P coronary artery stent placement | |
| 3. Old MI (myocardial infarction) | TREADMILL EXERCISE TESTING |



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 3/30/2022 8:15 AM (continued)

Version 1 of 1

- 4. Ischemic cardiomyopathy
- 5. Chronic systolic HF (heart failure) (HCC)

ECHOCARDIOGRAM 2D W/DOPPLER AND
COLORFLOW

TREADMILL EXERCISE TESTING
ECHOCARDIOGRAM 2D W/DOPPLER AND
COLORFLOW

Plan:

Patient Instructions

Arrange for ETT and echocardiogram.
Continue current medical treatment and risk factor modification.
Cardiology follow up in 6 weeks.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

03/30/2022 0908 - Joseph Quan, MD

Dispositions: Return in about 6 weeks (around 5/11/2022).

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 4/4/2022 by QUAN, JOSEPH [441] Status: Sent

Main Cardiology

7117 BROCKTON AVE
RIVERSIDE CA 92506
Phone: 951-683-6370

April 4, 2022



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Margaret M Song, MD
6405 DAY ST
RIVERSIDE, CA 92507-0901

Patient: **Alberto Hernandez**
MR Number: **1015723**
Date of Birth: **10/10/1964**
Date of Visit: **3/30/2022**

Dear Song, Margaret M, MD:

Thank you for allowing me to participate in the care of Alberto Hernandez. Below are my findings and recommendations for this consultation.

If you have questions, please do not hesitate to call me. I look forward to following Alberto along with you.

Sincerely,
Joseph Quan, MD

CC: No Recipients



Legendary Care™

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

post hosp follow-up c/o had a heart attack in the past May 31/2021. May 2, 2022c/o whole left arm felt heavy and numb and the whole left side of body. Was admitted for 2 days Loma Linda Hospital

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes Hospital discharge follow-up - Primary, Angina pectoris (HCC), CAD S/P percutaneous coronary angioplasty (Chronic), CHF (congestive heart failure), NYHA class I, chronic, systolic (HCC) (Chronic)

Problem List as of 5/16/2022

Date Reviewed: 4/4/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Lists Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021

Review status set to Review Complete by Shern D Sirisuk, DO on 5/16/2022

Allergies as of 5/16/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Includes BP 105/75 -ss, Pulse 66 -ss, Resp 16 -ss, Temp 97.6 °F (36.4 °C) -ss, Temp src Tympanic -ss, SpO2 —, Weight 141 lb (64 kg) -ss, Height 5' 5" (1.651 m) -ss, Peak Flow —, Pain Score —, Pain Loc —, Pain Edu? —, Excl. in GC? —



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Custom Formula Data

Row Name	05/16/22 1132
----------	---------------

OTHER

BSA (Calculated - sq m)	1.71 sq meters - SS
----------------------------	------------------------

IBW/kg (Calculated) Male	61.5 kg -SS
--------------------------------	-------------

Low Range Vt 6cc/kg MALE	369 mL -SS
-----------------------------	------------

Adult Moderate Range Vt 8cc/kg MA	492 mL -SS
---	------------

Adult High Range Vt 10cc/kg MALE	615 mL -SS
--	------------

IBW/kg (Calculated) FEMALE	57 kg -SS
----------------------------------	-----------

Low Range Vt 6cc/kg FEMALE	342 mL -SS
----------------------------------	------------

Adult Moderate Range vt 8cc/kg FEMALE	456 mL -SS
--	------------

Percent Weight Change Since Birth	0 -SS
---	-------

IBW/kg (Calculated)	61.5 -SS
------------------------	----------

Low Range Vt 6cc/kg	369 mL -SS
------------------------	------------

Adult Moderate Range Vt 8cc/kg	492 mL -SS
--------------------------------------	------------

Adult High Range Vt 10cc/kg	615 mL -SS
-----------------------------------	------------

Vital Signs

BMI (Calculated)	23.5 -SS
---------------------	----------

Relevant Labs and Vitals

Temp (in Celsius)	36.4 -SS
----------------------	----------

Anthropometrics



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Row Name	05/16/22 1132
Anthropometrics	
Height	—
Weight	—
Frame Size	—
Weight Change	100 -ss
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
SS	Shern D Sirisuk, DO	12/19/13 -

Vitals

Most recent update: 5/16/2022 11:33 AM

BP	Pulse	Temp	Resp	Ht
105/75	66	97.6 °F (36.4 °C) (Tympanic)	16	5' 5" (1.651 m)

Wt
141 lb (64 kg)

Patient History

Medical as of 5/16/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Surgical as of 5/16/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 5/16/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 5/16/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 5/16/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 5/16/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



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Visit Summary (continued)

Alcohol Use as of 5/16/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 5/16/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 5/16/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 5/16/2022

None

Occupational as of 5/16/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 5/16/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab (Taking)	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
losartan (COZAAR) 25 MG tablet (Taking)			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
azithromycin (ZITHROMAX Z-PAK) 250 MG tablet	6 tablet	0	1/14/2020	5/16/2022
Sig: 2 tablets on day 1, then one tablet daily on days 2-5				
losartan (COZAAR) 25 MG tablet	90 tablet	1	2/7/2022	5/16/2022
Sig: Take 1 tablet by mouth daily.				
Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)				5/16/2022
Sig - Route: Take by mouth. - Oral				
Class: Historical Med				

Discontinued Medications

	Reason for Discontinue
🏠 azithromycin (ZITHROMAX Z-PAK) 250 MG tablet	Therapy completed
🏠 losartan (COZAAR) 25 MG tablet	Duplicate order
🏠 Pseudoeph-Doxylamine-DM-APAP (NYQUIL PO)	Non-compliance

Ordered Medications

	Disp	Refills	Start	End
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	30 tablet	6	5/16/2022	
Sig - Route: Take 10 mg by mouth daily. - Oral				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Discontinued)	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
Reason for Discontinue: Therapy completed				

Call Information

	Provider	Department	Center
5/16/2022 11:40 AM	Shern Sirisuk, DO	CS ADULT MEDICINE	CS

Reason for Call

post hosp follow-up	c/o had a heart attack in the past May 31/2021. May 2 , 2022c/o whole left arm felt heavy and numb and the whole left side of body. Was admitted for 2 days Loma Linda Hospital
----------------------------	---

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



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Lab and Imaging Orders

No orders found



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Other Orders

INTERNAL REFERRAL TO CARDIOLOGY

Electronically signed by: **Shern D Sirisuk, DO on 05/16/22 1157** Status: **Active**

This order may be acted on in another encounter.

Ordering user: Shern D Sirisuk, DO 05/16/22 1157 Authorized by: Shern D Sirisuk, DO

Frequency: 05/16/22 -

Diagnoses

Angina pectoris (HCC) [I20.9]

CAD S/P percutaneous coronary angioplasty [I25.10, Z98.61]

CHF (congestive heart failure), NYHA class I, chronic, systolic (HCC) [I50.22]

Order comments: Angina, cad s/p PTCA

Result Summary

All Results

No results found

Progress Notes

Shern D Sirisuk, DO at 5/16/2022 11:40 AM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with

- post hosp follow-up
c/o had a heart attack in the past May 31/2021. May 2, 2022c/o whole left arm felt heavy and numb and the whole left side of body. Was admitted for 2 days Loma Linda Hospital

HPI

Song pt

H/o MI s/p stent 5/31/21

Pt c/o left chest pain and numbness in the left arm on 5/2/22 while at work.

Pt went to LLUMC.

Pt had angiogram done, neg.

Pt dx with angina.

Physician Discharge Summary

Patient ID:

Alberto Hernandez 7734405 57 y.o. 10/10/1964



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Progress Notes (continued)

Shern D Sirisuk, DO at 5/16/2022 11:40 AM (continued)

Version 1 of 1

Admit date:

Arrived on 5/3/2022

If applicable, admitted/converted to inpatient on 5/3/2022

Discharge Date:

Discharge Date: 5/4/2022

Discharge Physician: Sakr, Antoine Emile, MD

Principal Diagnosis: Unstable angina (HCC)

Secondary Diagnosis:

Active Hospital Problems

Diagnosis Date Noted

- Unstable angina (HCC) 05/03/2022
- Atherosclerosis of native coronary artery with unstable angina pectoris (HCC) 05/03/2022
- RBBB 05/03/2022
- History of placement of stent in LAD coronary artery 09/07/2021
- Essential (primary) hypertension 09/07/2021

Resolved Hospital Problems

No resolved problems to display.

Hospital Course:

Alberto Hernandez is a 57 y.o. male patient with PMHx of STEMI s/p PCI to LAD 05/31/2021, HFrEF 35% 2021, who presented to the LLUMC ED with complaints of chest pain. Patient is being admitted for unstable angina.

HPI:

Patient first started to have chest pain last night when he was doing heavy lifting at work. The pain was in the left side of chest, pressure like, intermittent overnight, radiated to left shoulder and arm which felt heavy and numb. The symptoms were associated with fluttering in the chest. No SOB associated with the pain. The pain felt similar to when he had heart attack a year ago but not as strong. He did not take any medication for the pain. He denies pain at time of assessment.

Patient is admitted to CCU with continuous telemetry monitoring. Heparin gtt is started. Trend troponins 10, 8, 9, 9. ECG with RBBB and anterior ischemic changes. Overnight patient continued to have intermittent chest pressure. Angiogram shows non obstructive CAD, possible small vessel disease. Post procedure there is no complications. Patient can be discharged with follow up in cardiology clinic one week after discharge. Patient needs to avoid weight lifting over 5 lbs for at least a week. Patient also needs to follow up with PCP one week after discharge.

Imaging & Cardiac Studies

EKG Summary:

Normal sinus rhythm



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Progress Notes (continued)

Shern D Sirisuk, DO at 5/16/2022 11:40 AM (continued)

Version 1 of 1

Right bundle branch block
Anterolateral myocardial infarction , age undetermined
Abnormal ECG
This result has not been signed. Information might be incomplete.

CXR Summary:

FINDINGS: The cardiomeastinal silhouette is normal. The pulmonary vasculature is normal. The lungs are well expanded and clear. No pneumothorax or pleural effusions identified.

The regional bones and soft tissues are normal.

IMPRESSION: << * *

ATTN_PRLM_RESIDENT_PRELIMINARY_NOT_REVIEWED_BY_ATTENDING_PRLM_ATTN * * >>

No acute intrathoracic process.

This study was reviewed with Dr. Paul, PGY-5.

Echo Summary:

09/01/2021

1. Ant STEMI, angio 5/31/21: s/p stent PCI of 100 % LAD.
2. No right to left shunt across foramen ovale, using 10ml of agitated saline contrast (TTE), during Valsalva maneuver on 6/1/21.
3. Mildly dilated left ventricle.
4. Infarction of the mid anteroseptum.
5. Infarction of the mid anterior wall.
6. Infarction of the left ventricular apex.
7. Left ventricular ejection fraction was approximately 35%.
8. Normal systolic right ventricular function.
9. Mild to moderate aortic root dilation.
10. Mild dilation of the ascending aorta.
11. Aortic Root, d (Mmode):4.2 cm(2.4-3.7)Ascending Aorta:3.8 cm.
12. Trileaflet aortic valve.
13. Mild aortic regurgitation.
14. Mild mitral regurgitation.
15. Mild central MR.
16. No significant pericardial effusion.
17. Mildly increased right atrial pressure. Mild increase in LA pressure. Decrease in cardiac output. PASP cannot be determined due to incomplete TR velocity.

1508884388 Ramesh Bansal MD



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Progress Notes (continued)

Shern D Sirisuk, DO at 5/16/2022 11:40 AM (continued)

Version 1 of 1

Electronically signed by 1508884388 Ramesh Bansal MD on 9/1/2021 at 9:26:34 AM

Angio Summary:

05/04/2022

Brief post cardiac catheterization note. Please see full report in Epic.

Patent LAD stent

Non-obstructive CAD

Slow flow in epicardial coronary arteries, possible small vessel disease.

Recommendations:

Aggressive risk factor modification for secondary prevention of CAD

Howard Lan DO

Interventional Cardiology Attending

05/31/2021

CONCLUSIONS:

1. Mildly increased left ventricular size.
2. Left ventricular ejection fraction was 40 to 45%.
3. Moderate left ventricular diastolic dysfunction.
4. Single vessel coronary artery disease with proximal left anterior descending involvement.
5. Proximal to mid left anterior descending coronary artery showed 100% stenosis.
6. Ostial 2nd diagonal showed 100% stenosis.
7. Successful percutaneous coronary interventional revascularization of the proximal to mid left anterior descending, reducing the stenosis from 100% to 0%.
8. Successful percutaneous coronary interventional revascularization of the ostial 2nd diagonal, reducing the stenosis from 100% to 0%.

RECOMMENDATIONS:

1. Anti-platelet therapy with brilinta and Aspirin, for 12 months.
2. IV Aggrastat to be given until completion of bottle started in cath lab.

Assessment and Plan

Alberto Hernandez is a 57 y.o. male patient with PMHx of STEMI s/p PCI to LAD 05/31/2021, HFrEF 35% 2021, who presented to the LLUMC ED with complaints of chest pain. Patient is being admitted for unstable angina.

Unstable angina, pain at rest, negative enzymes, ECG with RBBB and anterior ischemic changes

Hx STEMI s/p PCI to LAD 5/31/2021

chronic systolic heart failure (EF 35%%) 2/2 ischemic etiology, not in acute exacerbation NYHA Class I Stage

C Fluid Status: not fluid overload

> TIMI score 3

> admit to cardiology service with telemetry monitoring



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Progress Notes (continued)

Shern D Sirisuk, DO at 5/16/2022 11:40 AM (continued)

Version 1 of 1

- HF GDMT (up titrate as appropriate) and resume all other cardiac medications
- daily labs with electrolyte replacement PRN
- interdisciplinary team consults as appropriate
- Electrolyte goals: keep K > 4.0, Mg > 1.0
- Trend CE X3 now and one in AM
- ECG PRN
- Heparin gtt
- - NPO for possible CVL intervention in AM if chest pain does not resolve
- Imdur 30mg PO daily
- HF GDMT: Patient is on maximally tolerated doses of:
 - Beta-blocker: Yes metoprolol succinate 12.5mg daily
 - ACE/ARB/ARNI: Yes Losartan 12.5mg daily
 - MRA: No
 - SGLT-2 inhibitor: No
- Device: None, titrating GDMT
- Advanced HF therapies: Not indicated at this time.
- Palliative care: Not indicated

Pre-diabetes

- > HbA1c 6.0
- No indication for POC BG test and insulin therapy
- Repeat Hgb A1C
- Lifestyle modification education

Pt is on asa and brilinta.

Pt was also started on isosorbide 30 mg daily, and farxiga 10 mg daily

Pt dx with CHF EF 35%

Pt c/o left chest pains, intermittent since hospitalization.
occ anxiety?

Review of Systems

- Constitutional: Negative for fever.
- Respiratory: Negative for shortness of breath.
- Cardiovascular: Negative for chest pain.
- Gastrointestinal: Negative for abdominal pain.
- Neurological: Negative for dizziness and headaches.
- All other systems reviewed and are negative.

Alberto has a past medical history of Coronary artery disease, Eustachian tube dysfunction (4/17/2012), Hyperlipidemia, and Hypertension.

Alberto has a past surgical history that includes Hernia repair (12/11); Inguinal hernia repair (12/11);



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Progress Notes (continued)

Shern D Sirisuk, DO at 5/16/2022 11:40 AM (continued)

Version 1 of 1

Tympanostomy tube placement; and Cardiac catheterization.

His family history includes Arthritis in his father; COPD in his mother; Cancer (age of onset: 65) in his father; Diabetes in his father and mother; High cholesterol in his father and mother; Hypertension in his father and mother; Vision loss in his mother.

Alberto reports that he is a non-smoker but has been exposed to tobacco smoke. He has never used smokeless tobacco. He reports that he does not drink alcohol and does not use drugs.

Alberto has a current medication list which includes the following prescription(s): aspirin low dose, atorvastatin, dapagliflozin propanediol, losartan, metoprolol, omeprazole, ticagrelor, farxiga, ibuprofen, and isosorbide mononitrate.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.		
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.	180 tablet	1

No current facility-administered medications on file prior to visit.

Alberto has No Known Allergies.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021

Objective:

Physical Exam

Constitutional:

Appearance: He is well-developed.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.



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Progress Notes (continued)

Shern D Sirisuk, DO at 5/16/2022 11:40 AM (continued)

Version 1 of 1

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft.

Tenderness: There is no abdominal tenderness. There is no rebound.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Assessment:

- | | |
|---|---|
| 1. Hospital discharge follow-up | |
| 2. Angina pectoris (HCC) | INTERNAL REFERRAL TO CARDIOLOGY
isosorbide mononitrate (IMDUR) 30 MG 24 hr
tablet |
| 3. CAD S/P percutaneous coronary angioplasty | INTERNAL REFERRAL TO CARDIOLOGY |
| 4. CHF (congestive heart failure), NYHA class I,
chronic, systolic (HCC) | INTERNAL REFERRAL TO CARDIOLOGY

Dapagliflozin Propanediol (FARXIGA) 10 MG
Tab |

Plan:

cont farxiga 10 mg daily

Cont imdur 10 mg daily

Cont asa, brilinta

F/u cardiology

FMLA done

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.



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Follow-up and Disposition History

05/16/2022 1200 - Shern D Sirisuk, DO

Dispositions: Return in about 3 months (around 8/16/2022).

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

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Visit Summary

Reason for Visit

Chest Pain

C/o R rib pain since Monday, denies trauma, pt states was admitted to hospital 5/3/22 for unstable angina, denies cp or pressure, denies SOB, denies vomiting or diarrhea, denies rash

Diagnoses

Table with 2 columns: Diagnosis, Comments. Row: Rib pain on right side - Primary

Problem List as of 5/20/2022

Date Reviewed: 4/4/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021

Review status set to Review Complete by Evelyn Rounds, RN on 5/20/2022

Allergies as of 5/20/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Rows include BP (131/86 -ER), Pulse (65 -ER), Resp (18 -ER), Temp (97.6 °F (36.4 °C) -ER), Temp src (Oral -ER), SpO2 (98 % -ER), Weight (138 lb 12.8 oz (63 kg) -ER), Height (5' 4" (1.626 m) -ER), Peak Flow, Pain Score, Pain Loc, Pain Edu?, Excl. in GC?

Custom Formula Data

Table with 2 columns: Row Name, Value. Row: 05/20/22 1014



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Visit Summary (continued)

Flowsheets (all recorded) (continued)

OTHER

BSA 1.69 sq meters -
(Calculated - sq ER
m)

IBW/kg 59.2 kg -ER
(Calculated)
Male

Low Range Vt 355.2 mL -ER
6cc/kg MALE

Adult Moderate 473.6 mL -ER
Range Vt
8cc/kg MA

Adult High 592 mL -ER
Range Vt
10cc/kg MALE

IBW/kg 54.7 kg -ER
(Calculated)
FEMALE

Low Range Vt 328.2 mL -ER
6cc/kg
FEMALE

Adult Moderate 437.6 mL -ER
Range vt
8cc/kg
FEMALE

Percent Weight Change Since
Birth 0 -ER

IBW/kg 59.2 -ER
(Calculated)

Low Range Vt 355.2 mL -ER
6cc/kg

Adult Moderate 473.6 mL -ER
Range Vt
8cc/kg

Adult High 592 mL -ER
Range Vt
10cc/kg

Vital Signs

BMI 23.8 -ER
(Calculated)

Relevant Labs and Vitals

Temp (in Celsius) 36.4 -ER

Anthropometrics

Row Name 05/20/22 1014

Anthropometrics



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Visit Summary (continued)

Flowsheets (all recorded) (continued)

Height	—
Weight	—
Frame Size	—
Weight Change	100 -ER
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
ER	Evelyn Rounds, RN	12/21/17 -

Vitals

Most recent update: 5/20/2022 10:15 AM

BP	Pulse	Temp	Resp	Ht
131/86	65	97.6 °F (36.4 °C) (Oral)	18	5' 4" (1.626 m)
Wt	SpO2			
138 lb 12.8 oz (63 kg)	98%			

Patient History

Medical as of 5/20/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 5/20/2022

Past Surgical History



Legendary Care™

Visit Summary (continued)

Surgical as of 5/20/2022 (continued)

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 5/20/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 5/20/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 5/20/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 5/20/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Alcohol Use as of 5/20/2022 (continued)

Drug Use as of 5/20/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 5/20/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 5/20/2022

None

Occupational as of 5/20/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 5/20/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Dapagliflozin Propanediol 10 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Taking) Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023

Ordered Medications

	Disp	Refills	Start	End
ibuprofen (MOTRIN) 600 MG tablet Sig - Route: Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days. - Oral	20 tablet	0	5/20/2022	5/30/2022

Call Information

	Provider	Department	Center
5/20/2022 10:10 AM	Piyush R. Viradia, MD	CS URGENT CARE	CS

Reason for Call

Chest Pain C/o R rib pain since Monday, denies trauma, pt states was admitted to hospital 5/3/22 for unstable angina, denies cp or pressure, denies SOB, denies vomiting or diarrhea, denies rash

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



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Lab and Imaging Orders

X-ray ribs right 2 view

Electronically signed by: **Piyush R Viradia, MD on 05/20/22 1041** Status: **Completed**
 Ordering user: Piyush R Viradia, MD 05/20/22 1041 Authorized by: Piyush R Viradia, MD
 Frequency: 05/20/22 -
 Diagnoses
 Rib pain on right side [R07.81]
 Questionnaire

Question	Answer
Reason for Exam:	pain

CBC and differential

Electronically signed by: **Piyush R Viradia, MD on 05/20/22 1041** Status: **Discontinued**
 Ordering user: Piyush R Viradia, MD 05/20/22 1041 Authorized by: Piyush R Viradia, MD
 Frequency: 05/20/22 - Discontinued by: Piyush R Viradia, MD 05/20/22 1128
 Diagnoses
 Rib pain on right side [R07.81]

Comprehensive metabolic panel

Electronically signed by: **Piyush R Viradia, MD on 05/20/22 1041** Status: **Discontinued**
 Ordering user: Piyush R Viradia, MD 05/20/22 1041 Authorized by: Piyush R Viradia, MD
 Frequency: 05/20/22 - Discontinued by: Piyush R Viradia, MD 05/20/22 1127
 Diagnoses
 Rib pain on right side [R07.81]
 Questionnaire

Question	Answer
Has the patient fasted?	No



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Other Orders

POCT INR

Electronically signed by: **Piyush R Viradia, MD on 05/20/22 1130** Status: **Completed**
 Ordering user: Piyush R Viradia, MD 05/20/22 1130 Authorized by: Piyush R Viradia, MD
 Frequency: 05/20/22 -
 Diagnoses
 Rib pain on right side [R07.81]

All Results

Resulted: 05/20/22 1144, Result status: Final result

POCT INR [38418979]

Specimen Information

Type	Source	Collected On
Blood	—	05/20/22 1143

Components

Component	Value	Reference Range	Flag	Lab
INR	1.0	—	—	—

Progress Notes

Piyush R Viradia, MD at 5/20/2022 10:10 AM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with

- Chest Pain

C/o R rib pain since Monday, denies trauma, pt states was admitted to hospital 5/3/22 for unstable angina, denies cp or pressure, denies SOB, denies vomiting or diarrhea, denies rash

HPI

C/o R rib pain since Monday, denies trauma, pt states was admitted to hospital for numbness Lt arm 5/3/22 for unstable angina, cardiac work up was normal. denies cp or pressure, denies SOB, denies vomiting or diarrhea, denies rash. Pain Rt rib cage for 4 days. Hx of skin bruise for one year after carrying heavy boxes and rubbing on skin, taking blood thinner for cardiac problem. No chest tightness/ pressure/ or diaphoresis.

Review of Systems

Constitutional: Negative for chills, diaphoresis, fever and malaise/fatigue.



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Progress Notes (continued)

Piyush R Viradia, MD at 5/20/2022 10:10 AM (continued)

Version 1 of 1

HENT: Negative for congestion, ear pain, nosebleeds and sore throat.
Eyes: Negative for blurred vision, double vision, photophobia and pain.
Respiratory: Negative for cough, sputum production, shortness of breath and wheezing.
Cardiovascular: Positive for chest pain (**Rt rib cage**).
Gastrointestinal: Negative for abdominal pain, diarrhea and nausea.
Genitourinary: Negative for dysuria.
Musculoskeletal: Negative for back pain.
Neurological: Negative for dizziness, sensory change, speech change, focal weakness, weakness and headaches.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

Objective:

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is well-developed. He is not ill-appearing, toxic-appearing or diaphoretic.

HENT:

Right Ear: External ear normal.

Left Ear: External ear normal.

Mouth/Throat:

Pharynx: No oropharyngeal exudate.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No decreased breath sounds, wheezing, rhonchi or rales.

Chest:

Chest wall: Tenderness (**Rt lateral rib cage**) present.

Abdominal:

General: Bowel sounds are normal.

Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Normal range of motion and neck supple.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.



Legendary Care™

Progress Notes (continued)

Piyush R Viradia, MD at 5/20/2022 10:10 AM (continued)

Version 1 of 1

xr rib R: No FX
INR: 1.0

Assessment:

- | | |
|---------------------------|--|
| 1. Rib pain on right side | X-ray ribs right 2 view
POCT INR
ibuprofen (MOTRIN) 600 MG tablet
CANCELED: CBC and differential
CANCELED: Comprehensive metabolic panel |
|---------------------------|--|

Plan:

- | | |
|---------------------------|--|
| 1. Rib pain on right side | X-ray ribs right 2 view
POCT INR
ibuprofen (MOTRIN) 600 MG tablet
CANCELED: CBC and differential
CANCELED: Comprehensive metabolic panel |
|---------------------------|--|
- 2 To check with LLUMC provider to change dose of blood thinner and frequent bruises
- 3 Moist HP MS
- 4 Call your physician immediately if symptoms increase or go to ER
Follow up with personal physician in 2 days,if your medical problem persists.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

05/20/2022 1151 - Piyush R Viradia, MD

Dispositions: Return in about 1 day (around 5/21/2022).

All Notes



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All Notes (continued)

No notes of this type exist for this encounter.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary

Reason for Visit

Follow-up From hospital

Diagnoses

	Comments
Calculus of gallbladder without cholecystitis without obstruction - Primary	
Biliary pain	
History of ST elevation myocardial infarction (STEMI)	
Angina pectoris, unspecified (HCC)	
Preop examination	

Problem List as of 5/23/2022

Date Reviewed: **4/4/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Daniela Barajas, LVN on 5/23/2022

Allergies as of 5/23/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name	05/23/22 1151
Enc Vitals	
BP	—
Pulse	—
Resp	—
Temp	—
Temp src	—
SpO2	—
Weight	140 lb (63.5 kg) - DB
Height	5' 5" (1.651 m) - DB
Peak Flow	—



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data

Row Name	05/23/22 1151
----------	---------------

OTHER

BSA	1.71 sq meters -
(Calculated - sq m)	DB

IBW/kg	61.5 kg -DB
(Calculated)	
Male	

Low Range Vt	369 mL -DB
6cc/kg MALE	

Adult Moderate Range Vt	492 mL -DB
8cc/kg MA	

Adult High Range Vt	615 mL -DB
10cc/kg MALE	

IBW/kg	57 kg -DB
(Calculated)	
FEMALE	

Low Range Vt	342 mL -DB
6cc/kg	
FEMALE	

Adult Moderate Range vt	456 mL -DB
8cc/kg	
FEMALE	

Percent Weight Change Since Birth	0 -DB
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IBW/kg	61.5 -DB
(Calculated)	

Low Range Vt	369 mL -DB
6cc/kg	

Adult Moderate Range Vt	492 mL -DB
8cc/kg	

Adult High Range Vt	615 mL -DB
10cc/kg	

Vital Signs

BMI	23.3 -DB
(Calculated)	



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Anthropometrics

Row Name	05/23/22 1151
Anthropometrics	
Height	—
Weight	—
Frame Size	—
Weight Change	100 -DB
BMI (Calculated)	—
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
DB	Daniela Barajas, LVN	01/31/22 -

Vitals

Most recent update: 5/23/2022 11:51 AM

Ht	Wt
5' 5" (1.651 m)	140 lb (63.5 kg)

Patient History

Medical as of 5/23/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 5/23/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
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Visit Summary (continued)

Surgical as of 5/23/2022 (continued)

HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 5/23/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 5/23/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 5/23/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 5/23/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Drug Use as of 5/23/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 5/23/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 5/23/2022

None

Occupational as of 5/23/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 5/23/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
ibuprofen (MOTRIN) 600 MG tablet (Taking) Sig - Route: Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days. - Oral	20 tablet	0	5/20/2022	5/30/2022
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab (Taking)	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Taking)	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet (Taking)			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				

Ordered Medications

	Disp	Refills	Start	End
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet (Discontinued)	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				
Reason for Discontinue: Therapy completed				

Call Information

	Provider	Department	Center
5/23/2022 11:50 AM	Margaret Song, MD	CS ADULT MEDICINE Arrive at: Your Home	CS

Reason for Call

Follow-up	From hospital
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Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Other Orders

INT REF TO GENERAL SURGEON

Electronically signed by: **Margaret M Song, MD on 05/23/22 1224** Status: **Active**
 This order may be acted on in another encounter.
 Ordering user: Margaret M Song, MD 05/23/22 1224 Authorized by: Margaret M Song, MD
 Frequency: 05/23/22 -
 Diagnoses
 Biliary pain [K80.50]
 Calculus of gallbladder without cholecystitis without obstruction [K80.20]
 Order comments: Clinical Indication: stone stuck at gallbladder neck; RUQ pain

Result Summary

All Results

No results found

Progress Notes

Margaret M Song, MD at 5/23/2022 11:50 AM

Version 1 of 1

Author Type: Physician Status: Signed

This is a 57 y.o. male presents today for a follow up and

Chief Complaint

Patient presents with

- Follow-up
From hospital

This visit with Alberto Hernandez was performed using an online synchronous audio/video telecommunications platform. Patient provided informed consent for video communication upon joining the conference session.

Vitals are patient reported and exam was performed as a provider directed pt. self-examination.

HPI

Pt has had 1 week of RUQ pain, constant. Went to LLUMC ER on 5/20 and was told he has a gallstone. Pt continues to have pain, constant, about 5/10.

Admits to very mild chest pressure now and then, even at rest.

Lifts cases for work. Needs note.

ROS:

Constitutional: Negative for fever, chills, weight loss, malaise/fatigue and diaphoresis.
 Respiratory: Negative for cough, hemoptysis, sputum production, shortness of breath and wheezing.
 Cardiovascular: Negative for palpitations, orthopnea, claudication, leg swelling and PND.
 Gastrointestinal: Negative for heartburn, nausea, vomiting, diarrhea, constipation, blood in stool and melena.
 Musculoskeletal: Negative for myalgias, back pain and joint pain.
 Neurological: Negative for dizziness, tingling, focal weakness and headaches.



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 5/23/2022 11:50 AM (continued)

Version 1 of 1

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021
- Biliary pain
- Calculus of gallbladder
- Angina pectoris, unspecified (HCC)

Social History

Tobacco Use

- Smoking status: Passive Smoke Exposure - Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No
- Drug use: No

Family History

Problem	Relation	Age of Onset
• COPD	Mother	
• Diabetes	Mother	
• High cholesterol	Mother	
• Hypertension	Mother	
• Vision loss	Mother	
• Arthritis	Father	
• Cancer <i>prostate cancer</i>	Father	65
• Diabetes	Father	
• High cholesterol	Father	
• Hypertension	Father	

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	Take 10 mg by mouth daily.	30 tablet	6
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• ibuprofen (MOTRIN) 600 MG tablet	Take 1 tablet by mouth	20 tablet	0



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 5/23/2022 11:50 AM (continued)

Version 1 of 1

	every 8 (eight) hours as needed for Pain for up to 10 days.		
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet by mouth in the morning.	30 tablet	6
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.		
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.	180 tablet	1
• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	100 tablet	3

No current facility-administered medications for this visit.

Health Maintenance

Topic	Date Due
• Pneumococcal Vaccine: Pediatrics (0 to 5 Years) and At-Risk Patients (6 to 64 Years) (1 - PCV)	Never done
• ZOSTER VACCINE (SHINGLES) (1 of 2 - RZV, Shingrix)	Never done
• Colorectal Cancer Screening	Never done
• Influenza Vaccine (1)	09/01/2021
• COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021

BP Readings from Last 3 Encounters:

05/20/22 131/86
05/16/22 105/75
03/30/22 109/67

Wt Readings from Last 3 Encounters:

05/23/22 140 lb (63.5 kg)
05/20/22 138 lb 12.8 oz (63 kg)
05/16/22 141 lb (64 kg)

OBJECTIVE:

Ht 5' 5" (1.651 m) | Wt 140 lb (63.5 kg) | BMI 23.30 kg/m²
General: In no apparent distress and well developed and well nourished
Directed self-exam Murphy's positive

ASSESSMENT/PLAN:



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 5/23/2022 11:50 AM (continued)

Version 1 of 1

- 1. Calculus of gallbladder without cholecystitis without obstruction INT REF TO GENERAL SURGEON
- 2. Biliary pain INT REF TO GENERAL SURGEON
- 3. History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021
- 4. Angina pectoris, unspecified (HCC)
- 5. Preop examination

- US done at LLUMC shows stone stuck at gallbladder neck.
- Will place urgent referral to general surgery

Nitroglycerin SL prn

Dietary counseling and resources given regarding his heart disease.

He has heart disease, with recent stent placement, continues to have angina with stable pattern. He has good exercise tolerance, and does not experience worse chest pain on exertion. He is at intermediate cardiac risk for cholecystectomy.

Will write for modified duty for work (no lifting over 10 lbs) per patient request. He wants to continue to work. If he has surgery, his surgeon needs to do his disability form, should he decide to file for disability.

rtc prn

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

05/23/2022 1239 - Margaret M Song, MD

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 5/23/2022 by SONG, MARGARET [1843] Status: Sent

May 23, 2022



Legendary Care™

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Patient: **Alberto Hernandez**
Date of Birth: **10/10/1964**
Date of Visit: **5/23/2022**

Canyon Springs Adult To Whom It May Concern:

Medicine

6405 DAY STREET
FLOOR 2
RIVERSIDE CA 92507
Phone: 951-683-6370

It is my medical opinion that Alberto Hernandez needs to be on modified duty from 5/23/2022 through 6/17/2022.

Work modification: no lifting greater than 10 lbs.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Margaret Song, MD

This form has been electronically signed by: Margaret Song, MD

Printed by: Margaret M Song, MD



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Follow-up Con- cs gb

Diagnoses

Table with 2 columns: Diagnosis, Comments. Row: Rectus sheath hematoma, initial encounter - Primary

Problem List as of 5/24/2022

Date Reviewed: 4/4/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI), Biliary pain, Calculus of gallbladder, Angina pectoris, unspecified (HCC).

Review status set to Review Complete by Aileen Diaz, MA on 5/24/2022

Allergies as of 5/24/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Row Name: 05/24/22 0830. Rows include Enc Vitals, BP, Pulse, Resp, Temp, Temp src, SpO2, Weight, Height, Peak Flow, Pain Score, Pain Loc, Pain Edu?, Excl. in GC?



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Custom Formula Data

Row Name	05/24/22 0830
OTHER	
BSA (Calculated - sq m)	1.69 sq meters - AD
IBW/kg (Calculated) Male	59.2 kg -AD
Low Range Vt 6cc/kg MALE	355.2 mL -AD
Adult Moderate Range Vt 8cc/kg MA	473.6 mL -AD
Adult High Range Vt 10cc/kg MALE	592 mL -AD
IBW/kg (Calculated) FEMALE	54.7 kg -AD
Low Range Vt 6cc/kg FEMALE	328.2 mL -AD
Adult Moderate Range vt 8cc/kg FEMALE	437.6 mL -AD
Percent Weight Change Since Birth	0 -AD
IBW/kg (Calculated)	59.2 -AD
Low Range Vt 6cc/kg	355.2 mL -AD
Adult Moderate Range Vt 8cc/kg	473.6 mL -AD
Adult High Range Vt 10cc/kg	592 mL -AD
Vital Signs	
BMI (Calculated)	23.9 -AD

Anthropometrics

Row Name	05/24/22 0830
Anthropometrics	



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Height	—
Weight	—
Frame Size	—
Weight Change	100 -AD
BMI	—
(Calculated)	
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
AD	Aileen Diaz, MA	04/11/22 -

Vitals

Most recent update: 5/24/2022 8:32 AM

BP	Pulse	Ht	Wt
120/77	69	5' 4" (1.626 m)	139 lb 6.4 oz (63.2 kg)

Patient History

Medical as of 5/24/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 5/24/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider



Legendary Care™

Visit Summary (continued)

Surgical as of 5/24/2022 (continued)

CARDIAC CATHETERIZATION	—	—	—	Provider
Pertinent Negatives				
Procedure	Date Noted	Comments	Source	
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider	

Family as of 5/24/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 5/24/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 5/24/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 5/24/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 5/24/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider



Legendary Care™

Visit Summary (continued)

Sexual Activity as of 5/24/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 5/24/2022

None

Occupational as of 5/24/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 5/24/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
ibuprofen (MOTRIN) 600 MG tablet (Taking) Sig - Route: Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days. - Oral	20 tablet	0	5/20/2022	5/30/2022
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Taking) Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022



RIVERSIDE MEDICAL
CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet (Taking) Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022

Call Information

	Provider	Department	Center
5/24/2022 9:00 AM	Subbu Nagappan, MD	MAIN GENERAL SURGERY	Main Clinic

Reason for Call

Follow-up	Con- cs gb
------------------	------------

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Lab and Imaging Orders

CT abdomen pelvis wo contrast

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Frequency: 05/24/22 - Indications comment: rectus muscle hematoma
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]
 Questionnaire

Question	Answer
Reason for Exam:	rectus muscle hematoma

CBC and differential

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Frequency: 05/24/22 -
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]

Comprehensive metabolic panel

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Frequency: 05/24/22 -
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]
 Questionnaire

Question	Answer
Has the patient fasted?	No

PT and PTT

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Frequency: 05/24/22 -
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Other Orders

INT REF TO GENERAL SURGEON

Electronically signed by: **Margaret M Song, MD on 05/23/22 1224** Status: **Active**
 Ordering user: Margaret M Song, MD 05/23/22 1224 Authorized by: Margaret M Song, MD
 Ordered during: Telemedicine on 05/23/2022
 Frequency: 05/23/22 -
 Diagnoses
 Biliary pain [K80.50]
 Calculus of gallbladder without cholecystitis without obstruction [K80.20]
 Order comments: Clinical Indication: stone stuck at gallbladder neck; RUQ pain

Result Summary

All Results

No results found

Progress Notes

Subbu Nagappan, MD at 5/24/2022 9:00 AM

Version 1 of 1

Author Type: Physician Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with

- Follow-up
Con- cs gb

HPI 57 yr old male referred for cholelithiasis. Complaining oif ruq pain but not food related. Has multiple bruises on the ruq secondary to direct trauma and due to blood thinnr intake. No radiation of pain. Us reveals cholelithiasis but no cholecystitis. Denies any jaundice or acholic stools

Review of Systems

Constitutional: Negative for chills, fever, malaise/fatigue and weight loss.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Positive for abdominal pain. Negative for blood in stool, constipation, diarrhea, heartburn, melena, nausea and vomiting.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Negative.

Skin: Negative.

Neurological: Negative.

Endo/Heme/Allergies: Does not bruise/bleed easily.



Legendary Care™

Progress Notes (continued)

Subbu Nagappan, MD at 5/24/2022 9:00 AM (continued)

Version 1 of 1

Multiple bruises and resolving discoloration ruq skin

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

Alberto has a past medical history of Coronary artery disease, Eustachian tube dysfunction (4/17/2012), Hyperlipidemia, and Hypertension.

Alberto has a past surgical history that includes Hernia repair (12/11); Inguinal hernia repair (12/11); Tympanostomy tube placement; and Cardiac catheterization.

His family history includes Arthritis in his father; COPD in his mother; Cancer (age of onset: 65) in his father; Diabetes in his father and mother; High cholesterol in his father and mother; Hypertension in his father and mother; Vision loss in his mother.

Alberto reports that he is a non-smoker but has been exposed to tobacco smoke. He has never used smokeless tobacco. He reports that he does not drink alcohol and does not use drugs.

Alberto has a current medication list which includes the following prescription(s): aspirin low dose, atorvastatin, farxiga, dapagliflozin propanediol, ibuprofen, isosorbide mononitrate, losartan, metoprolol, nitroglycerin, omeprazole, and ticagrelor.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	Take 10 mg by mouth daily.	30 tablet	6
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• ibuprofen (MOTRIN) 600 MG tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days.	20 tablet	0
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet by mouth in the morning.	30 tablet	6
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	100 tablet	3
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.		
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.	180 tablet	1

No current facility-administered medications on file prior to visit.



Legendary Care™

Progress Notes (continued)

Subbu Nagappan, MD at 5/24/2022 9:00 AM (continued)

Version 1 of 1

Alberto has No Known Allergies.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021
- Biliary pain
- Calculus of gallbladder
- Angina pectoris, unspecified (HCC)

Objective:

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

Appearance: He is well-developed. He is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Thyroid: No thyromegaly.

Vascular: No JVD.

Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No stridor. No wheezing or rales.

Chest:

Chest wall: No tenderness.

Breasts: Breasts are symmetrical.

Right: No inverted nipple, mass, nipple discharge, skin change, tenderness or supraclavicular adenopathy.

Left: No inverted nipple, mass, nipple discharge, skin change, tenderness or supraclavicular adenopathy.



Legendary Care™

Progress Notes (continued)

Subbu Nagappan, MD at 5/24/2022 9:00 AM (continued)

Version 1 of 1

Abdominal:

General: Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no abdominal tenderness. There is no guarding or rebound.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion and neck supple.

Lymphadenopathy:

Cervical: No cervical adenopathy.

Upper Body:

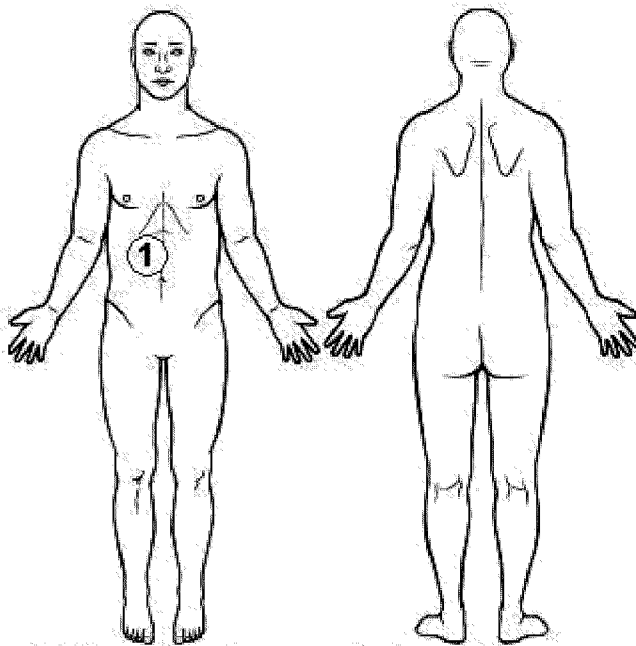
Right upper body: No supraclavicular adenopathy.

Left upper body: No supraclavicular adenopathy.

Skin:

General: Skin is warm and dry.

Findings: No erythema or rash.



1: Multiple areas of bruising secondary to contact trauma

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:

Behavior: Behavior normal.

Thought Content: Thought content normal.



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Progress Notes (continued)

Subbu Nagappan, MD at 5/24/2022 9:00 AM (continued)

Version 1 of 1

Assessment:

- | | |
|---|--|
| <p>1. Rectus sheath hematoma, initial encounter</p> | <p>CT abdomen pelvis wo contrast
CBC and differential
Comprehensive metabolic panel
PT and PTT</p> |
|---|--|

Plan:

Ct scan to evaluate for rectus sheath hematoma

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

05/29/2022 0933 - Subbu Nagappan, MD

Dispositions: Return in about 1 week (around 5/31/2022).

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 5/29/2022 by NAGAPPAN, SUBBU [429] Status: Sent

Main General Surgery

7117 BROCKTON AVE
FLOOR 2
RIVERSIDE CA 92506
Phone: 951-683-6370

May 29, 2022

Margaret M Song, MD
6405 DAY ST
RIVERSIDE, CA 92507-0901



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Patient: **Alberto Hernandez**
MR Number: **1015723**
Date of Birth: **10/10/1964**
Date of Visit: **5/24/2022**

Dear Song, Margaret M, MD:

Thank you for allowing me to participate in the care of Alberto Hernandez. Below are my findings and recommendations for this consultation.

If you have questions, please do not hesitate to call me. I look forward to following Alberto along with you.

Sincerely,
Subbu Nagappan, MD

CC: No Recipients



Legendary Care™

Visit Summary

Diagnoses

	Comments
Gallstones - Primary	

Problem List as of 6/2/2022

Date Reviewed: 5/29/2022

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Aileen Diaz, MA on 5/24/2022

Allergies as of 6/2/2022

No Known Allergies

Patient History

Medical as of 6/2/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 6/2/2022

Past Surgical History



Legendary Care™

Visit Summary (continued)

Surgical as of 6/2/2022 (continued)

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 6/2/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/2/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/2/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/2/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Alcohol Use as of 6/2/2022 (continued)

Drug Use as of 6/2/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/2/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/2/2022

None

Occupational as of 6/2/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/2/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022

Call Information

	Provider	Department	Center
6/2/2022 8:50 AM	Subbu Nagappan, MD	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders



RIVERSIDE MEDICAL
CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Lab and Imaging Orders

CBC and differential

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]

Comprehensive metabolic panel

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]
 Questionnaire

Question	Answer
Has the patient fasted?	No

X-ray chest 2 vw

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]
 Questionnaire

Question	Answer
Reason for Exam:	preop

Amylase

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]

PT and PTT

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0436** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0436 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]



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RIVERSIDE CA 92506-3912
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Legendary Care™

Other Orders

EXT REF TO GENERAL SURGEON

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Active**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]
 Order comments: Cholelithiasis Lap chole, poss open. Needs cardiac clearance(order is in)

EKG 12 lead (Cardiologist Read)

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]
 Order comments: Reason for test: preop

Obtain Surgical Consent

Status: **Cancel Held**

This order may be acted on in another encounter.
 Ordering user: Subbu Nagappan, MD 06/15/22 0435 Ordering provider: Subbu Nagappan, MD
 Authorized by: Subbu Nagappan, MD
 Frequency: Once 06/15/22 0435 - 1 occurrence
 Diagnoses
 Gallstones [K80.20]
 Order comments: Consent to read: IAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN

POCT hemoglobin

Status: **Cancel Held**

This order may be acted on in another encounter.
 Ordering user: Subbu Nagappan, MD 06/15/22 0435 Ordering provider: Subbu Nagappan, MD
 Authorized by: Subbu Nagappan, MD
 Frequency: Once 06/15/22 0435 - 1 occurrence
 Diagnoses
 Gallstones [K80.20]

Place intermittent compression device

Status: **Cancel Held**

This order may be acted on in another encounter.
 Ordering user: Subbu Nagappan, MD 06/15/22 0435 Ordering provider: Subbu Nagappan, MD
 Authorized by: Subbu Nagappan, MD
 Frequency: Until Discontinued 06/15/22 0435 - Until Specified
 Diagnoses
 Gallstones [K80.20]
 Order comments: Knee High

Place TED hose

Status: **Cancel Held**

This order may be acted on in another encounter.
 Ordering user: Subbu Nagappan, MD 06/15/22 0435 Ordering provider: Subbu Nagappan, MD
 Authorized by: Subbu Nagappan, MD
 Frequency: Until Discontinued 06/15/22 0435 - Until



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Other Orders (continued)

Place TED hose (continued)

Specified
Diagnoses
Gallstones [K80.20]
Order comments: Knee High

Encourage frequent voiding

Status: **Cancel Held**

This order may be acted on in another encounter.
Ordering user: Subbu Nagappan, MD 06/15/22 0435 Ordering provider: Subbu Nagappan, MD
Authorized by: Subbu Nagappan, MD
Frequency: Until Discontinued 06/15/22 0435 - Until
Specified
Diagnoses
Gallstones [K80.20]

Result Summary

All Results

No results found

Progress Notes

Subbu Nagappan, MD at 6/2/2022 8:50 AM

Version 1 of 1

Author Type: Physician Status: Signed

S: follow up ct scan
O; afeb, vss
abd exam is benign but patient patient complaints of rec bouts ruq pain. Ct scan No evidence of rectus hematoma.
Us/ ct cholelithiasis
A: biliary colic
P: consider lap chole, pos sopen. Procedure, benefits and risks discussed
Refer to cardiology for preop clearance. If cleared to proced with lap chole, pos sopen

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

06/15/2022 0436 - Subbu Nagappan, MD
Dispositions: Return if symptoms worsen or fail to improve.

All Notes



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All Notes (continued)

No notes of this type exist for this encounter.



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Visit Summary

Problem List as of 6/2/2022

Date Reviewed: 5/29/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI), Biliary pain, Calculus of gallbladder, and Angina pectoris, unspecified (HCC).

Review status set to Review Complete by Aileen Diaz, MA on 5/24/2022

Allergies as of 6/2/2022

No Known Allergies

Patient History

Medical as of 6/2/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Rows include Coronary artery disease, Eustachian tube dysfunction, Hyperlipidemia, and Hypertension.

Pertinent Negatives

Table with 4 columns: Diagnosis, Date Noted, Comments, Source. Rows include CHF (congestive heart failure) (HCC), Clotting disorder (HCC), Diabetes mellitus (HCC), Heart murmur, and Stroke (HCC).

Surgical as of 6/2/2022

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows include HERNIA REPAIR, INGUINAL HERNIA REPAIR, and TYMPANOSTOMY TUBE PLACEMENT.



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Visit Summary (continued)

Surgical as of 6/2/2022 (continued)

CARDIAC CATHETERIZATION	—	—	—	Provider
Pertinent Negatives				
Procedure	Date Noted	Comments	Source	
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider	

Family as of 6/2/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/2/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/2/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source	Provider		

Alcohol Use as of 6/2/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 6/2/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Sexual Activity as of 6/2/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/2/2022

None

Occupational as of 6/2/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/2/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				

Call Information

	Provider	Department	Center
6/2/2022 9:06 AM	Aileen Diaz, MA	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 6/2/2022 by DIAZ, AILEEN [10748] Status: Sent

June 2, 2022

Patient: **Alberto Hernandez**



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Notes (continued)

Date of Birth: **10/10/1964**

Date of Visit: **6/2/2022**

Main General Surgery To Whom It May Concern:

7117 BROCKTON AVE
FLOOR 2
RIVERSIDE CA 92506
Phone: 951-683-6370

It is my medical opinion that Alberto Hernandez is excused from work from 5/19/22 til further notice.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Aileen Diaz, MA

This form has been electronically signed by: Aileen Diaz, MA

Printed by: Aileen Diaz, MA



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Visit Summary

Diagnoses

	Comments
CAD, multiple vessel - Primary	

Problem List as of 6/14/2022

Date Reviewed: **5/29/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Aileen Diaz, MA on 5/24/2022

Allergies as of 6/14/2022

No Known Allergies

Patient History

Medical as of 6/14/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 6/14/2022

Past Surgical History



Legendary Care™

Visit Summary (continued)

Surgical as of 6/14/2022 (continued)

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 6/14/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/14/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/14/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/14/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Alcohol Use as of 6/14/2022 (continued)

Drug Use as of 6/14/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/14/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/14/2022

None

Occupational as of 6/14/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/14/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022

Call Information

	Provider	Department	Center
6/14/2022 8:15 AM	LaSondra Johnson, LVN	MAIN CARDIOLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Other Orders

EKG 12 lead (Baseline Tracing)

Electronically signed by: **Lasondra Johnson, LVN on 06/14/22 0815**

Status: **Active**

Ordering user: Lasondra Johnson, LVN 06/14/22 0815

Authorized by: Joseph Quan, MD

Cosigning events

Electronically cosigned by Joseph Quan, MD 06/14/22 1115 for Ordering

Frequency: 06/14/22 -

Diagnoses

CAD, multiple vessel [I25.10]

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

Visit Summary

Diagnoses

	Comments
Gallstones - Primary	

Problem List as of 6/15/2022

Date Reviewed: 5/29/2022

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Aileen Diaz, MA on 5/24/2022

Allergies as of 6/15/2022

No Known Allergies

Patient History

Medical as of 6/15/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 6/15/2022

Past Surgical History



Legendary Care™

Visit Summary (continued)

Surgical as of 6/15/2022 (continued)

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 6/15/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/15/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/15/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/15/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Alcohol Use as of 6/15/2022 (continued)

Drug Use as of 6/15/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/15/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/15/2022

None

Occupational as of 6/15/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/15/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022



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Hernandez, Alberto
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Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022

Call Information

	Provider	Department	Center
6/15/2022 2:16 AM	Subbu Nagappan, MD	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Legendary Care™

Other Orders

INTERNAL REFERRAL TO CARDIOLOGY

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0218**

Status: **Active**

Ordering user: Subbu Nagappan, MD 06/15/22 0218

Authorized by: Subbu Nagappan, MD

Frequency: 06/15/22 -

Diagnoses

Gallstones [K80.20]

Order comments: preop clearance for gb surgery

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

Visit Summary

Diagnoses

	Comments
CAD, multiple vessel - Primary	
S/P coronary artery stent placement	
Old MI (myocardial infarction)	

Problem List as of 6/16/2022

Date Reviewed: **5/29/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Aileen Diaz, MA on 5/24/2022

Allergies as of 6/16/2022

No Known Allergies

Patient History

Medical as of 6/16/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 6/16/2022



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Legendary Care™

Visit Summary (continued)

Surgical as of 6/16/2022 (continued)

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 6/16/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/16/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/16/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/16/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



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Legendary Care™

Visit Summary (continued)

Alcohol Use as of 6/16/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 6/16/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/16/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/16/2022

None

Occupational as of 6/16/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/16/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				

Call Information

	Provider	Department	Center
6/16/2022 8:53 AM	LaSondra Johnson, LVN	MAIN CARDIOLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Other Orders

EKG 12 lead (Baseline Tracing)

Electronically signed by: **Lasondra Johnson, LVN on 06/16/22 0853** Status: **Completed**

Ordering user: Lasondra Johnson, LVN 06/16/22 0853 Authorized by: Joseph Quan, MD

Cosigning events

Electronically cosigned by Joseph Quan, MD 06/17/22 0830 for Ordering

Frequency: 06/16/22 -

Diagnoses

CAD, multiple vessel [I25.10]

S/P coronary artery stent placement [Z95.5]

Old MI (myocardial infarction) [I25.2]

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
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Visit Summary

Diagnoses

Table with 2 columns: Diagnosis (CAD, multiple vessel - Primary) and Comments.

Problem List as of 6/28/2022

Date Reviewed: 5/29/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, and Noted - Resolved. Lists conditions like Eustachian tube dysfunction, Rhinitis, S/P vasectomy, etc.

Allergies as of 6/28/2022

Review status set to Review Complete by Daisy Flores, MA on 6/28/2022

No Known Allergies

Patient History

Medical as of 6/28/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Lists Coronary artery disease, Eustachian tube dysfunction, etc.

Pertinent Negatives

Table with 4 columns: Diagnosis, Date Noted, Comments, Source. Lists CHF, Clotting disorder, Diabetes mellitus, etc.

Surgical as of 6/28/2022

Past Surgical History



Legendary Care™

Visit Summary (continued)

Surgical as of 6/28/2022 (continued)

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 6/28/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/28/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/28/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/28/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Legendary Care™

Visit Summary (continued)

Alcohol Use as of 6/28/2022 (continued)

Drug Use as of 6/28/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/28/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/28/2022

None

Occupational as of 6/28/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/28/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022

Call Information

	Provider	Department	Center
6/28/2022 8:41 AM	LaSondra Johnson, LVN	MAIN CARDIOLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Other Orders

EKG 12 lead(Read By Ordering Provider)

Electronically signed by: **Lasondra Johnson, LVN on 06/28/22 0841** Status: **Completed**
Ordering user: Lasondra Johnson, LVN 06/28/22 0841 Authorized by: Joseph Quan, MD
Cosigning events
Electronically cosigned by Joseph Quan, MD 06/28/22 1205 for Ordering
Frequency: 06/28/22 -
Diagnoses
CAD, multiple vessel [I25.10]

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



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Visit Summary

Reason for Visit

Coronary Artery Disease

Diagnoses

	Comments
CAD, multiple vessel - Primary	
Old MI (myocardial infarction)	
S/P coronary artery stent placement	
Chronic systolic HF (heart failure) (HCC) (Chronic)	
Preoperative clearance	

Problem List as of 6/28/2022

Date Reviewed: **5/29/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Daisy Flores, MA on 6/28/2022

Allergies as of 6/28/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name	06/28/22 1431
Enc Vitals	
BP	109/70 -DF
Pulse	77 -DF
Resp	—
Temp	—
Temp src	—
SpO2	—
Weight	142 lb (64.4 kg) - DF
Height	5' 5" (1.651 m) - DF
Peak Flow	—



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Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data

Row Name	06/28/22 1431
----------	---------------

OTHER

BSA	1.72 sq meters -
(Calculated - sq m)	DF

IBW/kg	61.5 kg -DF
(Calculated)	
Male	

Low Range Vt	369 mL -DF
6cc/kg MALE	

Adult Moderate Range Vt	492 mL -DF
8cc/kg MA	

Adult High Range Vt	615 mL -DF
10cc/kg MALE	

IBW/kg	57 kg -DF
(Calculated)	
FEMALE	

Low Range Vt	342 mL -DF
6cc/kg	
FEMALE	

Adult Moderate Range vt	456 mL -DF
8cc/kg	
FEMALE	

Percent Weight Change Since Birth	0 -DF
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IBW/kg	61.5 -DF
(Calculated)	

Low Range Vt	369 mL -DF
6cc/kg	

Adult Moderate Range Vt	492 mL -DF
8cc/kg	

Adult High Range Vt	615 mL -DF
10cc/kg	

Vital Signs

BMI	23.6 -DF
(Calculated)	



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Anthropometrics

Row Name	06/28/22 1431
Anthropometrics	
Height	—
Weight	—
Frame Size	—
Weight Change	100 -DF
BMI (Calculated)	—
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key (r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
DF	Daisy Flores, MA	08/27/18 -

Vitals

Most recent update: 6/28/2022 2:31 PM

BP	Pulse	Ht	Wt
109/70	77	5' 5" (1.651 m)	142 lb (64.4 kg)

Patient History

Medical as of 6/28/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	4/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 6/28/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
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Visit Summary (continued)

Surgical as of 6/28/2022 (continued)

HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 6/28/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 6/28/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 6/28/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 6/28/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Drug Use as of 6/28/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 6/28/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 6/28/2022

None

Occupational as of 6/28/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 6/28/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Taking) Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet (Taking) Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022
spironolactone (ALDACTONE) 25 MG tablet (Taking) Sig - Route: Take 25 mg by mouth daily. - Oral Class: Historical Med				12/21/2022

Call Information

	Provider	Department	Center
6/28/2022 2:15 PM	Joseph Quan, MD	MAIN CARDIOLOGY	Main Clinic

Reason for Call

Coronary Artery Disease

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Other Orders

INTERNAL REFERRAL TO CARDIOLOGY

Electronically signed by: **Shern D Sirisuk, DO on 05/16/22 1157** Status: **Active**
 Ordering user: Shern D Sirisuk, DO 05/16/22 1157 Authorized by: Shern D Sirisuk, DO
 Ordered during: Office Visit on 05/16/2022
 Frequency: 05/16/22 -
 Diagnoses
 Angina pectoris (HCC) [I20.9]
 CAD S/P percutaneous coronary angioplasty [I25.10, Z98.61]
 CHF (congestive heart failure), NYHA class I, chronic, systolic (HCC) [I50.22]
 Order comments: Angina, cad s/p PTCA

Result Summary

All Results

No results found

Progress Notes

Joseph Quan, MD at 6/28/2022 2:15 PM

Version 1 of 1

Author Type: Physician Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with
 • Coronary Artery Disease

HPI

This 57-year-old male was last seen in March 2022.
 He comes in for cardiac clearance for his gallbladder surgery.
 Patient presented with STEMI in May 2021.
 He received a coronary stent in the LAD at LLUMC.
 His last echocardiogram study showed LVEF at 35%.
 He was maintained on dual antiplatelet therapy with Brilinta and aspirin.
 He was seen on consultation on March 30, 2022.

Subsequent treadmill stress test showed no chest pain at a submaximal heart rate.
 Patient appears to have some chronotropic incompetence.
 Echocardiogram study showed LVEF at 40 to 45%.
 There is no evidence of aortic stenosis.
 Trace aortic insufficiency is noted.

Cardiac wise, the patient is cleared for gallbladder surgery.
 He is advised to hold Brilinta and aspirin for 7 days before surgery.



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 6/28/2022 2:15 PM (continued)

Version 1 of 1

He may resume aspirin only after surgery.

Baseline EKG demonstrates normal sinus rhythm the rate of 76 bpm, with complete right bundle branch block and evidence of old anteroseptal infarct.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	Take 10 mg by mouth daily.	30 tablet	6
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet by mouth in the morning.	30 tablet	6
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	100 tablet	3
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.		
• spironolactone (ALDACTONE) 25 MG tablet	Take 25 mg by mouth daily.		
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.	180 tablet	1

No current facility-administered medications on file prior to visit.

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: Warehouse worker
- Employer: COCA COLA CO.

Tobacco Use

- Smoking status: Passive Smoke Exposure - Never Smoker
- Smokeless tobacco: Never Used



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 6/28/2022 2:15 PM (continued)

Version 1 of 1

Substance and Sexual Activity

- Alcohol use: No
 - Drug use: No
 - Sexual activity: Yes
 - Partners: Female
- Comment: Married*

Other Topics

Concern

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
 Food Insecurity: Not on file
 Transportation Needs: Not on file
 Physical Activity: Not on file
 Stress: Not on file
 Social Connections: Not on file
 Intimate Partner Violence: Not on file
 Housing Stability: Not on file

No Known Allergies

Review of Systems

Constitutional: Negative for chills, fever, malaise/fatigue and weight loss.
 Eyes: Negative for blurred vision and double vision.
 Respiratory: Negative for cough and wheezing.
 Cardiovascular: Negative for chest pain, palpitations, orthopnea, leg swelling and PND.
 Gastrointestinal: Negative for heartburn.
 Genitourinary: Negative for frequency.
 Musculoskeletal: Negative for back pain and myalgias.
 Skin: Negative for rash.
 Neurological: Negative for dizziness, loss of consciousness and headaches.
 Endo/Heme/Allergies: Does not bruise/bleed easily.
 Psychiatric/Behavioral: Negative for depression.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

BP 109/70 | Pulse 77 | Ht 5' 5" (1.651 m) | Wt 142 lb (64.4 kg) | BMI 23.63 kg/m²

Objective:



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 6/28/2022 2:15 PM (continued)

Version 1 of 1

Physical Exam

Constitutional:

General: He is not in acute distress.

Appearance: He is well-developed.

HENT:

Head: Atraumatic.

Eyes:

General: No scleral icterus.

Pupils: Pupils are equal, round, and reactive to light.

Neck:

Vascular: No JVD.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: There is no distension.

Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Neck supple.

Skin:

Findings: No erythema.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Assessment:

1. CAD, multiple vessel
2. Old MI (myocardial infarction)
3. S/P coronary artery stent placement
4. Chronic systolic HF (heart failure) (HCC)
5. Preoperative clearance

Plan:

Patient Instructions

Cardiac wise, patient is cleared for GB surgery.

Hold Brilinta and aspirin 7 days before surgery.



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Amb Encounter Report

Hernandez, Alberto
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Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 6/28/2022 2:15 PM (continued)

Version 1 of 1

Resume aspirin after surgery.
Cardiology follow up in 3 months.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

06/28/2022 1452 - Joseph Quan, MD

Dispositions: Return in about 3 months (around 9/28/2022).

All Notes

No notes of this type exist for this encounter.



Legendary Care™

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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Other

Problem List as of 8/8/2022

Date Reviewed: 8/1/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI), Biliary pain, Calculus of gallbladder, and Angina pectoris, unspecified (HCC).

Review status set to Review Complete by Subbu Nagappan, MD on 8/1/2022

Allergies as of 8/8/2022

No Known Allergies

Patient History

Medical as of 8/8/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Rows include Coronary artery disease, Eustachian tube dysfunction, Hyperlipidemia, Hypertension, and Myocardial infarct (HCC).

Pertinent Negatives

Table with 4 columns: Diagnosis, Date Noted, Comments, Source. Rows include CHF (congestive heart failure) (HCC), Clotting disorder (HCC), Diabetes mellitus (HCC), Heart murmur, and Stroke (HCC).

Surgical as of 8/8/2022

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source



Legendary Care™

Visit Summary (continued)

Surgical as of 8/8/2022 (continued)

HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 8/8/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 8/8/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 8/8/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 8/8/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Legendary Care™

Visit Summary (continued)

Drug Use as of 8/8/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 8/8/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 8/8/2022

None

Occupational as of 8/8/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 8/8/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	8/8/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral Class: Print	42 tablet	0	8/1/2022	12/21/2022



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Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Earliest Fill Date: 8/1/2022				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				
spironolactone (ALDACTONE) 25 MG tablet				12/21/2022
Sig - Route: Take 25 mg by mouth daily. - Oral				
Class: Historical Med				

Discontinued Medications

	Reason for Discontinue
atorvastatin (LIPITOR) 80 MG tablet	

Ordered Medications

	Disp	Refills	Start	End
atorvastatin (LIPITOR) 80 MG tablet (Discontinued)	90 tablet	1	8/8/2022	12/21/2022
Sig: take 1 tablet by mouth once daily				

Incoming Interface

	Provider	Department	Center
8/8/2022 1:38 PM	Margaret Song, MD	CS ADULT MEDICINE	CS

Reason for Call

Other

Care Advice Given

No Care Advice given for this encounter.

Approved

	Disp	Refills	Start	End
atorvastatin (LIPITOR) 80 MG tablet	90 tablet	1	8/8/2022	12/21/2022
Sig: take 1 tablet by mouth once daily				
Class: Normal				
DAW: No				
Authorizing Provider: Margaret M Song, MD				

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders



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Legendary Care™

Orders (continued)

Lab and Imaging Orders (continued)

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

Visit Summary

Diagnoses

	Comments
Gallstones - Primary	

Problem List as of 8/11/2022

Date Reviewed: 8/1/2022

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Subbu Nagappan, MD on 8/1/2022

Allergies as of 8/11/2022

No Known Allergies

Patient History

Medical as of 8/11/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 8/11/2022



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Hernandez, Alberto
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Legendary Care™

Visit Summary (continued)

Surgical as of 8/11/2022 (continued)

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 8/11/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 8/11/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 8/11/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 8/11/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



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Legendary Care™

Visit Summary (continued)

Alcohol Use as of 8/11/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 8/11/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 8/11/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 8/11/2022

None

Occupational as of 8/11/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 8/11/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
Dapagliflozin Propanediol 10 MG Tab	90 tablet	1	2/7/2022	12/21/2022



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Amb Encounter Report

Hernandez, Alberto
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Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	42 tablet	0	8/1/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral				
Class: Print				
Earliest Fill Date: 8/1/2022				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				
spironolactone (ALDACTONE) 25 MG tablet				12/21/2022
Sig - Route: Take 25 mg by mouth daily. - Oral				
Class: Historical Med				

Call Information

	Provider	Department	Center
8/11/2022 7:30 AM	Subbu Nagappan, MD	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Subbu Nagappan, MD at 8/11/2022 7:30 AM

Version 1 of 1

Author Type: Physician

Status: Signed



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Legendary Care™

Progress Notes (continued)

Subbu Nagappan, MD at 8/11/2022 7:30 AM (continued)

Version 1 of 1

S: SIP lap chole doing well. No complaints.

O: Abdomen soft and nontender. Incision well healed. Sutures and staples removed.

A: S/P laparoscopic cholecystectomy doing well.

P: Return to clinic prn.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

08/13/2022 1203 - Subbu Nagappan, MD

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

Visit Summary

Diagnoses

	Comments
Gallstones - Primary	
Biliary pain	

Problem List as of 8/25/2022

Date Reviewed: **8/13/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Subbu Nagappan, MD on 8/1/2022

Allergies as of 8/25/2022

No Known Allergies

Patient History

Medical as of 8/25/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 8/25/2022

Printed on 4/4/23 9:56 AM

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Legendary Care™

Visit Summary (continued)

Surgical as of 8/25/2022 (continued)

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 8/25/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 8/25/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 8/25/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 8/25/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



RIVERSIDE MEDICAL CLINIC, LLC
 3660 ARLINGTON AVENUE
 RIVERSIDE CA 92506-3912
 Amb Encounter Report

Hernandez, Alberto
 MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Alcohol Use as of 8/25/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 8/25/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 8/25/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 8/25/2022

None

Occupational as of 8/25/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 8/25/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
Dapagliflozin Propanediol 10 MG Tab	90 tablet	1	2/7/2022	12/21/2022



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Hernandez, Alberto
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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	42 tablet	0	8/1/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral				
Class: Print				
Earliest Fill Date: 8/1/2022				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				
spironolactone (ALDACTONE) 25 MG tablet				12/21/2022
Sig - Route: Take 25 mg by mouth daily. - Oral				
Class: Historical Med				

Call Information

	Provider	Department	Center
8/25/2022 9:45 AM	Subbu Nagappan, MD	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Subbu Nagappan, MD at 8/25/2022 9:45 AM

Version 1 of 1

Author Type: Physician

Status: Signed



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Hernandez, Alberto
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Progress Notes (continued)

Subbu Nagappan, MD at 8/25/2022 9:45 AM (continued)

Version 1 of 1

S: s/p lap chole has slight incisional pain and wishes to stay of work for two more weeks because he does heavy lifting

O: abd: soft, nontender, well healed incision

A: stable

P: Off work for two weeks.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

08/25/2022 1218 - Subbu Nagappan, MD

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Problem List as of 8/25/2022

Date Reviewed: 8/13/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI), Biliary pain, Calculus of gallbladder, and Angina pectoris, unspecified (HCC).

Review status set to Review Complete by Subbu Nagappan, MD on 8/1/2022

Allergies as of 8/25/2022

No Known Allergies

Patient History

Medical as of 8/25/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Rows include Coronary artery disease, Eustachian tube dysfunction, Hyperlipidemia, Hypertension, and Myocardial infarct (HCC).

Pertinent Negatives

Table with 4 columns: Diagnosis, Date Noted, Comments, Source. Rows include CHF (congestive heart failure) (HCC), Clotting disorder (HCC), Diabetes mellitus (HCC), Heart murmur, and Stroke (HCC).

Surgical as of 8/25/2022

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows include HERNIA REPAIR, INGUINAL HERNIA REPAIR, and TYMPANOSTOMY TUBE.



Legendary Care™

Visit Summary (continued)

Surgical as of 8/25/2022 (continued)

PLACEMENT

CARDIAC CATHETERIZATION	—	—	—	Provider
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Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 8/25/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 8/25/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 8/25/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 8/25/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 8/25/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider



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Legendary Care™

Visit Summary (continued)

Drug Use as of 8/25/2022 (continued)

Sexual Activity as of 8/25/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 8/25/2022

None

Occupational as of 8/25/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 8/25/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral Class: Print Earliest Fill Date: 8/1/2022	42 tablet	0	8/1/2022	12/21/2022



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022
spironolactone (ALDACTONE) 25 MG tablet Sig - Route: Take 25 mg by mouth daily. - Oral Class: Historical Med				12/21/2022

Call Information

	Provider	Department	Center
8/25/2022 10:34 AM	Aileen Diaz, MA	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.



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Legendary Care™

Notes (continued)

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 8/25/2022 by DIAZ, AILEEN [10748] Status: Sent

August 25, 2022

Patient: **Alberto Hernandez**
Date of Birth: **10/10/1964**
Date of Visit: **8/25/2022**

Main General Surgery To Whom It May Concern:

7117 BROCKTON AVE
FLOOR 2
RIVERSIDE CA 92506
Phone: 951-683-6370

It is my medical opinion that Alberto Hernandez may return back to work until 09/12/2022 with no restrictions.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Subbu Nagappan, MD

This form has been electronically signed by: Aileen Diaz, MA

Printed by: Aileen Diaz, MA



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RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Problem List as of 8/25/2022

Date Reviewed: 8/13/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Rows include Eustachian tube dysfunction, Rhinitis, S/P vasectomy, History of ST elevation myocardial infarction (STEMI), Biliary pain, Calculus of gallbladder, and Angina pectoris, unspecified (HCC).

Review status set to Review Complete by Subbu Nagappan, MD on 8/1/2022

Allergies as of 8/25/2022

No Known Allergies

Patient History

Medical as of 8/25/2022

Past Medical History

Table with 4 columns: Diagnosis, Date, Comments, Source. Rows include Coronary artery disease, Eustachian tube dysfunction, Hyperlipidemia, Hypertension, and Myocardial infarct (HCC).

Pertinent Negatives

Table with 4 columns: Diagnosis, Date Noted, Comments, Source. Rows include CHF (congestive heart failure) (HCC), Clotting disorder (HCC), Diabetes mellitus (HCC), Heart murmur, and Stroke (HCC).

Surgical as of 8/25/2022

Past Surgical History

Table with 5 columns: Procedure, Laterality, Date, Comments, Source. Rows include HERNIA REPAIR, INGUINAL HERNIA REPAIR, and TYMPANOSTOMY TUBE.



Legendary Care™

Visit Summary (continued)

Surgical as of 8/25/2022 (continued)

PLACEMENT

CARDIAC CATHETERIZATION	—	—	—	Provider
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Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 8/25/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 8/25/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 8/25/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	—
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 8/25/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 8/25/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider



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Legendary Care™

Visit Summary (continued)

Drug Use as of 8/25/2022 (continued)

Sexual Activity as of 8/25/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 8/25/2022

None

Occupational as of 8/25/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 8/25/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Discontinued) Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
Dapagliflozin Propanediol 10 MG Tab (Discontinued) Sig - Route: Take 1 tablet by mouth daily. - Oral Reason for Discontinue: Duplicate order	90 tablet	1	2/7/2022	12/21/2022
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet (Discontinued) Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral	42 tablet	0	8/1/2022	12/21/2022



Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Class: Print Earliest Fill Date: 8/1/2022 Reason for Discontinue: Therapy completed				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Discontinued)	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral Reason for Discontinue: Therapy completed				
losartan (COZAAR) 25 MG tablet (Discontinued)			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet (Discontinued)	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual Reason for Discontinue: Therapy completed				
spironolactone (ALDACTONE) 25 MG tablet (Discontinued)				12/21/2022
Sig - Route: Take 25 mg by mouth daily. - Oral Class: Historical Med Reason for Discontinue: Therapy completed				

Call Information

	Provider	Department	Center
8/25/2022 10:38 AM	Aileen Diaz, MA	MAIN GENERAL SURGERY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.



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Legendary Care™

Notes (continued)

Progress Notes (continued)

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

Visit Summary

Diagnoses

	Comments
CAD, multiple vessel - Primary	

Problem List as of 9/26/2022

Date Reviewed: 8/13/2022

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Subbu Nagappan, MD on 8/1/2022

Allergies as of 9/26/2022

No Known Allergies

Patient History

Medical as of 9/26/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 9/26/2022



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Surgical as of 9/26/2022 (continued)

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 9/26/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 9/26/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 9/26/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 9/26/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



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Legendary Care™

Visit Summary (continued)

Alcohol Use as of 9/26/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 9/26/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 9/26/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 9/26/2022

None

Occupational as of 9/26/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 9/26/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
Dapagliflozin Propanediol 10 MG Tab	90 tablet	1	2/7/2022	12/21/2022



RIVERSIDE MEDICAL
CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	42 tablet	0	8/1/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral				
Class: Print				
Earliest Fill Date: 8/1/2022				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				
spironolactone (ALDACTONE) 25 MG tablet				12/21/2022
Sig - Route: Take 25 mg by mouth daily. - Oral				
Class: Historical Med				

Call Information

	Provider	Department	Center
9/26/2022 4:05 PM	LaSondra Johnson, LVN	MAIN CARDIOLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found



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Other Orders

EKG 12 lead(Read By Ordering Provider)

Electronically signed by: **Lasondra Johnson, LVN on 09/26/22 1605** Status: **Completed**
Ordering user: Lasondra Johnson, LVN 09/26/22 1605 Authorized by: Joseph Quan, MD
Cosigning events
Electronically cosigned by Joseph Quan, MD 09/26/22 1712 for Ordering
Frequency: 09/26/22 -
Diagnoses
CAD, multiple vessel [I25.10]

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



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Visit Summary

Reason for Visit

Coronary Artery Disease

Diagnoses

	Comments
Recurrent chest pain (Chronic) - Primary	
CAD, multiple vessel	
Old MI (myocardial infarction)	
S/P coronary artery stent placement	
Chronic systolic HF (heart failure) (HCC) (Chronic)	

Problem List as of 9/27/2022

Date Reviewed: **9/27/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by Joseph Quan, MD on 9/27/2022

Allergies as of 9/27/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Row Name	09/27/22 1053
Enc Vitals	
BP	102/69 -DF
Pulse	65 -DF
Resp	—
Temp	—
Temp src	—
SpO2	—
Weight	140 lb (63.5 kg) - DF
Height	5' 5" (1.651 m) - DF
Peak Flow	—



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Pain Score —
Pain Loc —
Pain Edu? —
Excl. in GC? —

Custom Formula Data

Row Name 09/27/22 1053

OTHER

BSA 1.71 sq meters -
(Calculated - sq DF
m)

IBW/kg 61.5 kg -DF
(Calculated)
Male

Low Range Vt 369 mL -DF
6cc/kg MALE

Adult Moderate 492 mL -DF
Range Vt
8cc/kg MA

Adult High 615 mL -DF
Range Vt
10cc/kg MALE

IBW/kg 57 kg -DF
(Calculated)
FEMALE

Low Range Vt 342 mL -DF
6cc/kg
FEMALE

Adult Moderate 456 mL -DF
Range vt
8cc/kg
FEMALE

Percent Weight 0 -DF
Change Since
Birth

IBW/kg 61.5 -DF
(Calculated)

Low Range Vt 369 mL -DF
6cc/kg

Adult Moderate 492 mL -DF
Range Vt
8cc/kg

Adult High 615 mL -DF
Range Vt
10cc/kg

Vital Signs

BMI 23.3 -DF
(Calculated)



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Anthropometrics

Row Name	09/27/22 1053
Anthropometrics	
Height	—
Weight	—
Frame Size	—
Weight Change	100 -DF
BMI (Calculated)	—
Growth Pattern	—
Indices / Percentile Ranks	
Body Compartment Estimates	—

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
DF	Daisy Flores, MA	08/27/18 -

Vitals

Most recent update: 9/27/2022 10:53 AM

BP	Pulse	Ht	Wt
102/69	65	5' 5" (1.651 m)	140 lb (63.5 kg)

Patient History

Medical as of 9/27/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 9/27/2022

Past Surgical History



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Visit Summary (continued)

Surgical as of 9/27/2022 (continued)

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 9/27/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 9/27/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 9/27/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 9/27/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider



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Visit Summary (continued)

Alcohol Use as of 9/27/2022 (continued)

Drug Use as of 9/27/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 9/27/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 9/27/2022

None

Occupational as of 9/27/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 9/27/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022



Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Dapagliflozin Propanediol 10 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet (Taking) Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral Class: Print Earliest Fill Date: 8/1/2022	42 tablet	0	8/1/2022	12/21/2022
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet (Taking) Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet (Taking) Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022
spironolactone (ALDACTONE) 25 MG tablet (Taking) Sig - Route: Take 25 mg by mouth daily. - Oral Class: Historical Med				12/21/2022

Call Information

	Provider	Department	Center
9/27/2022 10:15 AM	Joseph Quan, MD	MAIN CARDIOLOGY	Main Clinic

Reason for Call

Coronary Artery Disease

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found



Legendary Care™

Result Summary (continued)

Progress Notes

Joseph Quan, MD at 9/27/2022 10:15 AM

Version 1 of 1

Author Type: Physician

Status: Signed

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with

- Coronary Artery Disease

HPI

This 57-year-old male was last seen in June 2022.

He presented with STEMI in May 2021.

He received a coronary stent in the LAD at LLUMC.

Follow-up echocardiogram study showed improvement of LVEF from 35% to 40%.

There was no evidence of aortic stenosis.

Subsequently, he underwent successful laparoscopic cholecystectomy.

He has been off Brilinta therapy.

He complains of having intermittent left-sided chest pain, which could last up to 1 hour.

Baseline EKG demonstrates normal sinus rhythm the rate of 65 bpm, with right bundle branch block, and evidence of septal and lateral wall infarct.

After further discussion, the patient has agreed to proceed with Lexiscan study to rule out new stress ischemia. Meanwhile he will continue baby aspirin therapy and statin therapy.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	take 1 tablet by mouth once daily	90 tablet	1
• Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	Take 10 mg by mouth daily.	30 tablet	6
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	Take 1 tablet by mouth every 6 (six) hours as needed for Pain.	42 tablet	0
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet by mouth in the morning.	30 tablet	6
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 9/27/2022 10:15 AM (continued)

Version 1 of 1

• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	100 tablet	3
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.		
• spironolactone (ALDACTONE) 25 MG tablet	Take 25 mg by mouth daily.		
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.	180 tablet	1

No current facility-administered medications on file prior to visit.

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Occupation: Warehouse worker
- Employer: COCA COLA CO.

Tobacco Use

- Smoking status: Passive Smoke Exposure - Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity

- Alcohol use: No
- Drug use: No
- Sexual activity: Yes
- Partners: Female
- Comment: Married

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file
 Food Insecurity: Not on file
 Transportation Needs: Not on file
 Physical Activity: Not on file
 Stress: Not on file
 Social Connections: Not on file



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 9/27/2022 10:15 AM (continued)

Version 1 of 1

Intimate Partner Violence: Not on file
Housing Stability: Not on file

No Known Allergies

Review of Systems

- Constitutional: Negative for chills, fever, malaise/fatigue and weight loss.
- Eyes: Negative for blurred vision and double vision.
- Respiratory: Negative for cough and wheezing.
- Cardiovascular: Negative for chest pain, palpitations, orthopnea, leg swelling and PND.
- Gastrointestinal: Negative for heartburn.
- Genitourinary: Negative for frequency.
- Musculoskeletal: Negative for back pain and myalgias.
- Skin: Negative for rash.
- Neurological: Negative for dizziness, loss of consciousness and headaches.
- Endo/Heme/Allergies: Does not bruise/bleed easily.
- Psychiatric/Behavioral: Negative for depression.

Patient's medications, allergies, past medical, surgical, social and family histories were reviewed and updated as appropriate.

BP 102/69 | Pulse 65 | Ht 5' 5" (1.651 m) | Wt 140 lb (63.5 kg) | BMI 23.30 kg/m²

Objective:

Physical Exam

Constitutional:

- General: He is not in acute distress.
- Appearance: He is well-developed.

HENT:

Head: Atraumatic.

Eyes:

- General: No scleral icterus.
- Pupils: Pupils are equal, round, and reactive to light.

Neck:

Vascular: No JVD.

Cardiovascular:

- Rate and Rhythm: Normal rate and regular rhythm.
- Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:

- Effort: Pulmonary effort is normal. No respiratory distress.
- Breath sounds: Normal breath sounds. No wheezing or rales.



Legendary Care™

Progress Notes (continued)

Joseph Quan, MD at 9/27/2022 10:15 AM (continued)

Version 1 of 1

Abdominal:

General: There is no distension.
Palpations: Abdomen is soft.

Musculoskeletal:

Cervical back: Neck supple.

Skin:

Findings: No erythema.

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Assessment:

1. Recurrent chest pain
2. CAD, multiple vessel
3. Old MI (myocardial infarction)
4. S/P coronary artery stent placement
5. Chronic systolic HF (heart failure) (HCC)

Plan:

Patient Instructions

Lexiscan to rule out stress ischemia
Cardiology follow up in 6 weeks
Continue current medical treatment and risk factor modification.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

09/27/2022 1143 - Joseph Quan, MD

Dispositions: Return in about 6 weeks (around 11/8/2022).



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All Notes

No notes of this type exist for this encounter.



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Legendary Care™

Visit Summary

Diagnoses

	Comments
Recurrent chest pain (Chronic) - Primary	

Problem List as of 9/27/2022

Date Reviewed: **9/27/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present

Review status set to Review Complete by
Joseph Quan, MD on 9/27/2022

Allergies as of 9/27/2022

No Known Allergies

Patient History

Medical as of 9/27/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider

Surgical as of 9/27/2022



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Legendary Care™

Visit Summary (continued)

Surgical as of 9/27/2022 (continued)

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 9/27/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 9/27/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 9/27/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Passive Smoke Exposure - Never Smoker	—	—	
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 9/27/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



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Visit Summary (continued)

Alcohol Use as of 9/27/2022 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 9/27/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 9/27/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 9/27/2022

None

Occupational as of 9/27/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 9/27/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
Dapagliflozin Propanediol 10 MG Tab	90 tablet	1	2/7/2022	12/21/2022



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Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	42 tablet	0	8/1/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral				
Class: Print				
Earliest Fill Date: 8/1/2022				
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	30 tablet	6	5/16/2022	12/21/2022
Sig - Route: Take 1 tablet by mouth in the morning. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	100 tablet	3	5/23/2022	12/21/2022
Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual				
spironolactone (ALDACTONE) 25 MG tablet				12/21/2022
Sig - Route: Take 25 mg by mouth daily. - Oral				
Class: Historical Med				

Ordered Facility-Administered Medications

	Dose	Freq	Start	End
regadenoson (LEXISCAN) solution 0.4 mg	0.4 mg	ONCE	9/27/2022	
Route: Intravenous				
Cosign for Ordering: Accepted by Joseph Quan, MD on 9/27/2022 3:48 PM				

Call Information

	Provider	Department	Center
9/27/2022 11:47 AM	Danella Vaquez, LVN	MAIN CARDIOLOGY	Main Clinic

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations



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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

All Meds and Administrations

regadenoson (LEXISCAN) solution 0.4 mg [39344321]

Ordering Provider: Joseph Quan, MD	Status: Sent
Ordered On: 09/27/22 1148	Start: 09/27/22 1200
Ordered Dose (Remaining/Total): 0.4 mg (1/1)	Route: Intravenous
Frequency: ONCE	Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose / Rate / Duration	Route / Site / Linked Line	Other Information
09/27/22 1200	Due	—	—	—

Orders



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Lab and Imaging Orders

Nuc Med myocardial perfusion imaging (Stress/Rest)

Electronically signed by: **Danella Vasquez, LVN on 09/27/22 1148** Status: **Expired**

Ordering user: Danella Vasquez, LVN 09/27/22 1148 Authorized by: Joseph Quan, MD

Cosigning events

Electronically cosigned by Joseph Quan, MD 09/27/22 1548 for Ordering

Frequency: 09/27/22 -

Indications comment: Reccurent chest pain

Diagnoses

Recurrent chest pain [R07.9]

Questionnaire

Question	Answer
Reason for Exam:	Reccurent chest pain



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Amb Encounter Report

Hernandez, Alberto
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Legendary Care™

Other Orders

Saline lock IV

Electronically signed by: **Danella Vasquez, LVN on 09/27/22 1148** Status: **Expired**
 Ordering user: Danella Vasquez, LVN 09/27/22 1148 Authorized by: Joseph Quan, MD
 Cosigning events
 Electronically cosigned by Joseph Quan, MD 09/27/22 1548 for Ordering
 Frequency: 09/27/22 -
 Diagnoses
 Recurrent chest pain [R07.9]

Stress Test, pharmacological with nuc med myocardial perfusion (Rest/Stress)

Electronically signed by: **Danella Vasquez, LVN on 09/27/22 1148** Status: **Expired**
 Ordering user: Danella Vasquez, LVN 09/27/22 1148 Authorized by: Joseph Quan, MD
 Cosigning events
 Electronically cosigned by Joseph Quan, MD 09/27/22 1548 for Ordering
 Frequency: 09/27/22 -
 Diagnoses
 Recurrent chest pain [R07.9]

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Visit Summary

Reason for Visit

Back Pain

Pt had work injury x 4 years ago and company closed his case because they cannot keep him working due to his back. Pt is requesting a letter of work restriction so he can go back to work with limitation.

Diagnoses

Table with 2 columns: Diagnosis, Comments. Includes 'Chronic back pain, unspecified back location, unspecified back pain laterality' and 'Chest wall pain'.

Problem List as of 12/21/2022

Date Reviewed: 9/27/2022

Table with 5 columns: Problem, ICD-10-CM, Priority, Class, Noted - Resolved. Lists various medical conditions like Eustachian tube dysfunction, Rhinitis, S/P vasectomy, etc.

Allergies as of 12/21/2022

Review status set to Review Complete by Maria Revilla, MA on 12/21/2022

No Known Allergies

Flowsheets (all recorded)

Encounter Vitals

Table with 2 columns: Row Name, Value. Lists vitals like BP (137/79 -MR), Pulse (80 -MR), Weight (144 lb 6.4 oz).



Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

	(65.5 kg) -MR
Height	5' 5" (1.651 m)
	per pt -MR
Peak Flow	—
Pain Score	—
Pain Loc	—
Pain Edu?	—
Excl. in GC?	—

Custom Formula Data

Row Name	12/21/22 1115
----------	---------------

OTHER

IBW/kg (Calculated) Male	61.5 kg -MR
Low Range Vt 6cc/kg MALE	369 mL -MR
Adult Moderate Range Vt 8cc/kg MA	492 mL -MR
Adult High Range Vt 10cc/kg MALE	615 mL -MR
IBW/kg (Calculated) FEMALE	57 kg -MR
Low Range Vt 6cc/kg FEMALE	342 mL -MR
Adult Moderate Range vt 8cc/kg FEMALE	456 mL -MR
IBW/kg (Calculated)	61.5 -MR
Low Range Vt 6cc/kg	369 mL -MR
Adult Moderate Range Vt 8cc/kg	492 mL -MR
Adult High Range Vt 10cc/kg	615 mL -MR
BSA (Calculated - sq m)	1.73 sq meters - MR
Percent Weight Change Since	0 -MR



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Flowsheets (all recorded) (continued)

Birth

Vital Signs

BMI 24 -MR
(Calculated)

Anthropometrics

Row Name 12/21/22 1115

Anthropometrics

Height —

Weight —

Frame Size —

Weight Change 100 -MR

BMI —

(Calculated)

Growth Pattern —

Indices /
Percentile
Ranks

Body —

Compartment
Estimates

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates
MR	Maria Revilla, MA	10/03/12 -

Vitals

Most recent update: 12/21/2022 11:24 AM

BP 137/79 Pulse 80 Ht 5' 5" (1.651 m) Wt 144 lb 6.4 oz (65.5 kg)

Patient History

Medical as of 12/21/2022

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Medical as of 12/21/2022 (continued)

Procedure	Date	Source
Heart murmur	03/30/2022	Provider
Stroke (HCC)	03/30/2022	Provider

Surgical as of 12/21/2022

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 12/21/2022

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 12/21/2022

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 12/21/2022

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Never	—	—	—
Passive Exposure			
Yes			
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Tobacco Use as of 12/21/2022 (continued)

Source Provider

Alcohol Use as of 12/21/2022

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No	—	—	—	Provider

Drug Use as of 12/21/2022

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 12/21/2022

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 12/21/2022

None

Occupational as of 12/21/2022

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 12/21/2022

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet (Taking) Class: Historical Med			8/10/2021	
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab (Taking) Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet (Taking) Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule (Taking) Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				



Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Ticagrelor 90 MG Tab (Taking) Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
atorvastatin (LIPITOR) 80 MG tablet (Taking) Sig: take 1 tablet by mouth once daily	90 tablet	1	8/8/2022	12/21/2022
losartan (COZAAR) 25 MG tablet (Taking) Sig - Route: Take 12.5 mg by mouth. - Oral Class: Historical Med			6/15/2021	1/11/2023
Dapagliflozin Propanediol 10 MG Tab Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	1	2/7/2022	12/21/2022
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet Sig - Route: Take 1 tablet by mouth every 6 (six) hours as needed for Pain. - Oral Class: Print Earliest Fill Date: 8/1/2022	42 tablet	0	8/1/2022	12/21/2022
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet Sig - Route: Take 1 tablet by mouth in the morning. - Oral	30 tablet	6	5/16/2022	12/21/2022
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet Sig - Route: Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain. - Sublingual	100 tablet	3	5/23/2022	12/21/2022
spironolactone (ALDACTONE) 25 MG tablet Sig - Route: Take 25 mg by mouth daily. - Oral Class: Historical Med				12/21/2022

Clinic-Administered Medications

	Dose	Frequency	Start	End
regadenoson (LEXISCAN) solution 0.4 mg Route: Intravenous Cosign for Ordering: Accepted by Joseph Quan, MD on 9/27/2022 3:48 PM	0.4 mg	ONCE	9/27/2022	

Discontinued Medications

	Reason for Discontinue
🏠 Dapagliflozin Propanediol 10 MG Tab	Duplicate order
🏠 hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	Therapy completed
🏠 spironolactone (ALDACTONE) 25 MG tablet	Therapy completed
🏠 isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Therapy completed
🏠 nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Therapy completed
🏠 atorvastatin (LIPITOR) 80 MG tablet	

Ordered Medications

	Disp	Refills	Start	End
atorvastatin (LIPITOR) 20 MG tablet	90 tablet	3	12/21/2022	12/21/2023



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Ordered Medications (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth daily. - Oral				
tramadol (ULTRAM) 50 MG tablet	50 tablet	1	12/21/2022	1/20/2023
Sig - Route: Take 1 tablet by mouth every 12 (twelve) hours as needed for Pain for up to 30 days. - Oral				

Call Information

	Provider	Department	Center
12/21/2022 11:30 AM	Margaret Song, MD	CS ADULT MEDICINE	CS

Reason for Call

Back Pain Pt had work injury x 4 years ago and company closed his case because they cannot keep him working due to his back. Pt is requesting a letter of work restriction so he can go back to work with limitation.

Care Advice Given

No Care Advice given for this encounter.

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found

Result Summary

All Results

No results found

Progress Notes

Margaret M Song, MD at 12/21/2022 11:30 AM

Version 1 of 1

Author Type: Physician Status: Signed

This is a 58 y.o. male presents today for a follow up and

Chief Complaint

Patient presents with

- **Back Pain**

Pt had work injury x 4 years ago and company closed his case because they cannot keep him working due to his back. Pt is requesting a letter of work restriction so he can go back to work with limitation.

HPI

- Years of back pain; has closed worker's comp case that his attorney is trying to reopen. Light duty since June but his work has no light duty for him so has been off work since Nov 1; needs letter stating that light



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 12/21/2022 11:30 AM (continued)

Version 1 of 1

duty should continue

C/o anterior chest pain, not related to activity, localizable

ROS:

Constitutional: Negative for fever, chills, weight loss, malaise/fatigue and diaphoresis.

Respiratory: Negative for cough, hemoptysis, sputum production, shortness of breath and wheezing.

Cardiovascular: Negative for palpitations, orthopnea, claudication, leg swelling and PND.

Gastrointestinal: Negative for heartburn, nausea, vomiting, abdominal pain, diarrhea, constipation, blood in stool and melena.

Musculoskeletal:

Neurological: Negative for dizziness, tingling, focal weakness and headaches.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021
- Biliary pain
- Calculus of gallbladder
- Angina pectoris, unspecified (HCC)
- Chronic back pain
- Chest wall pain

Social History

Tobacco Use

- Smoking status: Never
- Passive exposure: Yes
- Smokeless tobacco: Never

Substance Use Topics

- Alcohol use: No
- Drug use: No

Family History

Problem	Relation	Age of Onset
• COPD	Mother	
• Diabetes	Mother	
• High cholesterol	Mother	
• Hypertension	Mother	
• Vision loss	Mother	
• Arthritis	Father	
• Cancer	Father	65



Legendary Care™

Progress Notes (continued)

Margaret M Song, MD at 12/21/2022 11:30 AM (continued)

Version 1 of 1

Wt Readings from Last 3 Encounters:
12/21/22 144 lb 6.4 oz (65.5 kg)
09/27/22 140 lb (63.5 kg)
08/01/22 145 lb (65.8 kg)

OBJECTIVE:

BP 137/79 | Pulse 80 | Ht 5' 5" (1.651 m) Comment: per pt | Wt 144 lb 6.4 oz (65.5 kg) | BMI 24.03 kg/m²
General: In no apparent distress and well developed and well nourished
Heart: Regular rate and rhythm, S1, S2 normal
Lung: Chest clear, no wheezing, rales. Adequate breath sound noted
Chest wall tender anterior ribs
Back: area of pain is thoracic and lumbar, midline

ASSESSMENT/PLAN:

1. **Chronic back pain, unspecified back location, unspecified back pain laterality**
 2. Chest wall pain
- Letter written for light duty
 - Discussed costochondritis; reassurance

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

Follow-up and Disposition History

12/21/2022 1155 - Margaret M Song, MD

Dispositions: Return if symptoms worsen or fail to improve.

All Notes

No notes of this type exist for this encounter.

Letters

Letter on 12/21/2022 by SONG, MARGARET [1843] Status: Sent



Legendary Care™

RIVERSIDE MEDICAL CLINIC, LLC
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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

December 21, 2022

Patient: **Alberto Hernandez**
Date of Birth: **10/10/1964**
Date of Visit: **12/21/2022**

Canyon Springs Adult To Whom It May Concern:
Medicine

6405 DAY STREET
FLOOR 2
RIVERSIDE CA 92507
Phone: 951-683-6370

Alberto Hernandez needs to be on the following work restrictions from 11/01/2022 through 4/30/2023.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Margaret Song, MD

This form has been electronically signed by: Margaret Song, MD

Printed by: Margaret M Song, MD

Letter on 12/21/2022 by SONG, MARGARET [1843] Status: Sent

December 21, 2022

Patient: **Alberto Hernandez**
Date of Birth: **10/10/1964**
Date of Visit: **12/21/2022**

Canyon Springs Adult To Whom It May Concern:
Medicine

6405 DAY STREET
FLOOR 2
RIVERSIDE CA 92507
Phone: 951-683-6370

Alberto Hernandez needs to be on the following work restrictions from 11/01/2022 through 4/30/2023:

No lifting greater than 20 lbs.



Legendary Care™

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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Margaret Song, MD

This form has been electronically signed by: Margaret Song, MD

Printed by: Margaret M Song, MD



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary

Reason for Visit

Other

Problem List as of 1/9/2023

Date Reviewed: **9/27/2022**

	ICD-10-CM	Priority	Class	Noted - Resolved
Eustachian tube dysfunction	H69.80			4/17/2012 - Present
Rhinitis	J31.0			4/17/2012 - Present
S/P vasectomy	Z98.52			10/12/2012 - Present
History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021	I25.2			1/10/2022 - Present
Biliary pain	K80.50			5/23/2022 - Present
Calculus of gallbladder	K80.20			5/23/2022 - Present
Angina pectoris, unspecified (HCC)	I20.9			5/23/2022 - Present
Chronic back pain	M54.9, G89.29			12/21/2022 - Present
Chest wall pain	R07.89			12/21/2022 - Present

Review status set to Review Complete by Maria Revilla, MA on 12/21/2022

Allergies as of 1/9/2023

No Known Allergies

Patient History

Medical as of 1/9/2023

Past Medical History

Diagnosis	Date	Comments	Source
Coronary artery disease	—	—	Provider
Eustachian tube dysfunction	04/17/2012	—	Provider
Hyperlipidemia	—	—	Provider
Hypertension	—	—	Provider
Myocardial infarct (HCC)	—	—	Provider

Pertinent Negatives

Diagnosis	Date Noted	Comments	Source
CHF (congestive heart failure) (HCC)	03/30/2022	—	Provider
Clotting disorder (HCC)	03/30/2022	—	Provider
Diabetes mellitus (HCC)	03/30/2022	—	Provider
Heart murmur	03/30/2022	—	Provider
Stroke (HCC)	03/30/2022	—	Provider



Legendary Care™

Visit Summary (continued)

Surgical as of 1/9/2023

Past Surgical History

Procedure	Laterality	Date	Comments	Source
HERNIA REPAIR	—	12/11	B/L inguinal hernia surgery	Provider
INGUINAL HERNIA REPAIR	—	12/11	Bilateral	Provider
TYMPANOSTOMY TUBE PLACEMENT	—	—	25yrs ago	Provider
CARDIAC CATHETERIZATION	—	—	—	Provider

Pertinent Negatives

Procedure	Date Noted	Comments	Source
CORONARY ARTERY BYPASS GRAFT	03/30/2022	—	Provider

Family as of 1/9/2023

Problem	Relation	Name	Age of Onset	Comments	Source
COPD	Mother	—	—	—	Provider
Diabetes	Mother	—	—	—	Provider
High cholesterol	Mother	—	—	—	Provider
Hypertension	Mother	—	—	—	Provider
Vision loss	Mother	—	—	—	Provider
Arthritis	Father	—	—	—	Provider
Cancer	Father	—	65	prostate cancer	Provider
Diabetes	Father	—	—	—	Provider
High cholesterol	Father	—	—	—	Provider
Hypertension	Father	—	—	—	Provider

Family Status as of 1/9/2023

Relation	Name	Status	Comments	Sex (Gender)	Father	Mother	Source
Mother	—	Alive	—	F	—	—	Provider
Father	—	Alive	—	M	—	—	Provider

Tobacco Use as of 1/9/2023

Smoking Status	Smoking Start Date	Quit Date	Smoking Frequency
Never	—	—	
Passive Exposure			
Yes			
Smokeless Status	Smokeless Type	Smokeless Quit Date	
Never	—	—	
Source			
Provider			

Alcohol Use as of 1/9/2023

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source



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Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Visit Summary (continued)

Alcohol Use as of 1/9/2023 (continued)

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
No		—	—	Provider

Drug Use as of 1/9/2023

Drug Use	Types	Frequency	Comments	Source
No	—	—	—	Provider

Sexual Activity as of 1/9/2023

Sexually Active	Birth Control	Partners	Comments	Source
Yes	—	Female	Married	Provider

Activities of Daily Living as of 1/9/2023

None

Occupational as of 1/9/2023

Occupation	Employer	Comments	Source
Warehouse worker	COCA COLA CO.	—	Provider

Socioeconomic as of 1/9/2023

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
Married	—	—	—	—	English	Hispanic or Latino	Decline to State	Provider

Medications

Medications at Start of Encounter

	Disp	Refills	Start	End
ASPIRIN LOW DOSE 81 MG chewable tablet Class: Historical Med			8/10/2021	
atorvastatin (LIPITOR) 20 MG tablet Sig - Route: Take 1 tablet by mouth daily. - Oral	90 tablet	3	12/21/2022	12/21/2023
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab Sig - Route: Take 10 mg by mouth daily. - Oral	30 tablet	6	5/16/2022	
metoprolol (TOPROL-XL) 50 MG 24 hr tablet Sig: Take 1 tablet by mouth daily.	90 tablet	1	2/7/2022	
omeprazole (PRILOSEC) 20 MG capsule Sig - Route: Take 20 mg by mouth in the morning. - Oral Class: Historical Med				
Ticagrelor 90 MG Tab Sig - Route: Take 1 tablet by mouth 2 (two) times daily. - Oral	180 tablet	1	2/23/2022	
tramadol (ULTRAM) 50 MG tablet	50 tablet	1	12/21/2022	1/20/2023



RIVERSIDE MEDICAL
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Medications (continued)

Medications at Start of Encounter (continued)

	Disp	Refills	Start	End
Sig - Route: Take 1 tablet by mouth every 12 (twelve) hours as needed for Pain for up to 30 days. - Oral				
losartan (COZAAR) 25 MG tablet			6/15/2021	1/11/2023
Sig - Route: Take 12.5 mg by mouth. - Oral				
Class: Historical Med				

Clinic-Administered Medications

	Dose	Frequency	Start	End
regadenoson (LEXISCAN) solution 0.4 mg	0.4 mg	ONCE	9/27/2022	
Route: Intravenous				
Cosign for Ordering: Accepted by Joseph Quan, MD on 9/27/2022 3:48 PM				

Discontinued Medications

	Reason for Discontinue
losartan (COZAAR) 25 MG tablet	

Ordered Medications

	Disp	Refills	Start	End
losartan (COZAAR) 25 MG tablet	90 tablet	3	1/11/2023	1/6/2024
Sig: take 1 tablet by mouth once daily				

Incoming Interface

	Provider	Department	Center
1/9/2023 12:03 PM	Margaret Song, MD	CS ADULT MEDICINE	CS

Reason for Call

Other

Care Advice Given

No Care Advice given for this encounter.

Approved

	Disp	Refills	Start	End
losartan (COZAAR) 25 MG tablet	90 tablet	3	1/11/2023	1/6/2024
Sig: take 1 tablet by mouth once daily				
Class: Normal				
DAW: No				
Authorizing Provider: Margaret M Song, MD				

All Meds and Administrations

(There are no med orders for this encounter)

Orders

Lab and Imaging Orders

No orders found

Other Orders

No orders found



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RIVERSIDE CA 92506-3912
Amb Encounter Report

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Orders (continued)

Result Summary

All Results

No results found

Notes

Progress Notes

No notes of this type exist for this encounter.

Procedure Notes

No notes of this type exist for this encounter.

H&P Notes

No notes of this type exist for this encounter.

All Notes

No notes of this type exist for this encounter.

Telephone Encounter by Maria Revilla, MA at 2/4/2022 3:12 PM

Author: Maria Revilla, MA	Service: —	Author Type: Medical Assistant
Filed: 2/4/2022 3:16 PM	Encounter Date: 2/4/2022	Status: Signed
Editor: Maria Revilla, MA (Medical Assistant)		

Pt is requesting a refill on ticagrelor 90 mg,dapaglifozin propanedid 10 mg,losartan 25 mg,atorvastatin 80 mg,metoprolol, and aspirin ,pharm-rite aid on alessandro

Telephone Encounter by Aileen Diaz, MA at 5/31/2022 10:38 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 5/31/2022 10:38 AM	Encounter Date: 5/31/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

----- Message from Subbu Nagappan, MD sent at 5/29/2022 6:05 AM PDT -----
Please schedule a follow up appointment in the office

Telephone Encounter by Aileen Diaz, MA at 5/31/2022 10:38 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 5/31/2022 10:39 AM	Encounter Date: 5/31/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Spoke with patient- Appointment made for 6/2/22 @ 8:50am

Telephone Encounter by Aileen Diaz, MA at 6/9/2022 8:03 AM



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Notes (continued)

Telephone Encounter by Aileen Diaz, MA at 6/9/2022 8:03 AM (continued)

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 6/9/2022 8:04 AM	Encounter Date: 6/9/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Called patient that his FMLA and EDD forms are ready to be picked up

Telephone Encounter by Aileen Diaz, MA at 6/10/2022 10:40 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 6/10/2022 10:42 AM	Encounter Date: 6/10/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Patient came in yesterday 6/9/22 to pick up EDD and FMLA forms

Telephone Encounter by Aileen Diaz, MA at 6/15/2022 7:02 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 6/15/2022 7:02 AM	Encounter Date: 6/8/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Patient has appointment with cardiology 6/15/22

Telephone Encounter by Aileen Diaz, MA at 6/30/2022 10:26 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 6/30/2022 10:28 AM	Encounter Date: 6/30/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Southern California soft drink industry and Teamsters health & welfare Fund temporary total disability form is ready to be picked up at the front desk. Left message to patient if have any questions to give me a call back. Copy sent to scan.

Telephone Encounter by Aileen Diaz, MA at 7/11/2022 11:36 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 7/11/2022 11:38 AM	Encounter Date: 7/11/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Surgery scheduled for 8/1/22 for lap chole at RMC.
Patient verbally confirmed pre op instructions and testing if needed.
Patient verbally confirmed and did not have any questions.
Patient vaccinated and notified to take vaccine card. Patient will be in to get instructions as well and get testing done

Telephone Encounter by Aileen Diaz, MA at 7/29/2022 9:38 AM



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Notes (continued)

Telephone Encounter by Aileen Diaz, MA at 7/29/2022 9:38 AM (continued)

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 7/29/2022 9:39 AM	Encounter Date: 7/29/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

EDD form mailed. Copy sent to scan. Patient notified.

Sx: 8/1/22

5/19/22- RTW 8/29/22

Dx: K80.20

Op Note by Subbu Nagappan, MD at 8/1/2022 6:26 AM

Author: Subbu Nagappan, MD	Service: Ambulatory Surgery	Author Type: Physician
Filed: 8/1/2022 8:49 AM	Date of Service: 8/1/2022 6:26 AM	Status: Signed
Editor: Subbu Nagappan, MD (Physician)		

Alberto Hernandez
1015723
male
10/10/1964

PREOPERATIVE DIAGNOSIS: Pre-Op Diagnosis Codes:

* Gallstones [K80.20]

POSTOPERATIVE DIAGNOSIS: Post-Op Diagnosis Codes:

* Gallstones [K80.20]

PROCEDURE/SURGERY: laparoscopic cholecystectomy

SURGEON: Surgeon(s):
Subbu Nagappan, MD

ANESTHESIOLOGIST: Anesthesiologist: Bennett Jay Martin, MD
ANESTHESIA TYPE: General

ESTIMATED BLOOD LOSS: min

COMPLICATIONS: none

FINDINGS: mild acute cholecystitis

SPECIMENS: gallbladder

INDICATIONS FOR SURGERY: ruq pain

SUMMARY OF PROCEDURE: Patient placed in the operating table in the supine position. General anesthesia administered. Ted hose, scd's placed. Orogastric tube placed. Time out performed. A supraumbilical incision made and sharply carried down to the fascia. The fascia was opened in the midline and the fascial edges were grasped with kocher clamps. Stay sutures were placed on either sides. The peritoneum was grasped and



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Notes (continued)

Op Note by Subbu Nagappan, MD at 8/1/2022 6:26 AM (continued)

opened under direct vision. Blunt examining finger was placed and no anterior abdominal adhesions were identified. The blunt hassan trochar was placed. Opening pressure was zero. Pneumoperitoneum was created to a max intraabdominal pressure of fifteen. Accessory trocars were placed in the upper abdomen under direct vision without injury to intrabdominal contents. These were two 5 mm and one ten mm trocars. The gallbladder was than grasped at the fundus and retracted superiorly. Another grasper was placed on the infundibulum. Placing the infundibulum on traction, the cystic duct was clearly dissected. The peritoneum on either side was dissected up onto the liver. The cystic artery was carefully dissected and visualized.. The fibrofatty tissue was dissected behind the gallbladder and the critical view was identified and visualized. Both structures were clipped in the usual fashion. The cystic duct was divided and the artery was then clearly dissected and clipped and divided. The gallbladder was then dissected from the liver bed with cautery. Just prior to disconnecting the gallbladder from the liver bed, hemostasis was checked and obtained in the liver bed. The clips were intact on the cystic duct and artery.. The right upper quadrant was copiously irrigated and fluid removed. The irrigation fluid was clear without any evidence of blood or bile staining. The upper trocars were removed under direct vision and no bleeding was noted from the trocar sites. The camera and hassan were removed and the fascia was closed with 0-vicryl suture. The upper incision was closed with staples and the umbilical incision was closed with vertical mattress nylon sutures. Final sponge, needle and instrument count were correct. Sterile dressings applied and patient was transferred to recovery room in satisfactory condition.

Anesthesia Pre-op by Bennett Jay Martin, MD at 8/1/2022 7:22 AM

Author: Bennett Jay Martin, MD Service: — Author Type: Anesthesiologist
Filed: 8/1/2022 7:24 AM Date of Service: 8/1/2022 7:22 AM Status: Signed
Editor: Bennett Jay Martin, MD (Anesthesiologist)

Pre Anesthesia Notes

Proposed Procedure(s): Procedure(s) (LRB):
LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN (N/A)

Chart Reviewed: yes

Patient Interviewed and Examined: yes

NPO since: mn

Allergies: Patient has no known allergies.

Medications:

Current Outpatient Medications

Medication	Sig
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.
• Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	Take 10 mg by mouth daily.
• Dapagliflozin Propanediol 10 MG	Take 1 tablet by mouth daily.



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Notes (continued)

Anesthesia Pre-op by Bennett Jay Martin, MD at 8/1/2022 7:22 AM (continued)

Tab	
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.
• ASPIRIN LOW DOSE 81 MG chewable tablet	
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet by mouth in the morning.
• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.
• spironolactone (ALDACTONE) 25 MG tablet	Take 25 mg by mouth daily.
• Ticagrelor 90 MG Tab	Take 1 tablet by mouth 2 (two) times daily.

Problem List:

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021 stent to LAD 2021
- Biliary pain
- Calculus of gallbladder
- Angina pectoris, unspecified (HCC)

Medical History:

Past Medical History:

Diagnosis

Date

- | | |
|-------------------------------|------------|
| • Coronary artery disease | |
| • Eustachian tube dysfunction | 04/17/2012 |
| • Hyperlipidemia | |
| • Hypertension | |
| • Myocardial infarct (HCC) | |

Surgical History:

Past Surgical History:

Procedure

Laterality

Date

- | | | |
|------------------------------------|--|-------|
| • CARDIAC CATHETERIZATION | | |
| • HERNIA REPAIR | | 12/11 |
| <i>B/L inguinal hernia surgery</i> | | |
| • INGUINAL HERNIA REPAIR | | 12/11 |
| <i>Bilateral</i> | | |
| • TYMPANOSTOMY TUBE PLACEMENT | | |



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Notes (continued)

Anesthesia Pre-op by Bennett Jay Martin, MD at 8/1/2022 7:22 AM (continued)

25yrs ago

Anesthesia History: no problems

PERTINENT PHYSICAL FINDINGS

Airway: Grade II

Neck: Normal ROM

Heart: normal rate and regular rhythm.

Lungs: clear

Other Physical Findings: no

Pertinent Chest X-ray Findings: no

Pertinent EKG Findings: unchanged from previous tracings, normal sinus rhythm, Q waves in V1V2.

Pertinent Lab Findings: no

ASA Physical Status: 3

Anesthetic techniques discussed: General endotracheal anesthesia

Risks, benefits, alternatives, and possible complications discussed: yes

Consent obtained: yes

From: Patient

Bennett Martin, MD

7:22 AM

8/1/2022

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM

Author: Subbu Nagappan, MD

Service: Ambulatory Surgery

Author Type: Physician

Filed: 8/1/2022 7:29 AM

Date of Service: 8/1/2022 7:29 AM

Status: Signed

Editor: Subbu Nagappan, MD (Physician)

I, the undersigned physician, hereby certify that I have discussed the procedure named above with this patient, including the risks and benefits of the procedure, any adverse reaction that may reasonably be expected to occur, any alternative efficacious methods of treatment which may be



Legendary Care™

Notes (continued)

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM (continued)

medically viable and any research or economic interest I may have regarding this treatment. I further certify that the patient was encouraged to ask questions and that all questions were answered.

I have reviewed the H&P, examined the patient, and there is no change since the History & Physical.

Source Note

Author: Subbu Nagappan, MD	Service: Ambulatory Surgery	Author Type: Physician
Filed: 7/30/2022 6:57 PM	Date of Service: 7/30/2022 6:40 PM	Status: Signed
Editor: Subbu Nagappan, MD (Physician)		

Subjective:

- Rectus sheath hematoma, initial encounter
- Follow-up; Referred by Margaret M Song, MD

Dx

Reason for Visit





Legendary Care™

Notes (continued)

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM (continued)

- Subbu Nagappan, MD

General Surgery

Progress Notes

Subbu Nagappan, MD (Physician) • • General Surgery

Subjective:

Patient ID: Alberto Hernandez is a 57 y.o. male.

Chief Complaint

Patient presents with

- Follow-up
Con- cs gb

HPI 57 yr old male referred for cholelithiasis. Complaining of RUQ pain but not food related. Has multiple bruises on the RUQ secondary to direct trauma and due to blood thinner intake. No radiation of pain. US reveals cholelithiasis but no cholecystitis. Denies any jaundice or acholic stools

Review of Systems

Constitutional: Negative for chills, fever, malaise/fatigue and weight loss.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative for chest pain and palpitations.

Gastrointestinal: Positive for abdominal pain. Negative for blood in stool, constipation, diarrhea, heartburn, melena, nausea and vomiting.

Genitourinary: Negative for dysuria and hematuria.

Musculoskeletal: Negative.

Skin: Negative.

Neurological: Negative.

Endo/Heme/Allergies: Does not bruise/bleed easily.

Multiple bruises and resolving discoloration RUQ skin

Psychiatric/Behavioral: Negative.

All other systems reviewed and are negative.

Alberto has a past medical history of Coronary artery disease,



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Notes (continued)

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM (continued)

Eustachian tube dysfunction (4/17/2012), Hyperlipidemia, and Hypertension.

Alberto has a past surgical history that includes Hernia repair (12/11); Inguinal hernia repair (12/11); Tympanostomy tube placement; and Cardiac catheterization.

His family history includes Arthritis in his father; COPD in his mother; Cancer (age of onset: 65) in his father; Diabetes in his father and mother; High cholesterol in his father and mother; Hypertension in his father and mother; Vision loss in his mother.

Alberto reports that he is a non-smoker but has been exposed to tobacco smoke. He has never used smokeless tobacco. He reports that he does not drink alcohol and does not use drugs.

Alberto has a current medication list which includes the following prescription(s): aspirin low dose, atorvastatin, farxiga, dapagliflozin propanediol, ibuprofen, isosorbide mononitrate, losartan, metoprolol, nitroglycerin, omeprazole, and ticagrelor.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• ASPIRIN LOW DOSE 81 MG chewable tablet			
• atorvastatin (LIPITOR) 80 MG tablet	Take 1 tablet by mouth daily.	90 tablet	1
• Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	Take 10 mg by mouth daily.	30 tablet	6
• Dapagliflozin Propanediol 10 MG Tab	Take 1 tablet by mouth daily.	90 tablet	1
• ibuprofen (MOTRIN) 600 MG tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days.	20 tablet	0
• isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	Take 1 tablet by mouth in the morning.	30 tablet	6
• losartan (COZAAR) 25 MG tablet	Take 12.5 mg by mouth.		
• metoprolol (TOPROL-XL) 50 MG 24 hr tablet	Take 1 tablet by mouth daily.	90 tablet	1
• nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	100 tablet	3
• omeprazole (PRILOSEC) 20 MG capsule	Take 20 mg by mouth in the morning.		
• Ticagrelor 90 MG Tab	Take 1 tablet by	180 tablet	1



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Notes (continued)

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM (continued)

mouth 2 (two) times
daily.

No current facility-administered medications on file prior to visit.

Alberto has No Known Allergies.

Patient Active Problem List

Diagnosis

- Eustachian tube dysfunction
- Rhinitis
- S/P vasectomy
- History of ST elevation myocardial infarction (STEMI): 5/31/2021
stent to LAD 2021
- Biliary pain
- Calculus of gallbladder
- Angina pectoris, unspecified (HCC)

Objective:

Physical Exam

Vitals and nursing note reviewed.

Constitutional:

General: He is not in acute distress.
Appearance: He is well-developed. He is not diaphoretic.

HENT:

Head: Normocephalic and atraumatic.
Right Ear: External ear normal.
Left Ear: External ear normal.
Nose: Nose normal.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Neck:

Thyroid: No thyromegaly.
Vascular: No JVD.
Trachea: No tracheal deviation.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No wheezing or rales.

Chest:

Chest wall: No tenderness.

Breasts: Breasts are symmetrical.

Right: No inverted nipple, mass, nipple discharge, skin



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Notes (continued)

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM (continued)

change, tenderness or supraclavicular adenopathy.
Left: No inverted nipple, mass, nipple discharge, skin change, tenderness or supraclavicular adenopathy.

Abdominal:

General: Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft. There is no mass.
Tenderness: There is no abdominal tenderness. There is no guarding or rebound.

Musculoskeletal:

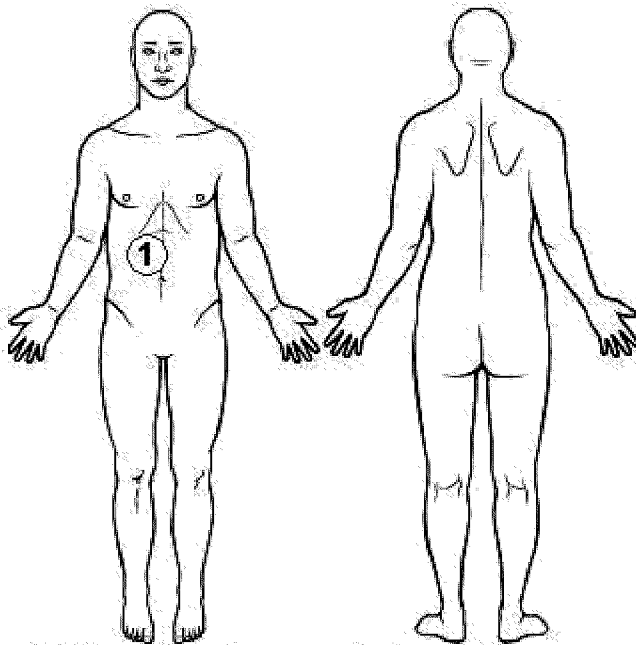
General: Normal range of motion.
Cervical back: Normal range of motion and neck supple.

Lymphadenopathy:

Cervical: No cervical adenopathy.
Upper Body:
Right upper body: No supraclavicular adenopathy.
Left upper body: No supraclavicular adenopathy.

Skin:

General: Skin is warm and dry.
Findings: No erythema or rash.



1: Multiple areas of bruising secondary to contact trauma

Neurological:

Mental Status: He is alert and oriented to person, place, and time.

Psychiatric:



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Notes (continued)

Interval H&P Note by Subbu Nagappan, MD at 8/1/2022 7:29 AM (continued)

Behavior: Behavior normal.
Thought Content: Thought content normal.

Assessment:

- 1. Rectus sheath hematoma, initial CT abdomen pelvis wo contrast encounter

CBC and differential
Comprehensive metabolic panel
PT and PTT

Plan:

Ct scan to evaluate for rectus sheath hematoma

Ct scan was negative for rectus sheath hematoma. Now has RUQ pain radiating to right side and complaints of it being food related. Wishes to progress with cholecystectomy. Laparoscopic cholecystectomy, possible open. Procedure, benefits and risks discussed. All questions answered. Handbook was reviewed at the initial

office visit **Instructions**

OR PostOp by Jessica Park, RN at 8/1/2022 8:44 AM

Author: Jessica Park, RN Service: Ambulatory Surgery Author Type: Registered Nurse
Filed: 8/1/2022 10:33 AM Date of Service: 8/1/2022 8:44 AM Status: Signed
Editor: Jessica Park, RN (Registered Nurse)

0844: Received patient to post op recovery via gurney by OR RN(Betsy) and Anesthesiologist(Dr Martin). Report taken. Pt placed on continuous bedside monitor, VS obtained. 8L O2 via face mask applied and pt placed semi fowler position. Ice applied to surgical site(abdomen).
0850: Pt is not responsive to voice. Respirations even and unlabored with O2 8L via face mask. Vital signs are stable. No distress noted.
0855: Pt is responsive to voice and denies any pain.
0857: O2 decreased to 5L via face mask.
0859: Per Dr Nagappan, pt needs to resume ASA 81mg tomorrow and unable to send prescription electrically. Pt may pick up Norco at Spencer Pharmacy and instructions in AVS paper.
0910: Discontinued Oxygen. Respiration even and unlabored on room air.
0912: Pt refused taking PO fluids at this time.
0930: Juice/ crackers offered and tolerating well.
0935: Results and home discharge instructions given to patient's wife(Norma Nunez) via phone per Covid 19 protocol by amber,RN in Spanish. Verbalizes good understanding. Due to Covid-19, Patient instructions and belongings forms will not be signed by driver at this time. All discharge instructions given verbally and



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Notes (continued)

OR PostOp by Jessica Park, RN at 8/1/2022 8:44 AM (continued)

verification of all returned belongings made.

0936: Pt states that pain level is about 6/10 and still sleepy.

0945: Pt transferred to recliner and sitting up in recliner. Pt placed pt on continuous bedside monitor, VS obtained.

0954: pt states 6/10 pain, pt medicated per MD order. See MAR.

1000: pt states 6/10 pain, pt medicated per MD order. See MAR.

1005: Pt is alert and oriented. Pt practicing Incentive spirometer 5 times in recliner.

1008: Patient states feels well to go home. Dr. Martin, consulted. All right to discharge.

1015: IV removed with catheter intact and tolerated well. No complaints. 200ml of fluids infused.

1020: Patient dressing with assistance from this RN. Privacy provided.

1029: Driver(wife) is here at bedside. Instructed to driver and pt Regarding pain med at home and how to use inspirometer. They verbalized good understanding. Patient is alert and oriented. Pt taken to car via w/c and discharged home in stable condition with wife. Due to Covid-19, Patient instructions and belongings forms will not be signed by driver at this time. All discharge instructions given verbally and verification of all returned belongings made.

Anesthesia Post-op by Bennett Jay Martin, MD at 8/1/2022 10:52 AM

Author: Bennett Jay Martin, MD

Service: —

Author Type: Anesthesiologist

Filed: 8/1/2022 10:52 AM

Date of Service: 8/1/2022 10:52 AM

Status: Signed

Editor: Bennett Jay Martin, MD (Anesthesiologist)

Post Anesthesia Notes

Procedure(s): Procedure(s) (LRB):

LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN (N/A)

Anesthesia type: general

Level of consciousness: awake, oriented and alert

Airway patent: yes

Vital signs:

Vitals:

	08/01/22 0922	08/01/22 0936	08/01/22 0950	08/01/22 1006
BP:	129/80	136/86	142/77	140/80
Pulse:	62	60	74	58
Resp:	10	14		11
Temp:				97 °F (36.1 °C)
SpO2:	99%	98%	99%	99%

Pain control: Adequate analgesia



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Notes (continued)

Anesthesia Post-op by Bennett Jay Martin, MD at 8/1/2022 10:52 AM (continued)

Hydration: well hydrated

Nausea: no nausea and no vomiting

OK to discharge: yes

Telephone Encounter by Aileen Diaz, MA at 9/1/2022 7:41 AM

Author: Aileen Diaz, MA	Service: —	Author Type: Medical Assistant
Filed: 9/1/2022 7:46 AM	Encounter Date: 9/1/2022	Status: Signed
Editor: Aileen Diaz, MA (Medical Assistant)		

Patient notified that forms are ready to be picked up at the front desk. I will mail out EDD form and give him a copy for his records

EDD extended 5/19/22-9/12/22
copy sent to scan

Telephone Encounter by Daisy Flores, MA at 11/10/2022 8:41 AM

Author: Daisy Flores, MA	Service: —	Author Type: Medical Assistant
Filed: 11/10/2022 8:42 AM	Encounter Date: 11/10/2022	Status: Signed
Editor: Daisy Flores, MA (Medical Assistant)		

L/m to to call office back. Pt needs to schedule lexi appt before follow up.

Order

Comprehensive metabolic panel [5785608]

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Completed**

Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD

Ordered during: Office Visit on 04/17/2012

Frequency: 04/17/12 -

Diagnoses

Palpitation [785.1 (ICD-9-CM)]

Questionnaire

Question	Answer
Has the patient fasted?	Yes

Comprehensive metabolic panel

Results

Abnormal !

Status: **Final result**
(Collected: 4/17/2012 12:20 PM)

Comprehensive metabolic panel [5785615] (Abnormal)

Resulted: 04/18/12 0930, Result status: Final



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

result

Resulting lab: LABCORP

Narrative:

Performed at: 01 - LabCorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Kelli Chase MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
10847703490	Blood	—	04/17/12 1220

Components

Component	Value	Reference Range	Flag	Lab
Glucose	104	65 - 99 mg/dL	H ^	01
BUN	17	6 - 24 mg/dL	—	01
Creatinine, Ser	0.85	0.76 - 1.27 mg/dL	—	01
EGFR	104	>59 mL/min/1.73	—	01
EGFR	120	>59 mL/min/1.73	—	01

Comment:

Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.

Calculated using CKD-EPI formula.

BUN/Creatinine Ratio	20	9 - 20	—	01
Sodium	143	134 - 144 mmol/L	—	01
Potassium	4.9	3.5 - 5.2 mmol/L	—	01
Chloride	106	97 - 108 mmol/L	—	01
CO2	24	20 - 32 mmol/L	—	01
Calcium	9.5	8.7 - 10.2 mg/dL	—	01
Total Protein	6.9	6.0 - 8.5 g/dL	—	01
Albumin	4.6	3.5 - 5.5 g/dL	—	01
Globulin, Total	2.3	1.5 - 4.5 g/dL	—	01
Albumin/Globulin Ratio	2.0	1.1 - 2.5	—	01
Total Bilirubin	0.4	0.0 - 1.2 mg/dL	—	01
Alkaline Phosphatase	62	25 - 150 IU/L	—	01
AST	12	0 - 40 IU/L	—	01
ALT	12	0 - 55 IU/L	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

Printed on 4/4/23 9:57 AM

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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

Lipid panel [5785609]

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Completed**

Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD

Ordered during: Office Visit on 04/17/2012

Frequency: 04/17/12 -

Diagnoses

Lipid screening [V77.91 (ICD-9-CM)]

Questionnaire

Question	Answer
Has the patient fasted?	Yes

Lipid panel

Results

Abnormal ?

Status: **Final result**
(Collected: 4/17/2012 12:20 PM)

Resulted: 04/18/12 0930, Result status: Final result

Lipid panel [5785616] (Abnormal)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - LabCorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Kelli Chase MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
10847703490	Blood	—	04/17/12 1220

Components

Component	Value	Reference Range	Flag	Lab
Cholesterol, Total	189	100 - 199 mg/dL	—	01
Triglycerides	73	0 - 149 mg/dL	—	01
HDL	47	>39 mg/dL	—	01
Comment: According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
VLDL Cholesterol Cal	15	5 - 40 mg/dL	—	01
LDL Calculated	127	0 - 99 mg/dL	H ^	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

TSH+Free T4 [5785610]

Electronically signed by: **Ricky Tang, MD on 04/17/12 1204** Status: **Completed**

Ordering user: Ricky Tang, MD 04/17/12 1204 Authorized by: Ricky Tang, MD

Printed on 4/4/23 9:57 AM

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Order (continued)

TSH+Free T4 [5785610] (continued)

Ordered during: Office Visit on 04/17/2012
Frequency: 04/17/12 -
Diagnoses
Palpitation [785.1 (ICD-9-CM)]

**TSH+Free T4
Results**

Status: **Final result**
(Collected: 4/17/2012 12:20 PM)

Resulted: 04/18/12 0930, Result status: Final result

TSH+Free T4 [5785617]

Resulting lab: LABCORP

Narrative:

Performed at: 01 - LabCorp San Diego
13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Kelli Chase MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
10847703490	Blood	—	04/17/12 1220

Components

Component	Value	Reference Range	Flag	Lab
TSH	1.810	0.450 - 4.50 uIU/mL	—	01
Free T4	1.21	0.82 - 1.77 ng/dL	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

PSA [5868593]

Electronically signed by: **Benjamin Yang, MD on 04/30/12 1405** Status: **Completed**
Ordering user: Benjamin Yang, MD 04/30/12 1405 Authorized by: Benjamin Yang, MD
Ordered during: Initial consult on 04/30/2012
Frequency: 04/30/12 -
Diagnoses
Screening PSA (prostate specific antigen) [V76.44 (ICD-9-CM)]

**PSA
Results**

Status: **Final result**
(Collected: 4/30/2012 2:10 PM)

Resulted: 05/01/12 0931, Result status: Final result

PSA [5868594]



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Order (continued)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - LabCorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Kelli Chase MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
12147704530	Blood	—	04/30/12 1410

Components

Component	Value	Reference Range	Flag	Lab
PSA	1.4	0.0 - 4.0 ng/mL	—	01

Comment:

Roche ECLIA methodology. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater. Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

POCT semen [5868601]

Electronically signed by: **Benjamin Yang, MD on 09/14/12 1735**

Status: **Completed**

Ordering user: Benjamin Yang, MD 09/14/12 1735

Authorized by: Benjamin Yang, MD

Frequency: 09/14/12 -

Diagnoses

S/P vasectomy [V26.52 (ICD-9-CM)]

Order comments: Post-vasectomy semen check

POCT semen Results

Status: **Final result (Resulted: 9/14/2012)**

POCT semen [5868601]

Resulted: 09/14/12, Result status: Final result

Specimen Information

ID	Type	Source	Collected On
—	—	—	1735

Components

Component	Value	Reference Range	Flag	Lab
Sperm Ct, Smn	1	—	—	—
Motile Sperm, Smn	0	—	—	—



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Order (continued)

Order

POCT semen [5868602]

Electronically signed by: **Benjamin Yang, MD on 10/12/12 1644** Status: **Completed**
 Ordering user: Benjamin Yang, MD 10/12/12 1644 Authorized by: Benjamin Yang, MD
 Frequency: 10/12/12 -
 Diagnoses
 S/P vasectomy [V26.52 (ICD-9-CM)]
 Order comments: Post-vasectomy semen check

**POCT semen
Results**

Status: **Final result**
(Resulted: 10/12/2012)

POCT semen [5868602] Resulted: 10/12/12, Result status: Final result

Specimen Information

ID	Type	Source	Collected On
—	—	—	1645

Components

Component	Value	Reference Range	Flag	Lab
Sperm Ct, Smn	0	—	—	—
Motile Sperm, Smn	0	—	—	—

Order

Lipid panel [36829057]

Electronically signed by: **Margaret M Song, MD on 01/10/22 1424** Status: **Completed**
 Ordering user: Margaret M Song, MD 01/10/22 1424 Authorized by: Margaret M Song, MD
 Ordered during: Office Visit on 01/10/2022
 Frequency: 01/10/22 -
 Diagnoses
 Hyperlipidemia, unspecified hyperlipidemia type [E78.5]

Questionnaire

Question	Answer
Has the patient fasted?	Yes

**Lipid panel
Results**

Status: **Final result**
(Collected: 1/11/2022 9:50 AM)

Lipid panel [36829060]

Resulted: 01/12/22 0535, Result status: Final result

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp San Diego



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Order (continued)

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
01165301420	Blood	—	01/11/22 0950

Components

Component	Value	Reference Range	Flag	Lab
Cholesterol, Total	136	100 - 199 mg/dL	—	01
Triglycerides	80	0 - 149 mg/dL	—	01
HDL	47	>39 mg/dL	—	01
VLDL Cholesterol Cal	16	5 - 40 mg/dL	—	01
LDL Chol Calc (NIH)	73	0 - 99 mg/dL	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

Comprehensive metabolic panel [36829058]

Electronically signed by: **Margaret M Song, MD on 01/10/22 1424** Status: **Completed**
 Ordering user: Margaret M Song, MD 01/10/22 1424 Authorized by: Margaret M Song, MD
 Ordered during: Office Visit on 01/10/2022
 Frequency: 01/10/22 -
 Diagnoses
 Prediabetes [R73.03]
 Questionnaire

Question	Answer
Has the patient fasted?	Yes

Comprehensive metabolic panel

Results

Abnormal !

Status: **Final result**
(Collected: 1/11/2022 9:50 AM)

Resulted: 01/12/22 0535, Result status: Final result

Comprehensive metabolic panel [36829061] (Abnormal)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
01165301420	Blood	—	01/11/22 0950



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Order (continued)

Components

Component	Value	Reference Range	Flag	Lab
Glucose	104	65 - 99 mg/dL	H ^	01
BUN	17	6 - 24 mg/dL	—	01
Creatinine, Ser	1.05	0.76 - 1.27 mg/dL	—	01
EGFR IF NONAFRICAN AM	78	>59 mL/min/1.73	—	01
eGFR If Africn Am	91	>59 mL/min/1.73	—	01

Comment:

In accordance with recommendations from the NKF-ASN Task force,
Labcorp is in the process of updating its eGFR calculation to the
2021 CKD-EPI creatinine equation that estimates kidney function
without a race variable.

BUN/Creatinine Ratio	16	9 - 20	—	01
Sodium	141	134 - 144 mmol/L	—	01
Potassium	4.0	3.5 - 5.2 mmol/L	—	01
Chloride	106	96 - 106 mmol/L	—	01
CO2	23	20 - 29 mmol/L	—	01
Calcium	9.0	8.7 - 10.2 mg/dL	—	01
Total Protein	6.0	6.0 - 8.5 g/dL	—	01
Albumin	4.3	3.8 - 4.9 g/dL	—	01
Globulin, Total	1.7	1.5 - 4.5 g/dL	—	01
Albumin/Globulin Ratio	2.5	1.2 - 2.2	H ^	01
Total Bilirubin	0.4	0.0 - 1.2 mg/dL	—	01
Alkaline Phosphatase	86	44 - 121 IU/L	—	01
Comment:	**Please note reference interval change**			
AST	21	0 - 40 IU/L	—	01
ALT	31	0 - 44 IU/L	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

Hemoglobin A1c [36829059]

Electronically signed by: **Margaret M Song, MD on 01/10/22 1424**

Status: **Completed**

Ordering user: Margaret M Song, MD 01/10/22 1424

Authorized by: Margaret M Song, MD

Ordered during: Office Visit on 01/10/2022

Frequency: 01/10/22 -

Diagnoses



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Order (continued)

Hemoglobin A1c [36829059] (continued)

Prediabetes [R73.03]

Hemoglobin A1c

Results

Abnormal !

Status: **Final result**
(Collected: 1/11/2022 9:50 AM)

Resulted: 01/12/22 0535, Result status: Final result

Hemoglobin A1c [36829062] (Abnormal)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
01165301420	Blood	—	01/11/22 0950

Components

Component	Value	Reference Range	Flag	Lab
A1c	5.9	4.8 - 5.6 %	H ^	01

Comment:

Prediabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

POCT INR [38418979]

Electronically signed by: Piyush R Viradia, MD on 05/20/22 1130

Status: **Completed**

Ordering user: Piyush R Viradia, MD 05/20/22 1130

Authorized by: Piyush R Viradia, MD

Frequency: 05/20/22 -

Diagnoses

Rib pain on right side [R07.81]

POCT INR

Results

Status: **Final result**
(Collected: 5/20/2022 11:43 AM)

Resulted: 05/20/22 1144, Result status: Final result

POCT INR [38418979]



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Order (continued)

Specimen Information

ID	Type	Source	Collected On
—	Blood	—	05/20/22 1143

Components

Component	Value	Reference Range	Flag	Lab
INR	1.0	—	—	—

Order

CBC and differential [38501318]

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Ordered during: Initial consult on 05/24/2022
 Frequency: 05/24/22 -
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]

CBC and differential Results

Status: **Final result**
(Collected: 5/24/2022 10:27 AM)

Resulted: 05/24/22 1806, Result status: Final result

CBC and differential [38501322]

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp Riverside
 2111 Iowa Avenue Ste G, Riverside, CA 925077414
 Lab Director: Mona Yong , Phone: 9512224592

Specimen Information

ID	Type	Source	Collected On
14401900670	Blood	—	05/24/22 1027

Components

Component	Value	Reference Range	Flag	Lab
WBC	4.1	3.4 - 10.8 x10E3/uL	—	01
RBC	5.24	4.14 - 5.80 x10E6/uL	—	01
Hemoglobin	15.8	13.0 - 17.7 g/dL	—	01
Hematocrit	49.1	37.5 - 51.0 %	—	01
MCV	94	79 - 97 fL	—	01
MCH	30.2	26.6 - 33.0 pg	—	01
MCHC	32.2	31.5 - 35.7 g/dL	—	01
RDW	13.6	11.6 - 15.4 %	—	01
Platelets	165	150 - 450 x10E3/uL	—	01



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Order (continued)

NEUTROPHILS	71	Not Estab. %	—	01
Lymphs	21	Not Estab. %	—	01
Monocytes	6	Not Estab. %	—	01
Eos	2	Not Estab. %	—	01
Basos	0	Not Estab. %	—	01
Neutrophils (Absolute)	2.9	1.4 - 7.0	—	01
		x10E3/uL		
Lymphs (Absolute)	0.8	0.7 - 3.1	—	01
		x10E3/uL		
Monocytes (Absolute)	0.3	0.1 - 0.9	—	01
		x10E3/uL		
Eos (Absolute)	0.1	0.0 - 0.4	—	01
		x10E3/uL		
Baso (Absolute)	0.0	0.0 - 0.2	—	01
		x10E3/uL		

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

Comprehensive metabolic panel [38501319]

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847**

Status: **Completed**

Ordering user: Subbu Nagappan, MD 05/24/22 0847

Authorized by: Subbu Nagappan, MD

Ordered during: Initial consult on 05/24/2022

Frequency: 05/24/22 -

Diagnoses

Rectus sheath hematoma, initial encounter [S30.1XXA]

Questionnaire

Question	Answer
Has the patient fasted?	No

Comprehensive metabolic panel

Results

Abnormal !

Status: **Final result**

(Collected: 5/24/2022 10:27 AM)

Resulted: 05/24/22 1806, Result status: Final result

Comprehensive metabolic panel [38501323] (Abnormal)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp Riverside

2111 Iowa Avenue Ste G, Riverside, CA 925077414

Lab Director: Mona Yong , Phone: 9512224592

Specimen Information

ID	Type	Source	Collected On
----	------	--------	--------------



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Order (continued)

14401900670 Blood — 05/24/22 1027

Components

Component	Value	Reference Range	Flag	Lab
Glucose	118	65 - 99 mg/dL	H ^	01
BUN	24	6 - 24 mg/dL	—	01
Creatinine, Ser	1.04	0.76 - 1.27 mg/dL	—	01
EGFR	84	>59 mL/min/1.73	—	01
BUN/Creatinine Ratio	23	9 - 20	H ^	01
Sodium	140	134 - 144 mmol/L	—	01
Potassium	4.2	3.5 - 5.2 mmol/L	—	01
Chloride	106	96 - 106 mmol/L	—	01
CO2	23	20 - 29 mmol/L	—	01
Calcium	9.5	8.7 - 10.2 mg/dL	—	01
Total Protein	6.2	6.0 - 8.5 g/dL	—	01
Albumin	4.6	3.8 - 4.9 g/dL	—	01
Globulin, Total	1.6	1.5 - 4.5 g/dL	—	01
Albumin/Globulin Ratio	2.9	1.2 - 2.2	H ^	01
Total Bilirubin	0.6	0.0 - 1.2 mg/dL	—	01
Alkaline Phosphatase	81	44 - 121 IU/L	—	01
AST	15	0 - 40 IU/L	—	01
ALT	20	0 - 44 IU/L	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

PT and PTT [38501320]

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Ordered during: Initial consult on 05/24/2022
 Frequency: 05/24/22 -
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]

PT and PTT Results

Status: **Final result**
(Collected: 5/24/2022 10:27 AM)

PT and PTT [38519224]

Resulted: 05/24/22 1806, Result status: Final result



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Order (continued)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp Riverside
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Lab Director: Mona Yong , Phone: 9512224592

Specimen Information

ID	Type	Source	Collected On
14401900670	Blood	—	05/24/22 1027

Components

Component	Value	Reference Range	Flag	Lab
INR	1.0	0.9 - 1.2	—	01

Comment:

Reference interval is for non-anticoagulated patients.
Suggested INR therapeutic range for Vitamin K antagonist therapy:

Standard Dose (moderate intensity therapeutic range): 2.0 - 3.0
Higher intensity therapeutic range 2.5 - 3.5

Prothrombin Time	9.6	9.1 - 12.0 sec	—	01
aPTT	26	24 - 33 sec	—	01

Comment:

This test has not been validated for monitoring unfractionated heparin therapy. aPTT-based therapeutic ranges for unfractionated heparin therapy have not been established. For general guidelines on Heparin monitoring, refer to the LabCorp Directory of Services.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

CBC and differential [38519228]

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434**

Status: **Completed**

Ordering user: Subbu Nagappan, MD 06/15/22 0434

Authorized by: Subbu Nagappan, MD

Ordered during: Office Visit on 06/02/2022

Frequency: 06/15/22 -

Diagnoses

Gallstones [K80.20]

CBC and differential Results

Status: **Final result**
(Collected: 7/12/2022 4:20 PM)

CBC and differential [38941701]

Resulted: 07/13/22 1007, Result status: Final



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Order (continued)

result

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
19365304040	Blood	—	07/12/22 1620

Components

Component	Value	Reference Range	Flag	Lab
WBC	5.1	3.4 - 10.8 x10E3/uL	—	01
RBC	5.19	4.14 - 5.80 x10E6/uL	—	01
Hemoglobin	15.9	13.0 - 17.7 g/dL	—	01
Hematocrit	47.7	37.5 - 51.0 %	—	01
MCV	92	79 - 97 fL	—	01
MCH	30.6	26.6 - 33.0 pg	—	01
MCHC	33.3	31.5 - 35.7 g/dL	—	01
RDW	12.8	11.6 - 15.4 %	—	01
Platelets	169	150 - 450 x10E3/uL	—	01
NEUTROPHILS	70	Not Estab. %	—	01
Lymphs	20	Not Estab. %	—	01
Monocytes	7	Not Estab. %	—	01
Eos	2	Not Estab. %	—	01
Basos	1	Not Estab. %	—	01
Neutrophils (Absolute)	3.6	1.4 - 7.0 x10E3/uL	—	01
Lymphs (Absolute)	1.0	0.7 - 3.1 x10E3/uL	—	01
Monocytes (Absolute)	0.3	0.1 - 0.9 x10E3/uL	—	01
Eos (Absolute)	0.1	0.0 - 0.4 x10E3/uL	—	01
Baso (Absolute)	0.0	0.0 - 0.2 x10E3/uL	—	01
Immature Granulocytes	0	Not Estab. %	—	01
Immature Grans (Abs)	0.0	0.0 - 0.1 x10E3/uL	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Order

Comprehensive metabolic panel [38519229]

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**

Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD

Ordered during: Office Visit on 06/02/2022

Frequency: 06/15/22 -

Diagnoses

Gallstones [K80.20]

Questionnaire

Question	Answer
Has the patient fasted?	No

Comprehensive metabolic panel

Results

Abnormal !

Status: **Final result**
(Collected: 7/12/2022 4:20 PM)

Resulted: 07/13/22 1007, Result status: Final result

Comprehensive metabolic panel [38941702] (Abnormal)

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp San Diego

13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108

Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
19365304040	Blood	—	07/12/22 1620

Components

Component	Value	Reference Range	Flag	Lab
Glucose	93	65 - 99 mg/dL	—	01
BUN	15	6 - 24 mg/dL	—	01
Creatinine, Ser	1.02	0.76 - 1.27 mg/dL	—	01
EGFR	86	>59 mL/min/1.73	—	01
BUN/Creatinine Ratio	15	9 - 20	—	01
Sodium	144	134 - 144 mmol/L	—	01
Potassium	4.6	3.5 - 5.2 mmol/L	—	01
Chloride	106	96 - 106 mmol/L	—	01
CO2	21	20 - 29 mmol/L	—	01
Calcium	9.3	8.7 - 10.2 mg/dL	—	01
Total Protein	6.2	6.0 - 8.5 g/dL	—	01
Albumin	4.6	3.8 - 4.9 g/dL	—	01
Globulin, Total	1.6	1.5 - 4.5 g/dL	—	01



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Order (continued)

Albumin/Globulin Ratio	2.9	1.2 - 2.2	H ^	01
Total Bilirubin	0.6	0.0 - 1.2 mg/dL	—	01
Alkaline Phosphatase	83	44 - 121 IU/L	—	01
AST	16	0 - 40 IU/L	—	01
ALT	26	0 - 44 IU/L	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

Amylase [38519232]

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD
 Ordered during: Office Visit on 06/02/2022
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]

Amylase Results

Status: **Final result**
(Collected: 7/12/2022 4:20 PM)

Resulted: 07/13/22 1007, Result status: Final result

Amylase [38941703]

Resulting lab: LABCORP

Narrative:

Performed at: 01 - Labcorp San Diego
 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
 Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
19365304040	Blood	—	07/12/22 1620

Components

Component	Value	Reference Range	Flag	Lab
Amylase	92	31 - 110 U/L	—	01

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order



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Order (continued)

PT and PTT [38784227]

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0436** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0436 Authorized by: Subbu Nagappan, MD
 Ordered during: Office Visit on 06/02/2022
 Frequency: 06/15/22 -
 Diagnoses
 Gallstones [K80.20]

**PT and PTT
Results**

Status: **Final result**
(Collected: 7/12/2022 4:20 PM)

Resulted: 07/13/22 1007, Result status: Final result

PT and PTT [38941704]

Resulting lab: LABCORP
 Narrative:
 Performed at: 01 - Labcorp San Diego
 13112 Evening Creek Dr So Ste 200, San Diego, CA 921284108
 Lab Director: Jenny Galloway MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
19365304040	Blood	—	07/12/22 1620

Components

Component	Value	Reference Range	Flag	Lab
INR	1.0	0.9 - 1.2	—	01

Comment:
 Reference interval is for non-anticoagulated patients.
 Suggested INR therapeutic range for Vitamin K antagonist therapy:
 Standard Dose (moderate intensity therapeutic range): 2.0 - 3.0
 Higher intensity therapeutic range 2.5 - 3.5

Prothrombin Time	10.3	9.1 - 12.0 sec	—	01
aPTT	28	24 - 33 sec	—	01

Comment:
 This test has not been validated for monitoring unfractionated heparin therapy. aPTT-based therapeutic ranges for unfractionated heparin therapy have not been established. For general guidelines on Heparin monitoring, refer to the LabCorp Directory of Services.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present



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Order (continued)

Order

Surgical Pathology 1 [39344307]

Electronically signed by: **Subbu Nagappan, MD on 08/01/22 0849** Status: **Completed**
 Mode: Ordering in Verbal with readback mode Communicated by: Kamile Joi Samson, RN
 Ordering user: Kamile Joi Samson, RN 08/01/22 0823 Ordering provider: Subbu Nagappan, MD
 Authorized by: Subbu Nagappan, MD
 Frequency: Once 08/01/22 0823 - 1 occurrence
 Diagnoses
 Biliary pain [K80.50]
 Order comments: gallbladder

**Surgical Pathology 1
Results**

Status: **Final result**
(Collected: 8/1/2022 3:19 AM)

Resulted: 08/13/22 1906, Result status: Final result

Surgical Pathology 1 [39344308]

Ordering provider: Subbu Nagappan, MD 08/01/22 0823 Resulting lab: LABCORP
 Narrative:
 Performed at: 01 - Labcorp San Diego Histo
 13112 Evening Creek Dr South Ste300, San Diego, CA 921284108
 Lab Director: Gordana Stevanovic MD, Phone: 8586683700

Specimen Information

ID	Type	Source	Collected On
214V5501010	Tissue	Gallbladder	08/01/22 0319

Components

Component	Value	Reference Range	Flag	Lab
SITE OF ORIGIN Comment: Material submitted: gallbladder - GALLBLADDER	Comment	—	—	01
.	Comment	—	—	01
Comment: Clinician provided ICD-10: K80.50				
FINAL DIAGNOSIS Comment: ***** Diagnosis: GALLBLADDER: CHRONIC CHOLECYSTITIS AND CHOLELITHIASIS. LLO 08/13/2022 1603 Local *****	Comment	—	—	01
PATHOLOGIST NAME Comment: Electronically signed: Jenny R Galloway, MD, Pathologist	Comment	—	—	01



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Order (continued)

Office phone: 858-668-4392

GROSS OBSERVATION	Comment	—	—	01
Comment: Gross description: 1 Container, formalin-filled, labeled with patient identification. GALLBLADDER: An unopened gallbladder measures 6.2 cm in length and 2.7 cm in maximum fundic diameter. The non-hepatic serosa is smooth and shiny. 1 black smooth stone is present measuring 1.5 x 1.5 x 1.3 cm. These are found in the gallbladder. The mucosa is velvety. The wall is 0.2 cm thick. Representative sections including cystic duct margin are submitted in 2 cassettes. /LFK /LFK 08/11/2022 0822 Local				
LabCorp Problem	Comment	—	—	01
Comment: Pathologist provided ICD-10: K80.18				
PAYMENT PROCEDURE	Comment	—	—	01
Comment: CPT 883041				

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
6 - LabCorp	LABCORP	Unknown	Unknown	07/12/07 0928 - Present
100 - 01	LABCORP 1	Unknown	Unknown	03/28/11 1708 - Present

Order

POCT hemoglobin [39344285]

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0435** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 06/15/22 0435 Ordering provider: Subbu Nagappan, MD
 Authorized by: Subbu Nagappan, MD
 Frequency: Once 08/01/22 0633 - 1 occurrence Released by: Kathleen Chavez, RN 08/01/22 0632
 Diagnoses
 Gallstones [K80.20]

POCT hemoglobin Results

Status: **Final result**
(Collected: 8/1/2022 7:03 AM)

POCT hemoglobin [39344292]

Resulted: 08/01/22 0703, Result status: Final result

Ordering provider: Subbu Nagappan, MD 08/01/22 0632

Specimen Information

ID	Type	Source	Collected On
—	—	—	08/01/22 0703



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Order (continued)

Components

Component	Value	Reference Range	Flag	Lab
Hemoglobin	15.5	12 - 17	—	—

Order

X-ray ribs right 2 view [38418975]

Electronically signed by: **Piyush R Viradia, MD on 05/20/22 1041** Status: **Completed**

Ordering user: Piyush R Viradia, MD 05/20/22 1041 Authorized by: Piyush R Viradia, MD

Ordered during: Office Visit on 05/20/2022

Frequency: 05/20/22 -

Diagnoses

Rib pain on right side [R07.81]

Questionnaire

Question	Answer
Reason for Exam:	pain

**X-ray ribs right 2 view
Results**

Status: **Final result**
(Exam End: 5/20/2022 12:00 PM)

Resulted: 05/20/22 1349, Result status: Final result

X-ray ribs right 2 view [38418978]

Resulted by: Baseer M Khan, MD

Performed: 05/20/22 1047 - 05/20/22 1200

Accession number: E1065220

Resulting lab: NDI

Narrative:

XR RIBS RIGHT 2 VW

CLINICAL HISTORY: pain

COMPARISON: No prior exam available for comparison.

FINDINGS:

The ribs are intact without acute displaced fracture. There is no pneumothorax. The lung parenchyma is unremarkable. There is old healed right midclavicular fracture.

Impression:

NO ACUTE ABNORMALITY.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - NDI	NDI	Unknown	Unknown	11/08/19 1049 - Present

Order

CT abdomen pelvis wo contrast [38501317]



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Order (continued)

CT abdomen pelvis wo contrast [38501317] (continued)

Electronically signed by: **Subbu Nagappan, MD on 05/24/22 0847** Status: **Completed**
 Ordering user: Subbu Nagappan, MD 05/24/22 0847 Authorized by: Subbu Nagappan, MD
 Ordered during: Initial consult on 05/24/2022
 Frequency: 05/24/22 - Indications comment: rectus muscle hematoma
 Diagnoses
 Rectus sheath hematoma, initial encounter [S30.1XXA]
 Questionnaire

Question	Answer
Reason for Exam:	rectus muscle hematoma

CT abdomen pelvis wo contrast Results

Status: **Final result**
(Exam End: 5/24/2022 9:48 AM)

CT abdomen pelvis wo contrast [38501321] Resulted: 05/24/22 0955, Result status: Final result

Resulted by: Amanda Allen, DO Performed: 05/24/22 0921 - 05/24/22 0948
 Accession number: E1065936 Resulting lab: NDI

Narrative:

CT ABDOMEN PELVIS WO CONTRAST

CLINICAL HISTORY: rectus muscle hematoma

COMPARISON: None available

TECHNIQUE: On a multirow-detector CT scanner, a volumetric scan was performed through the abdomen and pelvis without the administration of intravenous contrast.

DOSE: DLP: 392 mGy*cm CTDI: 7.57 mGy

FINDINGS:

Lack of intravenous contrast compromises evaluation of perfusion and for isodense lesions.

Lung bases: There is scattered subsegmental atelectasis in the visualized lower lungs.

Liver: There is a 1.8 cm hypodense lesion in the inferior right hepatic lobe which is incompletely characterized.

Gallbladder and bile ducts: The gallbladder is nondistended. There is a 1.6 cm calcified gallstone in the gallbladder neck. There is no gallbladder wall thickening or pericholecystic fluid. There is no evidence of biliary ductal dilatation.

Spleen: Unremarkable.

Pancreas: Unremarkable.

Adrenals: Unremarkable.

Kidneys and ureters: There is no radiopaque calculus or hydronephrosis. The ureters are normal in caliber.

Bowel: The loops of small bowel are normal in caliber without evidence of obstruction. There is a normal caliber



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Order (continued)

appendix in the right lower quadrant. There are scattered sigmoid colonic diverticula. There are no focal pericolic inflammatory changes.

Bladder: Partially distended and unremarkable.

Reproductive organs: The prostate gland is enlarged measuring 5.2 x 3.8 cm in TR by AP dimension.

Lymph nodes: Suboptimally evaluated in the absence of intravenous contrast. There is no bulky intra-abdominal lymphadenopathy.

Peritoneum: There is no intraperitoneal free air or fluid collection.

Vessels: The abdominal aorta is normal in caliber. There are scattered atherosclerotic calcifications of the abdominal aorta and iliac vessels.

Abdominal wall: The rectus abdominus muscles demonstrate homogeneous attenuation. There is no evidence of rectus sheath hematoma. The subcutaneous tissues of the anterior abdominal wall demonstrate preserved fat attenuation. There is an ill-defined low-density focus in the proximal aspect of the left inguinal canal, likely reflecting a prior inguinal hernia repair. There is no evidence of recurrent inguinal hernia.

Bones: There is mild right convex curvature of the lumbar spine. There are bilateral L5 pars interarticularis defects with 0.7 cm anterolisthesis of L5 on S1. There is advanced disc degeneration at L5-S1 with vacuum disc phenomenon and endplate sclerosis.

Impression:

No evidence of rectus sheath hematoma as clinically questioned.

Cholelithiasis without cholecystitis.

Sigmoid colonic diverticulosis. No CT evidence of acute diverticulitis.

Ill-defined low-density changes in the left inguinal canal, likely reflecting prior inguinal hernia repair.

Chronic appearing bilateral L5 pars defects with grade 1 anterolisthesis of L5 on S1.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - NDI	NDI	Unknown	Unknown	11/08/19 1049 - Present

Order-Level Documents:

Scan on 5/24/2022 9:48 AM by Anthony Roybal, ARRT: CT WORKSHEET (below)



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Order (continued)

Order-Level Documents: (continued)



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CT Patient Questionnaire Radiology

Patient Name: **Alberto Hernandez**

Chart Number: **1015723**

Procedure: **Ct abdomen pelvis w/o contrast**

Ordering Physician: **Subbu Nagappan, MD**

Please tell us what made you go to your doctor? abdominal pain

List any symptoms you are having which you feel are related to the body part that is being scanned today (pain, nausea, weight loss etc):
pain

Have you ever had a surgery? If yes, what type? hernia

- Yes No Do you have or have you ever had cancer? If yes, what type? _____
- Yes No Are you diabetic? _____
- Yes No Do you have allergies? If yes, what type? _____
- Yes No Are you taking metformin, Glucophage or other diabetic medication? _____
- Yes No Do you have asthma? _____
- Yes No Do you have kidney failure? _____
- Yes No If yes, have you had a kidney removed? _____
- Yes No Have you ever had a reaction to x-ray contrast? If yes, what type? _____

I attest that the answers that I have provided to the questions on this form are correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Patient, Parent or Guardian) Alberto Hernandez Date: **May 24, 2022**

Technologist Signature [Signature] Date: **May 24, 2022**

TECH INFORMATION SHEET ONLY

Last Creatinine: 1.05 mg/dL on 1/11/2022
Last BUN: BUN 17 mg/dL on 1/11/2022
LKW: 139 lb 6.4 oz (63.2 kg) (5/24/2022)

DLP: 392

CTDI: 7.57

SYN: 23

Technologist's Notes: _____

Order

Printed on 4/4/23 9:57 AM

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00381



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Order (continued)

X-ray chest 2 vw [38519231]

Electronically signed by: **Subbu Nagappan, MD on 06/15/22 0434** Status: **Completed**

Ordering user: Subbu Nagappan, MD 06/15/22 0434 Authorized by: Subbu Nagappan, MD

Ordered during: Office Visit on 06/02/2022

Frequency: 06/15/22 -

Diagnoses

Gallstones [K80.20]

Questionnaire

Question	Answer
Reason for Exam:	preop

**X-ray chest 2 vw
Results**

Status: **Final result**
(Exam End: 7/12/2022 3:58 PM)

Resulted: 07/13/22 1720, Result status: Final result

X-ray chest 2 vw [38941700]

Resulted by: National Diagnostic Imaging

Performed: 07/12/22 1551 - 07/12/22 1558

Accession number: E1079494

Resulting lab: NDI

Narrative:

Patient Name: HERNANDEZ, ALBERTO

Patient NRM: 1015723

Patient DOB: 10/10/1964

Examination:XR CHEST 2 VW

Date of Exam: 07/12/2022

Ordering Provider: SUBBU NAGAPPAN

Relevant Clinical Information:preop

NUMBER OF VIEWS:2

Study Description: XR CHEST 2 VW

INDICATION: Preop.

COMPARISON: None.

TECHNIQUE: 2 views.

FINDINGS: The lungs are clear. The cardiomediastinal structures are within normal limits. There is no evidence of TB. There is an old fracture of the right clavicle.

Impression:

No acute abnormality of the chest.



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Order (continued)

Electronically Signed By: Thuan Dang MD on: Wednesday, Jul 13 2022 5:21PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
12 - NDI	NDI	Unknown	Unknown	11/08/19 1049 - Present

Scan on 1/10/2022 4:28 PM by Gwendolyn Riley Carpio (below)



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Order (continued)



Member Acknowledgement of Financial Responsibility Patient Services

Patient Name: ALBERTO Hernandez MRN: 1015723
Date of Service: 1-10-22 Provider: DR. SONG
Insurance: Anthem Blue cross MO Assigned Medical Group: _____
Service, device, supply or equipment in question: _____

Dear Patient,

Your health plan will only reimburse Riverside Medical Clinic for services, devices, supplies or equipment if the patient is eligible at the time of service and the services provided are a covered benefit and are medically necessary. In addition, your policy could also have an exclusion which limits coverage related to specific services. The specifics of your benefits and coverage are outlined in the Evidence of Coverage manual sent to the subscriber at the time of enrollment.

Your health plan requires Riverside Medical Clinic to notify you when a service, device, supply or equipment may not be covered, could be deemed not medically necessary, is excluded or the patient's eligibility cannot be verified.

Your signature below acknowledges that a Riverside Medical Clinic staff member has notified you that one or more of the following may be applicable under the terms of your health plan coverage. Where applicable you will be held financially responsible to reimburse Riverside Medical Clinic for the following service(s), device, supply and/or equipment or the health plan requires a higher copayment or patient out of pocket responsibility:

- Cosmetic Service
- Non-Covered Service, Supply, Device or Equipment
- Diagnosis (reason for visit) could be excluded or result in a higher out of pocket to the patient
- A copay or higher out of pocket could be accessed.
- Prior - Authorization has not been obtained, patient elected to proceed with service
- Eligibility could not be verified and/or obtained at the time of service.

Riverside Medical Clinic cannot assume financial responsibility or risk for what your coverage or benefits exclude and are deemed patient responsibility.

ALBERTO Hernandez
Member or Legal Representative (please print)

Date: 1-10-22

[Signature]
Signature of Member or Legal Representative

Date: 1-10-22

525-762 (2/16)

Scan on 4/17/2012 9:51 AM by Jennifer Snyder (below)

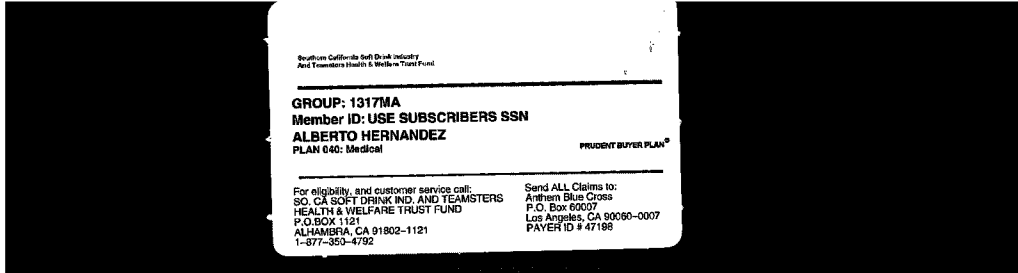


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Order (continued)



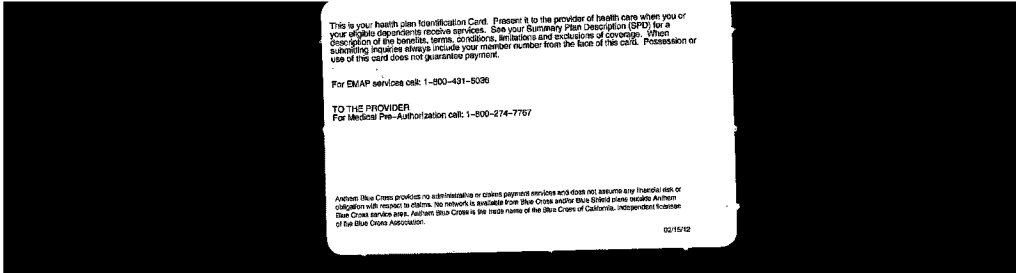


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Order (continued)



Scan on 4/17/2012 9:58 AM by Martha Lara (below)



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Order (continued)



Patient Information Sheet

- New Patient
- Name Change
- Address Change
- Insurance Change
- Other

OFFICE USE ONLY	
Doctor #:	_____
Account #:	_____
Family Member #:	_____
Medical Record #:	_____

PATIENT INFORMATION					
Last Name HERNANDEZ	First Name ALBERTO	M.I. C	Sex (M or F) <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Date of Birth 10-10-64	Social Security No. 612-242281
Patient's Address 7770 Reggan Rd	Apt. No. _____	City Riverside	State CA	Zip Code 92509	
Patient's Home Telephone 951-847-6991	Work Phone 909-476-1620	Message Phone _____	Marital Status (S, M, D, or W) S		
CIRCLE PRIMARY CONTACT NUMBER					
Patient's Employer Coca Cola Refreshments	Employer's Street Address Rancho Cucamonga	City, State, Zip Code Rancho Cucamonga	Telephone 909-476-1620		
Language of Preference English-Spanish	Interpreter Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	E-mail Address _____			
Ethnicity <input checked="" type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino	<input type="checkbox"/> Unknown	<input type="checkbox"/> Decline to Provide		
Race <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White	<input type="checkbox"/> Unknown <input type="checkbox"/> Decline to Provide	
GUARANTOR/FINANCIAL RESPONSIBILITY INFORMATION (COMPLETE ONLY IF PATIENT IS A MINOR OR FULL-TIME STUDENT)					
Father's Name (last, first, M.I.)		Father's Address (if different than patient's)			
Father's Employer	Employer's Street Address	City, State, Zip			
Father's Social Security No.	Date of Birth	Business Phone			
Mother's Name (last, first, M.I.)		Mother's Address (if different than patient's)			
Mother's Employer	Employer's Street Address	City, State, Zip			
Mother's Social Security No.	Date of Birth	Business Phone			
SPOUSE OR EMERGENCY INFORMATION					
Last Name Hernandez	First Name Kennifer	Relationship to Patient wife	Telephone 951-603-8716		
INSURANCE INFORMATION					
Primary Insurance Co.	Policy Number	Group Number	Plan Code		
Subscriber Name	Date of Birth	Subscriber ID	Employer		
Secondary Insurance Co.	Policy Number	Group Number	Plan Code		
Subscriber Name	Date of Birth	Subscriber ID	Employer		
DOES THE PATIENT HAVE ANY OTHER MEDICAL INSURANCE? IF YES, PLEASE COMPLETE BELOW:					
Insurance Co.	Subscriber	Policy Number			
NEAREST RELATIVE (NOT LIVING WITH YOU)					
Relative's Name Hector Hernandez	Street Address Garden Grove	Phone Number 714-383-3408			
<p>Missed appointments may be subject to a charge if 24 hour prior notice is not given.</p> <p>All returned checks will be subject to a \$20.00 processing fee. Failure to replace and pay all returned checks and the processing fee could result in the item being turned over to the District Attorney's Office.</p> <p>My signature below hereby authorizes the above named insurance company(s) to pay for all medical services rendered. I understand that I am financially responsible for all charges not covered by my insurance company. I authorize release of medical information to said insurance company. Additionally, my signature provides willing consent to the procedures which may be performed, including emergency treatment or services, and which may include but is not limited to, laboratory procedures, x-ray exams, medical or surgical treatment or procedures, anesthesia, or services rendered to the patient under the general and special instructions of the patient's physician or his designate.</p>					
Signature Albert Hernandez	Date 4-17-12	If Not Patient, Relationship _____			

100-066 (8/11)

OVER

PATIENT INFO FORM ENGLISH

Scan on 4/17/2012 9:59 AM by Martha Lara (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

CONSENT TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

By signing this form, you are granting consent to Riverside Medical Clinic to use and disclose your protected health information for the purpose of treatment, payment and healthcare operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have the legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You may obtain a copy of the Notice of Privacy Practices by viewing our website www.riversidemedicalclinic.com or by contacting our Quality Management Department at (951) 782-5103.

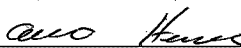
You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend.

To request restrictions, you must make your request in writing to Riverside Medical Clinic Medical Records Department at 3660 Arlington Avenue Riverside, CA 92506. Please tell us (1) What information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

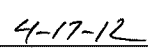
You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California
(800) 633-2322
www.mbc.ca.gov



Signature (Patient / Parent / conservator / guardian)



Date

Scan on 4/17/2012 9:59 AM by Martha Lara (below)



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Order (continued)



RIVERSIDE
MEDICAL
CLINIC

AUTHORIZATION TO CONTACT INFORMATION

PATIENT NAME: ALBERTO HERNANDEZ DOB: 10-10-64
CHART NO.: _____ DR: _____ APPT: _____

Dear Patient,

You have the right to specify how and when we communicate with you about your medical care/services. For example, you can ask that we only contact you by telephone to discuss appointments, results or other medical information. Please review the following choices and indicate to us which method of communication is best for you.

STANDARD COMMUNICATION

Standard Communication: All information on my account can be used to communicate with me, including address and home telephone number. My work telephone number may be used for messages.

RESTRICTED COMMUNICATION

Only contact me by telephone at: _____

Do not send mail to my home address. Only send written communications regarding my medical information to the address listed below:

Street: _____

Apt. or Suite: _____

City: _____ Street: _____ Zip: _____

Special Instructions:

My signature below authorizes the doctor and/or staff member to communicate in the method indicated above. This includes:

- Stating that he/she is associated with the doctor's office and/or Riverside Medical Clinic to any person or answering device that may answer the telephone.
- Sharing the information regarding my appointments, test results or other medical information with any person or answering device that may answer the telephone.

Signature: Albert Hernandez Date: 4-17-12

525-733 (2/06)

Scan on 4/20/2012 10:35 AM by Giselle Martinez, MA: 4/17/12 EKG (below)

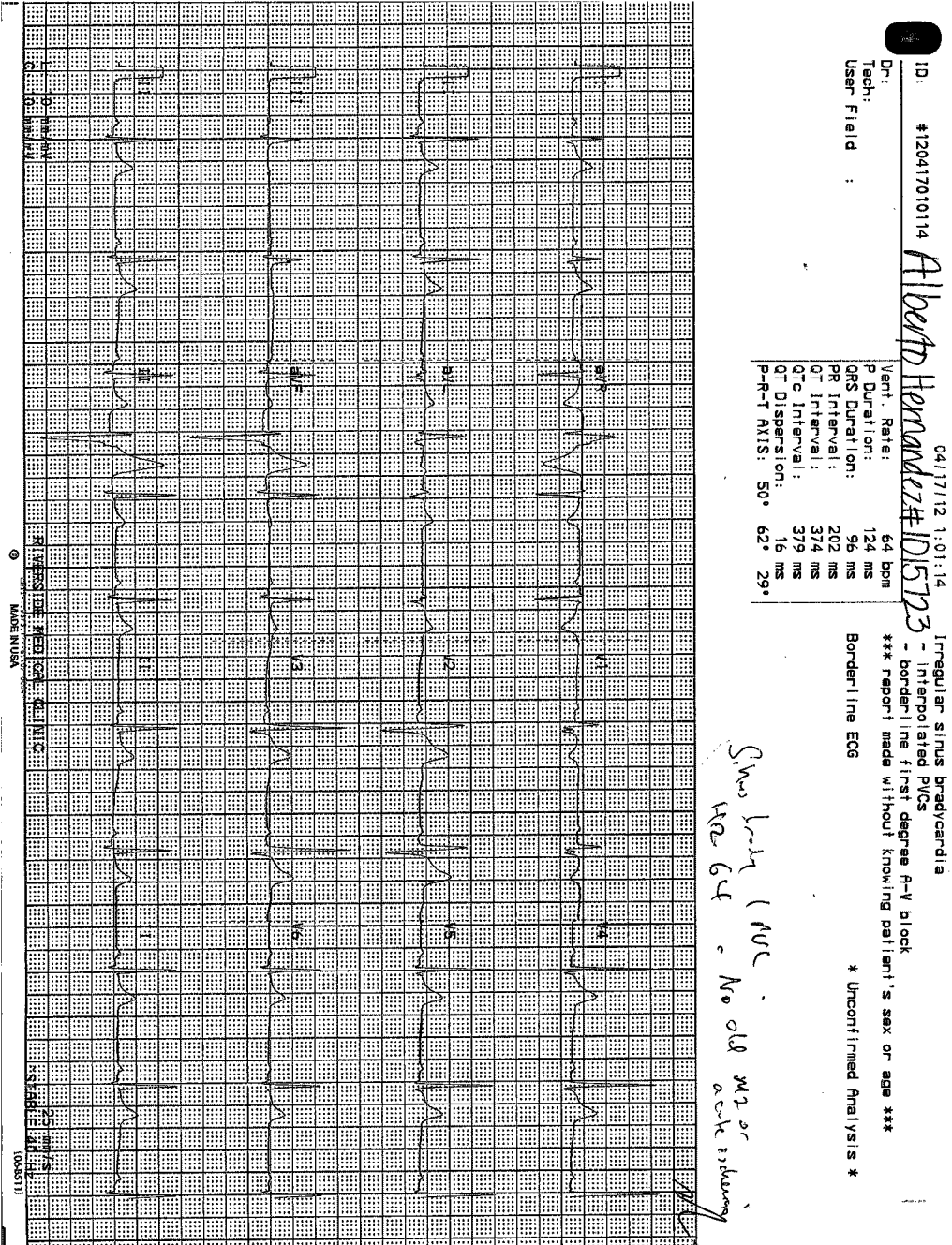


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Order (continued)



Scan on 6/15/2012 11:01 AM by Bonnie Voigt: 04/30/12 Consent form vasectomy (below)



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Order (continued)

HERNANDEZ, ALBERTO MR# 1015723

State of California—Health and Human Services Agency Department of Health Services

STERILIZATION CONSENT FORM (NON-FEDERALLY FUNDED)

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

CONSENT TO STERILIZATION

I have asked for and received information about sterilization from
Benjamin Yang, M.D.
(Doctor or Clinic)

When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I understand that I can change my mind at any time.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN, OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will undergo an operation known as a
Vasectomy

The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form except in specific instances that have been fully explained to me.

I wish to waive the 30-day waiting period to _____ days (not less than 72 hours).

I am at least 18 years of age.
OR
I am under 18 AND
I have entered into a valid marriage, OR
I am on active duty with the U.S. armed services, OR
I have received a declaration or emancipation pursuant to Section 64 of the Civil Code, OR
I am over 15 years old, live apart from my parents or guardians, and manage my own financial affairs.

I was born on 10/10/64
(Month) (Day) (Year)

Alberto Hernandez, hereby consent of my own free will to undergo an operation intended to sterilize me, to be performed by Benjamin Yang, M.D.
(Doctor)

by a method called Vasectomy

I am not in labor and it has been at least 24 hours since I gave birth or had an abortion. I am not seeking to obtain or obtaining an abortion at this time.

I am not under the influence of alcohol or other substances that affect my state of awareness.

I understand that I may have a witness of my choice present during the time my consent is obtained.

My consent expires 180 days from the date of my signature below.
I have received a copy of this form.

Alberto Hernandez 4-30-12
(Signature) (Date [Month/Day/Year])

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual to be sterilized:
I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

(Interpreter) (Date [Month/Day/Year])

STATEMENT OF PERSON OBTAINING CONSENT

Before Alberto Hernandez signed the
(Name of Individual)

consent form, I explained to him/her the nature of the sterilization operation Vasectomy, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

I certify that I explained orally to the person to be sterilized the requirements for informed consent as set forth on this form and in applicable regulations.

(Signature of Person Obtaining Consent) (Date)

(Facility) (Address)

PHYSICIAN'S STATEMENT

Shortly before I performed a sterilization operation upon Alberto Hernandez on _____
(Name of individual to be sterilized) (Date of sterilization operation)

I explained to him/her the nature of the sterilization operation, Vasectomy
(Specify type of operation)

the fact that it is intended to be a final and irreversible procedure, and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by federal funds.

To the best of my knowledge and belief, the individual to be sterilized is at least 18 years old, or meets the necessary age requirements under applicable regulations, and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery, or emergency abdominal surgery, or patient waiver where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

1. At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

2. I certify that this sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

a. Premature delivery:
Individual's expected date of delivery: _____

b. Emergency abdominal surgery (describe circumstances): _____
Date individual intended to be sterilized: _____

c. Patient waived the 30-day waiting period to _____ days.
(Not less than 72 hours.)

(Physician) (Date)

PM 284 (ENG/SP) (6/02)

Scan on 7/2/2012 8:56 AM by Ashley Ingles, MA: ent corona office tymps 6/29/12 (below)

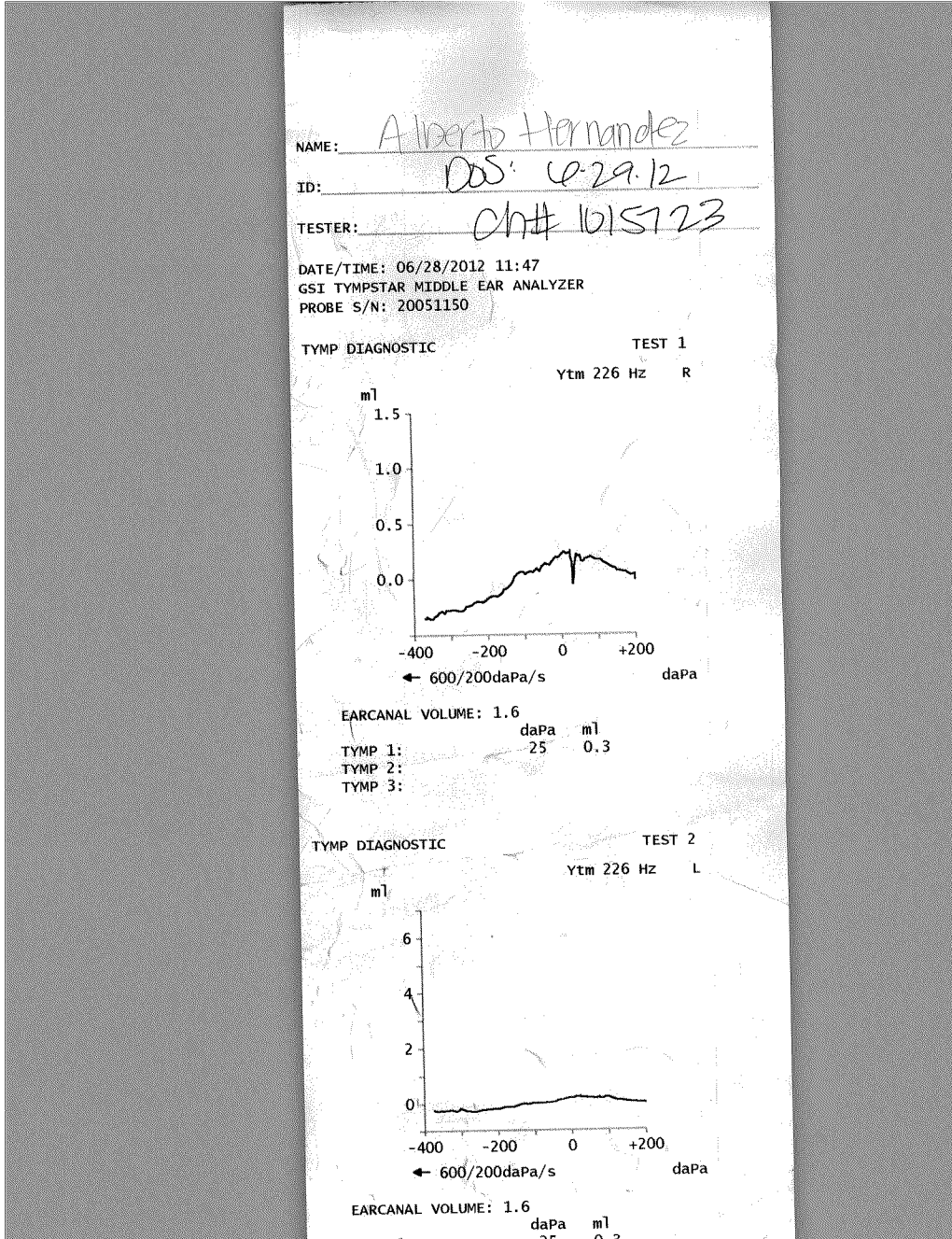


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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

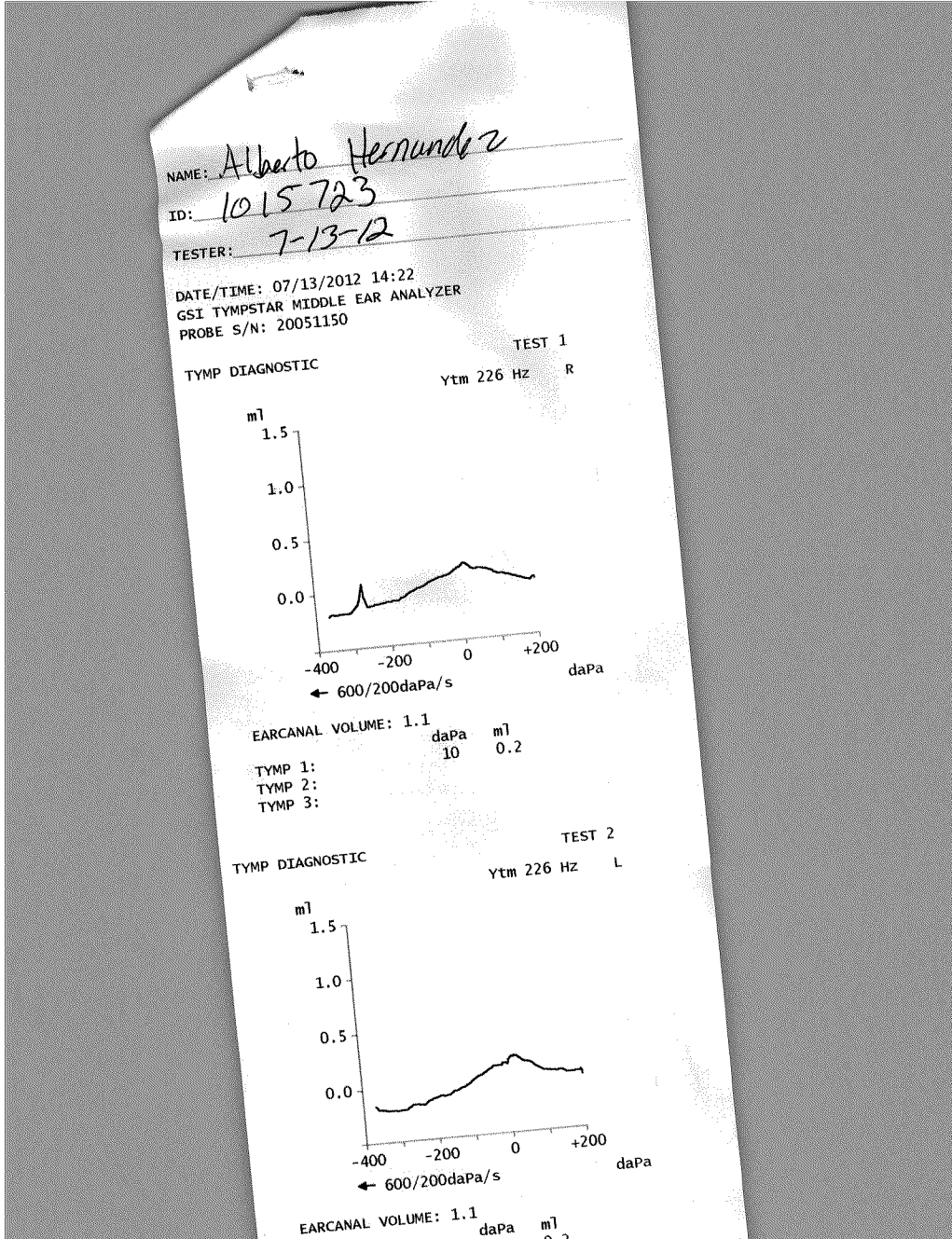


Scan on 7/17/2012 11:03 AM by Ashley Ingles, MA: ent corona tymps 7/13/12 (below)



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Order (continued)



Scan on 2/27/2013 2:19 PM by Kimberly O'Bryon, LVN: Tymps results (below)



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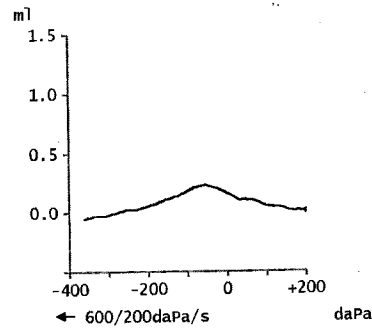
Order (continued)

NAME: Hernandez, Alberto
ID: 1015723
TESTER: AV

DATE/TIME: 02/22/2013 05:30 pm
GSI TYMPSTAR MIDDLE EAR ANALYZER
PROBE S/N: 20010433

TYMP DIAGNOSTIC TEST 1

Ytm 226 Hz R



EAR CANAL VOLUME: 0.8
TYMP 1: daPa ml
 -55 0.2
TYMP 2:
TYMP 3:

Scan on 2/22/2013 1:11 PM by Cynthia Ott: Blue Cross (below)

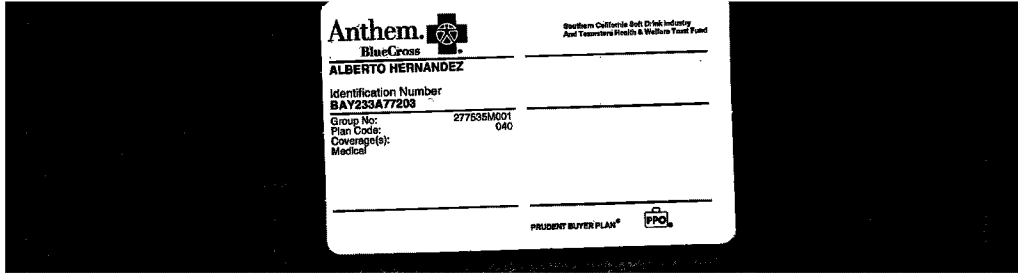


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Order (continued)



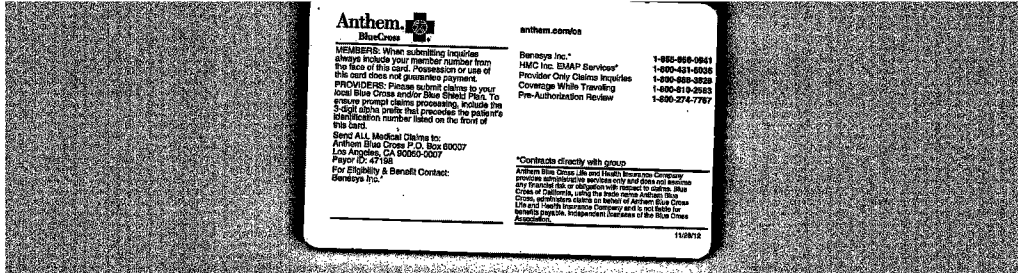


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Order (continued)



Scan on 5/2/2016 2:31 PM by Lori Thomson: 04/22/16 Audology Photo (below)

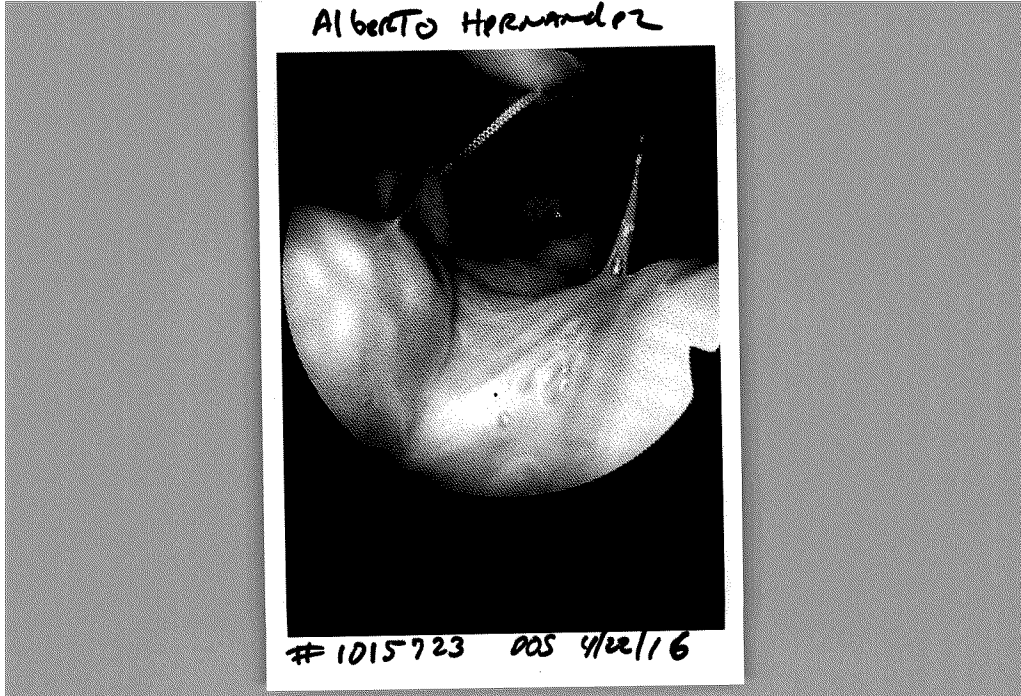


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Order (continued)



Document on 1/14/2020 3:14 PM by Christine Anh Vo, DO: After Visit Summary (below)



Legendary Care™

Order (continued)

AFTER VISIT SUMMARY

Alberto Hernandez MRN: 1015723

1/14/2020 2:15 PM CS Urgent Care 951-683-6370



Instructions from Christine Vo, DO

Your personalized instructions can be found at the end of this document.



Today's medication changes

- ➔ START taking:
 - azithromycin (Zithromax Z-Pak)
 - brompheniramine-pseudoephedrine-DM
 - predniSONE (DELTAZONE)
 - promethazine-codeine (PHENERGAN with CODEINE)

Accurate as of January 14, 2020 3:14 PM.
Review your updated medication list below.



Pick up these medications at RITE AID-23975
IRONWOOD AVE - MORENO VALLEY, CA - 23975
IRONWOOD AVENUE
azithromycin • brompheniramine-pseudoephedrine-DM •
predniSONE
Address: 23975 IRONWOOD AVENUE, MORENO VALLEY CA
92557-7153
Phone: 951-242-1742



Pick up these medications from any pharmacy with
your printed prescription
promethazine-codeine

Today's Visit

You saw Christine Vo, DO on Tuesday
January 14, 2020. The following issues
were addressed:

- Postnasal drip
- Sinus infection
- Cough

Blood Pressure 135/79	BMI 24.30
Weight 146 lb	Height 5' 5"
Temperature (Oral) 98.7 °F	Pulse 87
Respiration 16	Oxygen Saturation 98%

What's Next

You currently have no upcoming appointments scheduled.

My Healthy Connection
Sign-Up

Send messages to your doctor, view your
test results, renew your prescriptions,
schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: CNGF8-XTSKW-CX3GU. Activation code expires 2/13/2020.



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Order (continued)

Your Medication List as of January 14, 2020 3:14 PM

Always use your most recent med list.



azithromycin 250 MG tablet
Commonly known as: Zithromax Z-Pak

2 tablets on day 1, then one tablet daily on days 2-5



brompheniramine-pseudoephedrine-DM
30-2-10 MG/5ML syrup

Take 5 mLs by mouth 3 (three) times daily as needed
for up to 10 days.

NYQUIL PO

Take by mouth.



predniSONE 10 MG tablet
Commonly known as: DELTASONE

Take 1 tablet by mouth daily for 7 days.



promethazine-codeine 6.25-10 MG/5ML syrup
Commonly known as: PHENERGAN with CODEINE

Take 5 mLs by mouth nightly as needed for Cough for
up to 24 days.



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Legendary Care™

Order (continued)

🏠 Preventive Care

	Date Due	Completion Dates
Colon Cancer Screening	10/10/2014	---
Flu Shot	09/01/2019	---

👨‍⚕️ Patient Care Team

Ricky Pokboon Tang, MD 951-782-3689 7117 BROCKTON AVE RIVERSIDE CA 92506-2658	PCP - General, Internal Medicine
Jimmy Jyh-Ming Sun, MD 951-493-6920 818 MAGNOLIA AVE CORONA CA 92879-3106	Otolaryngology



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Order (continued)

Instructions from Christine Vo, DO

Follow up with pMD in 2-3 days or RTC if not improving. ER precaution if worsening symptoms.
Pt agreed with treatment plan and all questions answered.

Riverside Medical Clinic

Cough: Care Instructions

Your Care Instructions



A cough is your body's response to something that bothers your throat or airways. Many things can cause a cough. You might cough because of a cold or the flu, bronchitis, or asthma. Smoking, postnasal drip, allergies, and stomach acid that backs up into your throat also can cause coughs.

A cough is a symptom, not a disease. Most coughs stop when the cause, such as a cold, goes away. You can take a few steps at home to cough less and feel better.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Drink lots of water and other fluids. This helps thin the mucus and soothes a dry or sore throat. Honey or lemon juice in hot water or tea may ease a dry cough.
- Take cough medicine as directed by your doctor.
- Prop up your head on pillows to help you breathe and ease a dry cough.
- Try cough drops to soothe a dry or sore throat. Cough drops don't stop a cough. Medicine-flavored cough drops are no better than candy-flavored drops or hard candy.
- Do not smoke. Avoid secondhand smoke. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.

When should you call for help?



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Order (continued)



Call 911 anytime you think you may need emergency care. For example, call if:

- You have severe trouble breathing.

Call your doctor now or seek immediate medical care if:

- You cough up blood.
- You have new or worse trouble breathing.
- You have a new or higher fever.
- You have a new rash.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You cough more deeply or more often, especially if you notice more mucus or a change in the color of your mucus.
- You have new symptoms, such as a sore throat, an earache, or sinus pain.
- You do not get better as expected.

Where can you learn more?

Go to <http://www.healthwise.net/rmc>

Enter **D279** in the search box to learn more about "**Cough: Care Instructions.**"

Current as of: June 9, 2019

Content Version: 12.3

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Order (continued)

To: 19516975475 Page: 1 of 6 2021-02-04 06:45:50 GMT 13106269632 From: Natalia Foley

FAX COVER SHEET

TO _____

COMPANY _____

FAX NUMBER 19516975475

FROM NataliaFoley

DATE 2021-02-04 06:45:31 GMT

RE RE: Request for WC Appointment for Alberto Hernandez

COVER MESSAGE

Please accept Alberto Hernandez for treatment as workers compensation patient. The case is accepted, the authorization is provided as MPN physician
Please contact our office at 310 707 8098 or 310 733 6398
Our email is nfoleylaw@gmail.com



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Order (continued)

To: 19516975475

Page: 2 of 6

2021-02-04 06:45:50 GMT

13106269632

From: Natalia Foley

WORKERS DEFENDERS LAW GROUP

8018 E Santa Ana Cyn Ste 100-
215
Anaheim Hills CA 92808
Tel: 714 948 5054
Fax: 310 626 9632
workerlegalinfo@gmail.com
www.workerlegal.com



Natalia Foley, Esq
Managing Attorney
Tel: 310 707 8098
nfoleylaw@gmail.com
UAN: WORKERS DEFENDERS ANAHEIM
ERN: 13792552

TO: Riverside Medical Clinic
Dr. Chun, Keolanui G
6405 Day St
Riverside, CA 92507
Phone: 951-697-5454
Fax: 951-697-5475

RE: ALBERTO HERNANDEZ vs REYES COCA COLA BOTTLING LLC
WCAB/DOI: ADJ11396739 (12/01/2008 - 07/16/2018)
ADJ11396777 (01/01/2018 - 07/01/2018)
DOB: 10/10/1964
SSN: 612-24-2291
CLAIM: 18RH004183; 18RH004185

2/3/2021

Labor Code §4600

Dear Dr. Chun, Keolanui G:

The applicant has selected you as the primary treating physician in the above-referenced matter pursuant to Labor Code §4600(c) and 8 CCR §9785(b) (2).

You are within the MPN of the Defendant, and the authorization for your treatment was received.

Please note that the case was settled via Stipulation and Award dated 09/11/2020, and Applicant is entitled to the future medicals per judge order. Sedgwick manages claims for Ace American Insurance Company on behalf of Reyes Coca-Cola Bottling, LLC.

Please submit all treatment requests to UR at (562) 981-1760.

If you have any questions, you may contact Sandra Salazar at (562)981-0288.

Page 1 of 3



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

To: 19516975475 Page: 3 of 6 2021-02-04 06:45:50 GMT 13106269632 From: Natalia Foley


Should you initiate treatment of the applicant, please serve our office with the copies of your routine "Primary Treating Physician's Progress Report" (DWC Form PR-2) with periodic medical-legal reports.

Furthermore, if you find it necessary to refer our client to specialist(s) outside your scope of practice in order to gain a complete understanding of this patient's industrial injuries, please indicate so in your reports and request an authorization.

You can find and download all relevant medical records for the applicant here:
https://www.dropbox.com/sh/upmsfdv0gsaj6p8/AAD0NAPY_GXoi9lh2DS4V_1Oa?dl=0

Thank you for your assistance in this matter.

Sincerely,


By Natalia Foley, Esq
LAW OFFICES OF NATALIA FOLEY

CC: Sedgwick Claims Management Services, Inc.
PO Box 14450
Lexington, KY 40512-4450

Page 2 of 3



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

To: 19516975475 Page: 4 of 6 2021-02-04 06:45:50 GMT 13106269632 From: Natalia Foley

PROOF OF SERVICE

*State Of California
County of Los Angeles*

I am employed in the county of Los Angeles, State of California.
I am over the age of 18 years and not a party to the within action; my business address is:
8018 E Santa Ana Canyon Rd Ste 100 215
Anaheim CA 92808

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing as listed.

On 2/3/2021 I served the foregoing documents described as:

4600 LETTER, CLIENT' DEMOGRAPHICS, COPY OF THE WCAB APPLICATION

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

Alberto Hernandez 16415 VISTA CONEJO DR MORENO VALLEY CA 92551	DWC LAO 320 W. 4TH STREET, 9TH FLOOR LOS ANGELES, CA 90013-1954
Sedgwick Claims Management Services PO BOX 14450 Lexington KY 40512	MORGAN & LEAHY, LLP 30101 AGOURA COURT, SUITE 200 AGOURA HILLS, CA 91301

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Executed on: 2/3/2021 at Los Angeles, CA

By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq

Page 3 of 3



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912


Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

To: 19516975475 Page: 5 of 6 2021-02-04 06:45:50 GMT 13106269632 From: Natalia Foley
Page 1 of 7

Sedgwick Claims Management Services, Inc.
P O Box 14850
Lexington, KY 40512-6450



Phone: (562)981-1700
Fax: (562)981-1700

February 03, 2021

Dr. Stefani Chun
6405 Day St
Riverside, CA 92507

RE: Employee: Alberto Hernandez
 Employer: Reyes Coca-Cola Bottling, LLC
 Claim No. 18RH004183
 Injury Date: 07/16/2018

Dear Dr. Chun,

This letter serves to confirm your role as Primary Treating Physician in the above-captioned workers' compensation claim. The reporting responsibilities of the Primary Treating Physician are codified by the Administrative Director under CER§6785. Failure to adhere to this regulation may constitute good cause for removal from the Sedgwick MPN Panel.


This claim involves a 53 year old Warehouse (3L) who reported Accepted: Cervical Spine, Lumbar Spine & R Wrist
Denied: All other body parts. The injury is Accepted.

The claim settled via STP on 3/11/20; therefore, your treatment is for future medical care only.

All treatment provided by the Primary Treating Physician must be in compliance with ACDEM Guidelines or other scientifically based guidelines. Your treatment protocol should be geared at promptly returning the injured employee to transitional work, and promptly achieving MMI status.

We respectfully request your compliance with the following best practices:

1. Provide a clear and accurate diagnosis within 30 days of the initial visit.
2. Assess whether all symptoms of radicular pain or paresthesia follow consistent dermatome patterns. If not, please describe all inconsistencies.
3. Rule out the possibility of symptom magnification or somatization by applying Waddell testing for nonorganic signs (superficial non-anatomic, axial loading, rotation, straight leg raising, weakness, and sensory); if you suspect nonorganic signs, please consider referral for MMPI-2 test to assess the presence of hypochondriasis, depression, hysteria, or malingering.
4. List all temporary work restrictions so that the employer may explore temporary accommodation under its Early Return to Work program. If the number and severity of work restrictions are not



2-1-2021 18RH004183 7020210201026806

<https://www.sedgwickir.com/EditorHTML5/printModule.html> 2/3/2021



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Order (continued)

To: 19516975475

Page: 6 of 6

2021-02-04 06:45:50 GMT

13106269632

From: Natalia Foley

DEMOGRAPHIC INFORMATION

Client Personal Information:	
Name:	Alberto Hernandez
Address:	16415 VISTA CONEJO DR MORENO VALLEY CA 92551 951 847 6991
DOB:	10/10/1964
SSN:	612-24-2291
OCCUPATION:	LOADER
CT-DOI #1:	12/01/2008 - 07/16/2018
WCAB:	ADJ11396739
CLAIM #:	18RH004183; 118H004185
Description of injury:	Stress and strain due to repetitive movements at work over period of time, injured lower back, neck, shoulders, arms, head, foot, knees, fingers, stress, wrist, right leg
Body Parts Claimed:	398 - UPPER EXTREMITIES; 598 - LOWER EXTREMITES; 100- head; 200 - neck; 420 - back
Description of Injury:	Stress due to hostile work environment, physically unrealistic goals, discrimination based on the human nature of origin
Body Parts Claimed:	841 - stress
Employer Info:	
Local:	Headquarter:
REYES COCA COLA BOTTLING LLC 10670 6TH ST RANCHO CUCAMONGA CA 91730	REYES COCA COLA BOTTLING LLC 6250 NORTH RIVER ROAD STE 9000 ROSEMONT IL 60018
Insurance Info:	
Sandra Salazar at (562)981-0288	Sedgwick Claims Management Services PO BOX 14450 Lexington KY 40512
Defense Attorney:	
	Timothy Morgan, Esq. MORGAN & LEAHY, LLP 30101 AGOURA COURT, SUITE 200 AGOURA HILLS, CA 91301 tell: (805)558-5726
Case Status:	
	accepted stipulation and award with future medicals

All medical records can be downloaded here:

https://www.dropbox.com/sh/upmsfdv0gsaj6p8/AAD0NAPY_GXoi9lh2DS4V_J0a?dl=0

Scan on 2/11/2021 10:58 AM by Lucia Santiago: Sedgwick Letter (Accepted body parts-cervical,lumbar spine and Rt-wrist (below)



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Order (continued)

Sedgwick Claims Management Services, Inc.
P O Box 14450
Lexington, KY 40512-4450



Phone: (562)981-1700
Fax: (562)981-1760

February 01, 2021

Dr. Keolanui Chun
6405 Day St
Riverside, CA 92507

RE: Employee: Alberto Hernandez
Employer: Reyes Coca-Cola Bottling, LLC
Claim No. 18RH004183
Injury Date: 07/16/2018

Dear Dr. Chun:

This letter serves to confirm your role as Primary Treating Physician in the above-captioned workers' compensation claim. The reporting responsibilities of the Primary Treating Physician are codified by the Administrative Director under CCR§9785. *Failure to adhere to this regulation may constitute good cause for removal from the Sedgwick MPN Panel.*

This claim involves a 53 year old Warehouse 13U who reported Accepted: Cervical Spine, Lumbar Spine & R Wrist
Denied: All other body parts. The injury is Accepted.

The claim settled via STIP on 9/11/20; therefore, your treatment is for future medical care only.

All treatment provided by the Primary Treating Physician must be in compliance with ACOEM Guidelines or other scientifically based guidelines. Your treatment protocol should be geared at promptly returning the injured employee to transitional work, and promptly achieving MMI status.

We respectfully request your compliance with the following best practices:

1. Provide a clear and accurate diagnosis within 30 days of the initial visit.
2. Assess whether all symptoms of radicular pain or paresthesia follow consistent dermatome patterns. If not, please describe all inconsistencies.
3. Rule out the possibility of symptom magnification or somatization by applying Waddell testing for nonorganic signs (superficial, non-anatomic, axial loading, rotation, straight leg raising, weakness, and sensory). If you suspect nonorganic signs, please consider referral for MMPI-2 test to assess the presence of hypochondriasis, depression, hysteria, or malingering.
4. List all temporary work restrictions so that the employer may explore temporary accommodation under its Early Return to Work program. If the number and severity of work restrictions are not



* C 2 5 4 1 8 2 3 2 . 3 3 9 - 2 0 6 7 *



2/1/2021

18RH004183

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Order (continued)

decreasing with each office visit, please assess the effectiveness of the treatment, re-assess the diagnosis, and verify the employee's motivation to return to usual and customary duties.



4 0 2 3 4 1 8 2 3 2 1 3 3 9 - 2 0 6 7 *



2/1/2021

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Order (continued)

- 5. Estimate a reasonable time for achieving maximum medical improvement (MMI). If this is a non surgical case, and MMI status is expected to exceed 90 days, please explain the basis for the anticipated lag in MMI status.

Please fax all treatment requests to Sedgwick Utilization Review at 562-981-1760.

Referrals to specialists or practitioners (i.e. physical therapists, chiropractors, etc.) must be made within the Sedgwick MPN Panel. It is unlawful for a physician to refer a workers' compensation patient to a facility in which the referring physician has a financial interest.

Thank you for your assistance in providing the appropriate medical care to this employee. We look forward to working with you in achieving maximum medical improvement.

Sedgwick manages claims for Ace American Insurance Company on behalf of Reyes Coca-Cola Bottling, LLC.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Sincerely,
Sedgwick Claims Management Services, Inc
Steven Cogan
Claims Examiner

Sedgwick manages claims for Ace American Insurance Company on behalf of Reyes Coca-Cola Bottling, LLC.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.

Enclosure: CCR\$9785 Reporting Requirements of the Treating Physician
Proof of Service



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2/1/2021

18RH004183

562021020108087





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Order (continued)

§9785. Reporting Duties of the Primary Treating Physician.

- (a) For the purposes of this section, the following definitions apply:
 - (1) The "primary treating physician" is the physician who is primarily responsible for managing the care of an injured employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter. The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract of procedures applicable to a Health Care Organization certified under section 4600.5 of the Labor Code.
 - (2) A "secondary physician" is any physician other than the primary treating physician who examines or provides treatment to the injured employee, but is not primarily responsible for continuing management of the care of the injured employee.
 - (3) "Claims administrator" is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.
- (b) There shall be no more than one primary treating physician at a time. Where the primary treating physician discharges the employee from further treatment and there is a dispute concerning the need for continuing treatment, no other primary treating physician shall be identified unless and until the dispute is resolved. If it is determined that there is no further need for continuing treatment, then the physician who discharged the employee shall remain the primary treating physician. If it is determined that there is further need for continuing treatment, a new primary treating physician may be selected.
- (c) The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section. A primary treating physician has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. However, a claims administrator may designate any person or entity to be the recipient of the required reports.
- (d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subsections (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.
- (e)
 - (1) Within 5 working days following initial examination, a primary treating physician shall submit a written report to the claims administrator on the form entitled "Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021. Emergency and urgent care physicians shall also submit a Form DLSR 5021 to the claims administrator following each visit. On line 24 of the Doctor's First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultations or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).
 - (2) Each new primary treating physician shall submit a Form DLSR 5021 following the initial examination.



2/1/2021

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Order (continued)

- (3) Secondary physicians, physical therapists, and other health care providers to whom the injured employee is referred shall report to the primary treating physician in the manner required by the primary treating physician.
- (4) The primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall incorporate, or comment upon, the opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator.
- (f) A primary treating physician shall promptly report to the claims administrator when any one or more of the following occurs:
 - (1) The employee's condition undergoes a previously unexpected significant change;
 - (2) There is any significant change in the treatment plan reported, including but not limited to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) a change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices;
 - (3) The employee's condition permits return to modified or regular work;
 - (4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;
 - (5) The employee is discharged;
 - (6) The primary treating physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);
 - (7) The employer reasonably requests additional appropriate information;
 - (8) When ongoing treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred.

Reports required under this subdivision shall be submitted on the form entitled "Primary Treating Physician's Progress Report," Form PR-2, or in the form of a narrative report. If a narrative report is used, it must be entitled "Primary treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2.

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form.

- (g) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall report any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing or future medical care resulting from the injury. The information may be submitted in the form entitled "Treating Physician's Permanent and Stationary Report," Form PR-3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC 81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section 10606. Qualified Medical Evaluators and Agreed Medical Evaluators may not use PR-3 to report medical-legal evaluations.
- (h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.

Claims administrators shall reimburse primary treating physicians for their reports submitted pursuant to this section as required by the Official Medical Fee Schedule.



4 2 3 4 1 8 2 3 2 1 3 3 9 - 2 0 6 7 4



2/1/2021

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Order (continued)



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2/1/2021

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Order (continued)

PROOF OF SERVICE

1013a(3) CCP Revised 5/01/88

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed in the county of Los Angeles, State of California. I am over the age of 18 and not a party to the within action; my business address is: PO Box 1027, Van Nuys, CA 91408-1027

On February 1, 2021 I served the foregoing document described as:

Physician Letter Dated February 1, 2021 and Copy of CCR§9785

on all other parties and/or their attorney(s) of record to this action by placing a true copy thereof in a sealed envelope as follows:

Alberto Hernandez
11673 Hummingbird Pl.
Moreno Valley, CA 92557

Law Offices of Natalia Foley
Law Offices of Natalia Foley
5753 E Santa Ana Canyon Rd Ste G 616
Anaheim, CA 92807

Morgan Leahy
Morgan, Leahy & Torigian, LLP
21031 Ventura Blvd. Suite 210
Woodland Hills, CA 91364

BY MAIL

I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with U.S. postal service that same day with postage thereon fully prepaid at Sedgwick in Van Nuys, California in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after date of deposit for mailing in affidavit.

(STATE): I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

(Fill In)

Signature

Sedgwick manages claims for Ace American Insurance Company on behalf of Reyes Coca-Cola Bottling, LLC.

We value your privacy. For more on what personal information we may collect, how we may use this information and other important areas relating to your privacy and data protection, please read our privacy notice www.sedgwick.com.



2/1/2021

18RH004183

562021020108087



Document on 8/25/2021 9:08 PM by Piyush R Viradia, MD: After Visit Summary (below)



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

8/25/2021 8:00 PM CS Urgent Care 951-683-6370

Instructions from Piyush R. Viradia, MD

Your personalized instructions can be found at the end of this document.



Today's medication changes

START taking:
diphenoxylate-atropine (LOMOTIL)

Accurate as of August 25, 2021 9:08 PM.
Review your updated medication list below.



Pick up these medications from any pharmacy with your printed prescription
diphenoxylate-atropine



Return in about 1 day
(around 8/26/2021).

Today's Visit

You saw Piyush R. Viradia, MD on Wednesday August 25, 2021. The following issue was addressed: Diarrhea, unspecified type.



BMI
23.30



Weight
140 lb



Height
5' 5"

What's Next

You currently have no upcoming appointments scheduled.

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: XVS7R-ZVRF8-TGZWG. Activation code expires 9/24/2021.



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Order (continued)

Your Medication List as of August 25, 2021 9:08 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet
Commonly known as: LIPITOR

azithromycin 250 MG tablet 2 tablets on day 1, then one tablet daily on days 2-5
Commonly known as: Zithromax Z-Pak



diphenoxylate-atropine 2.5-0.025 MG per tablet Take 1 tablet by mouth 4 (four) times daily as needed
Commonly known as: LOMOTIL for Diarrhea for up to 2 days.
Started by: Piyush R. Viradia, MD

* losartan 25 MG tablet Take 12.5 mg by mouth.
Commonly known as: COZAAR

* losartan 25 MG tablet
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 50 mg by mouth.
Commonly known as: TOPROL-XL

NYQUIL PO Take by mouth.

Ticagrelor 90 MG Tabs Take 90 mg by mouth.

* This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Hernandez, Alberto
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Order (continued)

Preventive Care

	Date Due	Completion Dates
Colon Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009

Patient Care Team

Ricky Pokboon Tang, MD 951-782-3689 7117 BROCKTON AVE RIVERSIDE CA 92506-2658	PCP - General, Internal Medicine
Jimmy Jyh-Ming Sun, MD 951-493-6920 21634 RETREAT PARKWAY CORONA CA 92883	Otolaryngology

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.

<https://www.surveymonkey.com/r/R9FYC25?NPI=1720061633>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.



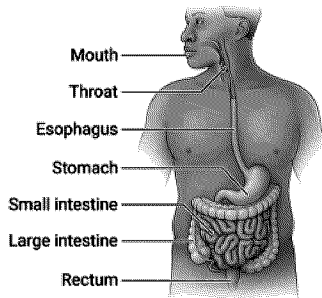
Order (continued)

Instructions from Piyush R. Viradia, MD

Riverside Medical Clinic

Diarrhea: Care Instructions

Your Care Instructions



© 2019 Healthwise

Diarrhea is loose, watery stools (bowel movements). The exact cause is often hard to find. Sometimes diarrhea is your body's way of getting rid of what caused an upset stomach. Viruses, food poisoning, and many medicines can cause diarrhea. Some people get diarrhea in response to emotional stress, anxiety, or certain foods.

Almost everyone has diarrhea now and then. It usually isn't serious, and your stools will return to normal soon. The important thing to do is replace the fluids you have lost, so you can prevent dehydration.

The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away.**

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Watch for signs of dehydration, which means your body has lost too much water. Dehydration is a serious condition and should be treated right away. Signs of dehydration are:
 - Increasing thirst and dry eyes and mouth.
 - Feeling faint or lightheaded.
 - A smaller amount of urine than normal.
- To prevent dehydration, drink plenty of fluids. Choose water and other caffeine-free clear liquids until you feel better. If you have kidney, heart, or liver disease and have to limit fluids, talk with your doctor before you increase the amount of fluids you drink.
- Begin eating small amounts of mild foods the next day, if you feel like it.
 - Try yogurt that has live cultures of *Lactobacillus*. (Check the label.)
 - Avoid spicy foods, fruits, alcohol, and caffeine until 48 hours after all symptoms are gone.



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Order (continued)

- Avoid chewing gum that contains sorbitol.
- Avoid dairy products (except for yogurt with *Lactobacillus*) while you have diarrhea and for 3 days after symptoms are gone.
- The doctor may recommend that you take over-the-counter medicine, such as loperamide (Imodium), if you still have diarrhea after 6 hours. Read and follow all instructions on the label. Do not use this medicine if you have bloody diarrhea, a high fever, or other signs of serious illness. Call your doctor if you think you are having a problem with your medicine.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- Your stools are maroon or very bloody.

Call your doctor now or seek immediate medical care if:

- You are dizzy or lightheaded, or you feel like you may faint.
- Your stools are black and look like tar, or they have streaks of blood.
- You have new or worse belly pain.
- You have symptoms of dehydration, such as:
 - Dry eyes and a dry mouth.
 - Passing only a little urine.
 - Feeling thirstier than usual.
- You have a new or higher fever.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your diarrhea is getting worse.
- You see pus in the diarrhea.
- You are not getting better after 2 days (48 hours).

Where can you learn more?

Go to <https://www.healthwise.net/rmc>

Enter **W335** in the search box to learn more about "**Diarrhea: Care Instructions.**"

Current as of: October 19, 2020 Content Version: 12.9

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Care instructions adapted under license by Riverside Medical Clinic. If you have questions about a medical condition or this instruction, always ask your healthcare professional. Healthwise, Incorporated disclaims any warranty or liability for your use of this information.

Scan on 12/15/2021 11:11 AM by Najat Jaber (below)

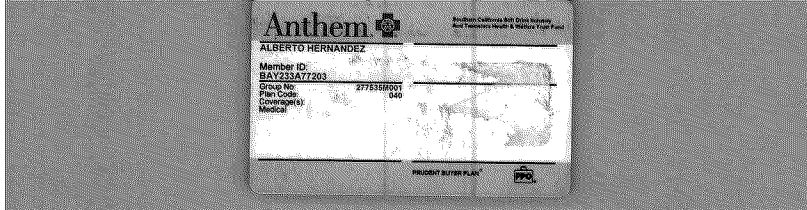


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Order (continued)



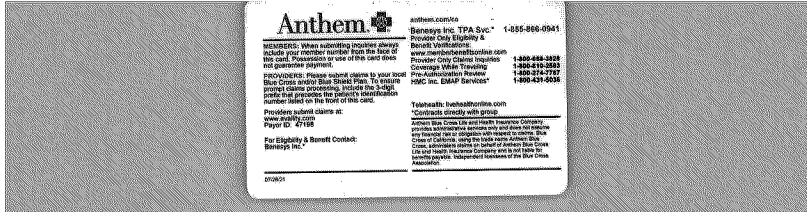


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Order (continued)



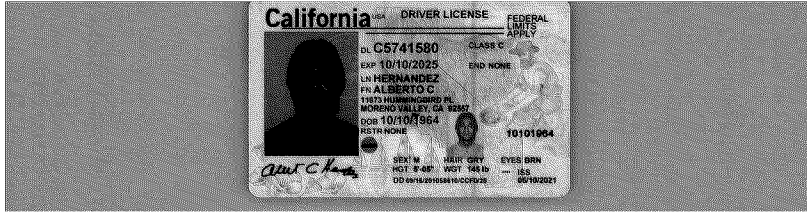


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Order (continued)





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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)



Document on 1/10/2022 2:29 PM by Margaret M Song, MD: After Visit Summary (below)



RIVERSIDE MEDICAL
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723 1/10/2022 2:00 PM Canyon Springs Adult Medicine 951-683-6370

Instructions from Margaret Song, MD



INTERNAL REFERRAL TO CARDIOLOGY
Where: Main Cardiology
Address: 7117 BROCKTON AVE RIVERSIDE CA 92506
Phone: 951-683-6370
Expires: 1/10/2023 (requested)



Labs ordered today
Comprehensive metabolic panel
Please complete by or around 1/10/2022

Hemoglobin A1c
Please complete by or around 1/10/2022

Lipid panel
Please complete by or around 1/10/2022



Return if symptoms worsen or fail to improve.

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit



You saw Margaret Song, MD on Monday January 10, 2022. The following issues were addressed:

- Prediabetes
- Hyperlipidemia, unspecified hyperlipidemia type



Blood Pressure
100/66



BMI
23.36



Weight
140 lb
6.4 oz



Height
5' 5"



Pulse
71

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: RV4TJ-6DH7N-V2WKW. Activation code expires 2/9/2022.



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of January 10, 2022 2:29 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet
Commonly known as: LIPITOR

azithromycin 250 MG tablet 2 tablets on day 1, then one tablet daily on days 2-5
Commonly known as: Zithromax Z-Pak

Dapagliflozin Propanediol 10 MG Tabs Take 10 mg by mouth.

* **losartan 25 MG tablet** Take 12.5 mg by mouth.
Commonly known as: COZAAR

* **losartan 25 MG tablet**
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 50 mg by mouth.
Commonly known as: TOPROL-XL

NYQUIL PO Take by mouth.

Ticagrelor 90 MG Tabs Take 90 mg by mouth.

* This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Legendary Care™

Order (continued)

Riverside Medical Clinic Laboratory Locations



Your provider has ordered lab(s) that can be collected at any of the Riverside Medical Clinic laboratory locations listed below. Please follow all preparation instructions and be sure to arrive on or around the *expected date* to ensure your orders can be processed.

Main Lab

7117 Brockton Avenue
Riverside, CA 92506
(951) 782-3637

M-F 7:00 am - 6:00 pm
Sat 7:00 am - 12:00 pm

Canyon Springs Lab

6405 Day Street
Riverside, CA 92507
(951) 697-5665

M-F 7:00 am - 6:00 pm

Temescal Valley Lab

21634 Retreat Parkway
Temescal Valley, CA 92883
(951) 493-6820

M-F 7:00 am - 6:00 pm
Sat 7:00 am - 12:00 pm

Murrieta Lab

33040 Antelope Road
Murrieta, CA 92563
(951) 304-4067

By Appointment Only

Mission Grove Lab

19314 Jesse Lane
Riverside, CA 92508
(951) 776-4518

M-F 8:30 am - 1:00 pm

Eastvale Lab

12742 Limonite Avenue
Eastvale, CA 92880
(951) 739-2727

M-F 8:30 am - 5:30 pm

Jurupa Valley Lab

6250 Clay Street
Riverside, CA 92509
(951) 360-5280

M-F 8:30 am - 5:30 pm

Preventive Care

	Date Due	Completion Dates
Colon Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009
COVID-19 Vaccine (3 - Booster for Pfizer series)	11/11/2021	5/11/2021, 4/20/2021

Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.

<https://www.surveymonkey.com/r/R9FYC25?NPI=1104074814>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.

Scan on 1/10/2022 4:26 PM by Gwendolyn Riley Carpio (below)



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Patient Information Sheet

- New Patient
- Name Change
- Address Change
- Insurance Change
- Other

New patients: Please complete all sections
Existing patients: Please complete Patient Information and any other changed information noting change in box on right.

PATIENT INFORMATION									
Last Name HERNANDEZ		First Name ALBERTO		M.I. C	Social Security No. 612-24-7281		Sex (M) F	Date of Birth 10-10-64	
Address 11673 Hummingbird PL			Apt. No.	City Moreno Valley		State CA	Zip Code 92557		
Contact Numbers Check Primary	Home Phone		Work Phone		Mobile Phone 951-847-6991	E-mail Address onec@hernandez.com			
Marital Status S (M) D W		Primary Language Spanish		Interpreter Required? Y (N)		Ethnicity: <input type="checkbox"/> Non-Hispanic/Latino <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to Provide			
Race: <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Decline to Provide									
PRIMARY CARE PROVIDER INFORMATION									
Name		Address				Phone	Fax		
EMERGENCY CONTACT INFORMATION									
Name NORMA NUÑEZ Aguirre		Relationship wife		Is this the patient's legal guardian? Y (N)		Contact # 951-472-5718		<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile	
Address 11673 Hummingbird PL			Apt. No.	City Moreno Valley		State CA	Zip Code 92557		
EMPLOYER INFORMATION									
Name Rexes Holding Coca Cola		Work # 909-476-620		Contact Person:		Employment Status: <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
Address 10670 674 ST			Suite No.	City Rancho Cucamonga		State CA	Zip Code 91730		
GUARANTOR/FINANCIAL RESPONSIBILITY INFORMATION (COMPLETE ONLY IF DIFFERENT THAN PATIENT) Must be completed if patient is a minor									
Relationship to patient: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather <input type="checkbox"/> Other: (explain)									
Last Name		First Name		M.I.	Social Security No.		Sex M F	Date of Birth	
Address (if different than Patient's)			Apt. No.	City		State	Zip Code		
Contact Numbers Check Primary:	Home Phone		Work Phone		Mobile Phone	E-mail Address			
EMPLOYER INFORMATION									
Name		Work #		Contact Person:		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
Address			Suite No.	City		State	Zip Code		
INSURANCE INFORMATION									
PATIENTS PRIMARY INSURANCE									
Name		Address				Phone	Auth Phone #		
Group Number	Member ID #	Member Effective Date		Covered Through: <input type="checkbox"/> Current Employment <input type="checkbox"/> Cobra <input type="checkbox"/> Retirement					
SUBSCRIBER INFORMATION									
Patients Relationship to Subscriber of Insurance: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Child <input type="checkbox"/> Other									
Subscriber Last Name		First Name		M.I.	Social Security No.		Sex M F	Date of Birth	
Address (if different than Patient's)			Apt. No.	City		State	Zip Code		
Subscribers Employer Name		Phone #		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed					
PATIENTS SECONDARY INSURANCE									
Name		Address				Phone	Auth Phone #		
Group Number	Member ID #	Member Effective Date		Covered Through: <input type="checkbox"/> Current Employment <input type="checkbox"/> Cobra <input type="checkbox"/> Retirement					
SUBSCRIBER INFORMATION									
Patients Relationship to Subscriber of Insurance: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Child <input type="checkbox"/> Other									
Subscriber Last Name		First Name		M.I.	Social Security No.		Sex M F	Date of Birth	
Address (if different than Patient's)			Apt. No.	City		State	Zip Code		
Subscribers Employer Name		Phone		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed					

Scan on 1/10/2022 4:26 PM by Gwendolyn Riley Carpio (below)



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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Patient Acknowledgement Form

As a Patient/Parent/Conservator/Guardian of Riverside Medical Clinic I acknowledge that the following information has been discussed and made available to me:

- A.H. Consent to Use and Disclose Protected Health Information (Document)
(Initial)
- A.H. Authorization to Contact Information (Document)
(Initial)
- A.H. Notice of Privacy Practices Patient Acknowledgement (Document and Brochure)
(Initial)
- A.H. Patient Rights and Responsibilities (Brochure)
(Initial)
- A.H. Advance Healthcare Directive (18 yrs and older) (Brochure)
(Initial)
- A.H. My Healthy Connection (Brochure)
(Initial)
- A.H. Health Information Exchange (Brochure)
(Initial)
- A.H. California Immunization Registry (CAIR) Notice (Document)
(Initial)
- A.H. Surgery Center Brochure (regarding ownership)
(Initial)

Assignment of Insurance Benefits, General Consent and Information Verification

My signature below hereby authorizes my insurance company(ies) to pay for all medical services rendered. I understand that I am financially responsible for all charges not covered by my insurance company. I authorize release of medical information to said insurance company(ies). Additionally, my signature provides willing consent to procedures which may be performed, including emergency treatment or services, and which may include but is not limited to, laboratory procedures, x-ray exams, medical or surgical treatment or procedures, anesthesia, vaccinations, or services rendered to the patient under the general and special instructions of the patient's physician or his designate.

I understand that a missed appointment may be subject to a charge if 24 hour prior notice is not given and that all returned checks will be subject to a \$20 processing fee. Failure to replace and pay all returned checks and the processing fee could result in the item being turned over to the District Attorney's Office.

Alberto Hernandez
Signature

1-10-22
Date

If Not Patient, Relationship

For Office Use: Once form is completed, scan into the electronic registration documents table and destroy original.

100-227 (1/18)

Scan on 1/10/2022 4:28 PM by Gwendolyn Riley Carpio (below)



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Consent to Use and Disclose Protected Health Information

By signing this form, you are granting consent to Riverside Medical Clinic to use and disclose your protected health information for the purpose of treatment, payment and healthcare operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have the legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You may obtain a copy of the Notice of Privacy Practices by viewing our website www.RiversideMedicalClinic.com or by contacting our Quality Management Department at (951) 782-5103.

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. You have the right to obtain an accounting of disclosures, with limited exceptions, of your information.

To request restrictions, you must make your request in writing to Riverside Medical Clinic Medical Records Department at 3660 Arlington Avenue Riverside, CA 92506. Please tell us (1) What information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Notice to Consumers

Medical doctors are licensed and regulated by the Medical Board of California
(800) 633-2322
www.mbc.ca.gov

Alberto Hernandez
Signature (Patient / Parent / Conservator / Guardian)

1-10-22
Date

195-229 (5/13)

Scan on 1/10/2022 4:29 PM by Gwendolyn Riley Carpio (below)



RIVERSIDE MEDICAL
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Notice of Privacy Practices Patient Acknowledgement

Patient Name: ALBERTO Hernandez

MR#: 1015723

The Riverside Medical Clinic *Notice of Privacy Practices* provides detailed information about how we may use and disclose your protected health information. It also describes your right to request restrictions on how we use and disclose this information. You are being given a copy of the *Notice of Privacy Practices* at this time and we encourage you to read it carefully.

Our *Notice of Privacy Practices* is also available for viewing on the RMC website at www.RiversideMedicalClinic.com.

We may change our "Notice of Privacy Practices". If we change our notice, you may obtain a copy of the revised notice by contacting our Customer Relations Department at: (951) 782-5102 or (951) 697-5477 or (951) 782-3602.

By signing below, I acknowledge that I have been given a copy of the Riverside Medical Clinic *Notice of Privacy Practices*.

Signature: [Signature] Date: 1-10-22
(Patient/Parent/Conservator/Guardian)

For RMC Staff – Use Only if Unable to Obtain acknowledgment

Complete only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment, describe the good faith efforts made to obtain the individual's Acknowledgment, and the reasons why the Acknowledgment was not obtained.

Reasons why the acknowledgment was not obtained:

- Patient refused to sign this Acknowledgment even though the patient was presented the Notice of Privacy Practices.
- Other: _____

Signature: _____ Date: _____ Time: _____

Print/Type Name: _____

525-761 (1/15)

Scan on 1/10/2022 4:30 PM by Gwendolyn Riley Carpio (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Authorization to Contact Information

PATIENT NAME: ALBERTO Hernandez DOB: 10-10-64
MRN: 1015723 DR: _____ APPT: _____

Dear Patient,

You have the right to specify how and when we communicate with you about your medical care/services. For example, you can ask that we only contact you by telephone to discuss appointments, results or other medical information. Please review the following choices and indicate to us which method of communication is best for you.

STANDARD COMMUNICATION

Standard Communication: All information on my account can be used to communicate with me, including address and home telephone number. My work telephone number may be used for messages.

RESTRICTED COMMUNICATION

Only contact me by telephone at: _____

Do not send mail to my home address. Only send written communications regarding my medical information to the address listed below:

Street: _____

Apt. or Suite: _____

City: _____ State: _____ Zip: _____

Special Instructions:

My signature below authorizes the doctor and/or staff member to communicate in the method indicated above. This includes:

- Stating that he/she is associated with the doctor's office and/or Riverside Medical Clinic to any person or answering device that may answer the telephone.
- Sharing the information regarding my appointments, test results or other medical information with any person or answering device that may answer the telephone.

Signature: Alberto Hernandez Date: 1-10-22

525-733 (1/15)

Document on 3/30/2022 9:08 AM by Joseph Quan, MD: After Visit Summary (below)



RIVERSIDE MEDICAL
CLINIC, LLC
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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

3/30/2022 8:15 AM Main Cardiology 951-683-6370

Instructions from Joseph Quan, MD

Arrange for ETT and echocardiogram.
Continue current medical treatment and risk factor modification.
Cardiology follow up in 6 weeks.

Return in about 6 weeks
(around 5/11/2022).

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit



You saw Joseph Quan, MD on
Wednesday March 30, 2022. The
following issues were
addressed:

- Heart disease due to blocked artery
- Status post coronary artery stent placement
- Old MI (myocardial infarction)
- Ischemic cardiomyopathy
- Heart failure

Blood Pressure
109/67

BMI
23.63

Weight
142 lb

Height
5' 5"

Pulse
62

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: S3FD7-TS9DS-4KZ39. Activation code expires 4/29/2022.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of March 30, 2022 9:08 AM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet Take 1 tablet by mouth daily.
Commonly known as: LIPITOR

azithromycin 250 MG tablet 2 tablets on day 1, then one tablet daily on days 2-5
Commonly known as: Zithromax Z-Pak

Dapagliflozin Propanediol 10 MG Tabs Take 1 tablet by mouth daily.

*** losartan 25 MG tablet** Take 12.5 mg by mouth.
Commonly known as: COZAAR

*** losartan 25 MG tablet** Take 1 tablet by mouth daily.
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 1 tablet by mouth daily.
Commonly known as: TOPROL-XL

NYQUIL PO Take by mouth.

Ticagrelor 90 MG Tabs Take 1 tablet by mouth 2 (two) times daily.

* This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Hernandez, Alberto
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Legendary Care™

Order (continued)

📅 Preventive Care

	Date Due	Completion Dates
Colon Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021

👨‍⚕️ Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

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<https://www.surveymonkey.com/r/R9FYC25?NPI=1174505077>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.



Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723 5/16/2022 11:40 AM Canyon Springs Adult Medicine 951-683-6370

Instructions from Shern Sirisuk, DO



Today's medication changes

START taking:
isosorbide mononitrate (IMDUR)
Started by: Shern Sirisuk, DO

CHANGE how you take:
Dapagliflozin Propanediol — Another medication with the same name was added. Make sure you understand how and when to take each.
Changed by: Shern Sirisuk, DO

Farxiga (Dapagliflozin Propanediol) — You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.
Changed by: Shern Sirisuk, DO

STOP taking:
azithromycin 250 MG tablet (Zithromax Z-Pak)
Stopped by: Shern Sirisuk, DO

NYQUIL PO
Stopped by: Shern Sirisuk, DO

Accurate as of May 16, 2022 12:08 PM.
Review your updated medication list below.



Pick up these medications at RITE AID-23975
IRONWOOD AVE - MORENO VALLEY, CA - 23975
IRONWOOD AVENUE

Farxiga • isosorbide mononitrate
Address: 23975 IRONWOOD AVENUE, MORENO VALLEY CA
92557-7153
Phone: 951-242-1742



INTERNAL REFERRAL TO CARDIOLOGY (Joseph
Quan, MD)

Where: **Main Cardiology**
Address: 7117 BROCKTON AVE RIVERSIDE CA 92506
Phone: 951-683-6370
Expires: 5/16/2023 (requested)



Return in about 3 months
(around 8/16/2022).

Today's Visit

You saw Shern Sirisuk, DO on Monday
May 16, 2022. The following issues were
addressed:

- Hospital discharge follow-up
- Chest pain due to insufficient blood supply to heart
- CAD S/P percutaneous coronary angioplasty
- CHF (congestive heart failure), NYHA class I, chronic, systolic (HCC)

Blood Pressure 105/75	BMI 23.46
Weight 141 lb	Height 5' 5"
Temperature (Tympanic) 97.6 °F	Pulse 66
Respiration 16	

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: 9CW7T-G7PF8-SJ5Q6. Activation code expires 6/15/2022.



RIVERSIDE MEDICAL
CLINIC, LLC
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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

What's Next

You currently have no upcoming appointments scheduled.



Legendary Care™

Order (continued)

Your Medication List as of May 16, 2022 12:08 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet
Commonly known as: LIPITOR

Take 1 tablet by mouth daily.



* Dapagliflozin Propanediol 10 MG Tabs
Changed by: Shern Sirisuk, DO

Take 1 tablet by mouth daily.
What changed: **Another medication with the same name was added. Make sure you understand how and when to take each.**



* Farxiga 10 MG Tabs
Generic drug: Dapagliflozin Propanediol
Changed by: Shern Sirisuk, DO

Take 10 mg by mouth daily.
What changed: **You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.**



isosorbide mononitrate 30 MG 24 hr tablet
Commonly known as: IMDUR
Started by: Shern Sirisuk, DO

Take 1 tablet by mouth in the morning.

losartan 25 MG tablet
Commonly known as: COZAAR

Take 12.5 mg by mouth.

metoprolol 50 MG 24 hr tablet
Commonly known as: TOPROL-XL

Take 1 tablet by mouth daily.

omeprazole 20 MG capsule
Commonly known as: PRILOSEC

Take 20 mg by mouth in the morning.

Ticagrelor 90 MG Tabs

Take 1 tablet by mouth 2 (two) times daily.

* This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021

👥 Patient Care Team

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6405 DAY ST RIVERSIDE CA 92507-0901		
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21634 RETREAT PARKWAY CORONA CA 92883		

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<https://www.surveymonkey.com/r/R9FYC25?NPI=1083699375>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.

Scan on 5/18/2022 8:28 AM by Diane Villanueva: Reyes Holdings FMLA (below)



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Human Resource Service Center
201 E. Main St., Suite 900
La Crosse, WI 54601
Phone: 855-238-1280, option 2
Fax: 847-916-9038, or 608-782-5799
Email: leavewest@reyesholdings.com

DATE: 5/6/2022

ALBERTO HERNANDEZ
11673 HUMMINGBIRD PL
MORENO VALLEY, CA 92557

Re: Request for Leave of Absence (LOA)

Dear ALBERTO,

We have received a request for your leave of absence. Your absence may qualify for job protection under the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA), and/or the Pregnancy Disability Leave Act. You should read the enclosed FMLA and CFRA information carefully and return the necessary certification or documentation **NO LATER THAN: 5/21/2022**. If the form is not returned by this date, your request for leave may be delayed or denied, and your absence may be considered unscheduled.

PLEASE NOTE: It is your responsibility to return the fully completed Certification Form to the Reyes Holdings HR Service Center at the above address, by fax to 847-916-9038, or by e-mail to leaves@reyesholdings.com.

If you are applying for Reyes Holdings Short Term Disability, the required forms are also enclosed. Read the information carefully. Complete the Employee Statement of Claim and the Authorization to Disclose Health Information and return by the date above. Your healthcare provider needs to complete the Attending Physician's Statement and the Employee Status/Return to Work Report. If you belong to a union you may have Short Term Disability benefits with your union. Please check with your Human Resource Representative. **You may be eligible for California State Disability Income (SDI) if this is for your own health condition. See the attached brochure on how to apply for SDI. If your leave is due to a family member you may apply for Paid Family Leave (PFL).**

Contact the Benefits Department at 800-298-9461, option 1, to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work.

Depending on the type of leave, you may be required to use available paid-time off for all or a portion that is otherwise unpaid. Within 5 days of receiving your properly completed forms and any other documentation, the Company will provide you with written confirmation of whether your leave request has been approved or denied. If you have any questions, contact me at 855-238-1280, option 2 or e-mail leaves@reyesholdings.com.

Please review the attached link to a video which explains the process. Right click and select Open Hyperlink and you will be directed to the video or copy and paste this address into your browser: <https://vimeo.com/663081108/2917e16653>

SUYEVI GARCIA
CC: J Rodriguez, A Lopez

Family & Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

A. NOTICE OF ELIGIBILITY

On 5/6/2022, we were made aware that you may need a:

- Continuous leave of absence
- Intermittent leave of absence

beginning on 5/3/2022, for:

- The birth of your child, or placement of a child with you for adoption or foster care
- Your own serious health condition
- Because of a serious health condition affecting your ___ spouse ___ child ___ parent (FMLA and CFRA)
 - ___ registered domestic partner ___ sibling ___ grandparents ___ grandchildren ___ parents-in-law (CFRA only) for which you are needed to provide care
- Because of a qualifying exigency arising out of the fact that your ___ spouse ___ child ___ parent (FMLA and CFRA)
 - ___ registered domestic partner (CFRA only) is on covered active duty or is called or ordered to covered active duty status in a foreign country
- Because of a serious injury or illness of a covered service member who is your
 - ___ spouse ___ child ___ parent ___ next of kin (FMLA only)

This Notice is to inform you that:

You are eligible for ___ FMLA ___ CFRA ___ PDL leave (See Part B for Rights and Responsibilities)

You are not eligible for FMLA or CFRA leave because (only one reason need be checked, although you may not be eligible for other reasons):

- You have not met the 12-month length of service requirement. As of the first date of the requested leave, you will have worked approximately _____ months towards this requirement.
- You have not met the 1,250-hours-worked requirement.
- You do not work at and/or report to a site with 50 or more employees within 75 miles (FMLA only).

Although you meet the eligibility requirements for FMLA and CFRA leave, your request for

- ___ FMLA ___ CFRA leave is denied because:
 - You have exhausted your available ___ FMLA ___ CFRA ___ PDL leave entitlement(s).
 - The reason for your leave request is not covered by ___ FMLA ___ CFRA ___ PDL

Please refer to the Family/Medical Leave Policy in the Employee Handbook and on Reyes Connect or by calling us at 855-298-9461, Option 2, or you may email us at leavewest@reyesholdings.com, should you have any questions.

B. RIGHTS AND RESPONSIBILITIES FOR TAKING FMLA AND/OR CFRA LEAVE

As explained in Part A, you meet the eligibility requirements for taking FMLA and/or CFRA leave, and you still have ___ FMLA ___ CFRA ___ PDL leave available in the applicable 12-month period. However, in order for us to determine whether your absence qualifies as ___ FMLA ___ CFRA ___ PDL leave, you must return the following information to us by 5/21/2022. If sufficient information is not provided in a timely manner, then your leave may be delayed or denied, and any absences may be treated according to the Company's attendance policy.

- Sufficient medical certification to support your request for leave for your own* or a covered family member's serious health condition. A medical certification form is enclosed.
- Sufficient certification to support your request for ___ qualifying exigency ___ injured service member leave. A certification form that sets forth the information necessary to support



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Order (continued)

your request is enclosed.

Proof of Birth

Sufficient documentation to establish the required relationship for this leave.

Other information needed: _____

No additional information is needed at this time.

IMPORTANT NOTE: The Genetic Information Nondiscrimination Act of 2008 (GINA) and the California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibit employers and other entities covered by GINA Title II or CalGINA from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with these laws, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services, information regarding the manifestation of a disease or disorder in a family member of the individual, and information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual.

If your leave qualifies as FMLA and/or CFRA, or PDL leave, you will have the following responsibilities while on leave:

- If the circumstances of your leave change and you are able to return to work earlier than the date indicated on the first page of this form, then you will be required to notify you location at least two workdays prior to the date you intend to report to work, if possible.
- During your leave, you must continue to pay your share of your health insurance premiums. During paid leave, your share will be paid through payroll deductions.
****Contact the Benefits Department at 800-298.9461, option 1****
You have a 30-day grace period in which to make such premium payments.
If you do not pay your share of the premiums on a timely basis, your insurance coverage for yourself and/or your dependents may be terminated for the remainder of your leave. Alternatively, at its option, the Company may pay your share of the premiums during your leave. If the Company pays any premiums owed by you during your leave, then you will be required to reimburse the Company for any delinquent premiums paid by it on your behalf.
- You may be required to present the Company with a fitness-for-duty certification from your health care provider before you may resume work. If such certification is required but not received, then your return to work may be delayed until the certification is provided. Please reach out to your location.
- You may be required to provide the Company with medical re-certification if you request an extension of your leave or as otherwise permitted by law.

If your leave does qualify as FMLA and/or CFRA leave, you will have the following rights while on leave:

1. You have a right under the FMLA and/or CFRA to up to 12 weeks of unpaid leave in a 12-month period measured backward from the date you take any FMLA and/or CFRA leave.
2. You have a right under the FMLA to up to 26 weeks of unpaid leave in a single 12-month period to care for a covered service member with a serious injury or illness. This single 12-month period commenced on _____
3. Your health benefits will be maintained if you are covered by FMLA, however, payments may change depending on if and what union affiliation you have.
4. If you return to work on or before the expiration of your FMLA and/or CFRA leave entitlements, you will



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Order (continued)

**EMPLOYEE'S HEALTH/MEDICAL CONDITION
CERTIFICATION FORM**

*CERTIFICATION MUST BE RETURNED TO THE COMPANY WITHIN 15 CALENDAR DAYS FROM DATE OF THE COMPANY'S REQUEST TO THE EMPLOYEE FOR CERTIFICATION. IN THE EVENT OF AN EMERGENCY, RETURN THE COMPLETED FORM AS SOON AS POSSIBLE.

SECTION I: TO BE COMPLETED BY EMPLOYER

Employer Name: Reyes Holdings Employer Address: 201 Main St
Suite 900
La Crosse, WI 54601

Employee's Job Title: Warehouse 13U

SECTION II: TO BE COMPLETED BY EMPLOYEE

Please complete Section II before giving this form to your medical provider. Applicable law permits your employer to require that you submit a timely, complete, and sufficient medical certification to support a request for leave due to your health/medical condition. This certification is requested by the Company in order for you to obtain or retain the benefit of certain leave protections. Failure to provide a **complete** and **sufficient** medical certification may result in a delay or denial of your leave request.

Employee Name: ALBERTO HERNANDEZ
 First Middle Last
 Address During Leave: 11673 Hummingbird PL Moreno Valley CA 92553
 Telephone During Leave: 951-847-6991
Alberto Hernandez 5-3-22
 Employee Signature Date

SECTION III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Your patient has requested leave from work. Please answer, fully and completely, all applicable parts of this certification form. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine leave eligibility. Limit your responses to the condition for which the patient is seeking leave. Please be sure to sign and date the form and return this document to the patient.

The Genetic Information Nondiscrimination Act of 2008 (GINA) and the California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with these laws, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by law, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services, information regarding the manifestation of a disease or disorder in a family member of the individual, and information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. "Genetic information" does not include information about the individual's sex or age.

*Certifications verifying an employee's need for leave due to a pregnancy related disability need only certify: (1) that the employee needs to take pregnancy disability leave because she is disabled by pregnancy, childbirth or a related medical condition; and (2) the date on which the employee became disabled because of pregnancy and the estimated duration of the leave.

PLEASE DO NOT STATE OR IN ANY WAY INDICATE THE SPECIFIC NATURE OF THE HEALTH OR MEDICAL CONDITION OR DIAGNOSIS ANYWHERE ON THIS DOCUMENT WITHOUT THE PATIENT'S CONSENT.



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Order (continued)

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, ALBERTO Hernandez, hereby authorize _____ or its
(Employee name) (Provider Name)

agent(s) to disclose my health information as described in this authorization.

Employee Name: ALBERTO Hernandez Date of Birth: 10-10-64

Please release health care information to: _____

Address: _____

City/State/Zip: _____

Release the following information:

- Health care information relating to the following treatment or condition:
- Health care information for the following dates:
- All health care information:
- All health care information *excluding* the following:
- All mental health information, including assessment, diagnosis and treatment:
- Substance Abuse Evaluation done on the following date:
- Discharge Plan done on the following date:
- Results of drug screen done on the following date:
- Dates of attendance for individual or group therapy as follows:
- Other

Expiration of Authorization: This authorization will expire (*choose and complete one*):

- In 90 days; or
- When the following occurs: _____

Right to Revoke: I may cancel this authorization in writing as allowed by law. This would not affect any actions already taken based upon my original request.

Right to Copy: I understand that I am entitled to receive a copy of this authorization.

Voluntary: I understand that I am under no obligation to sign this form. I acknowledge I am voluntarily signing this form to release my health information to the party or parties I have designated.

Photocopy or Facsimile: A photocopy of facsimile of this signed authorization form shall be considered as valid as an original signed copy.

I have had an opportunity to review and understand the contents of this form. By signing this form, I am confirming that it accurately reflects my wishes.

Legally authorized individual signature: Alberto Hernandez
(Employee signature)

Date: 5-3-22



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Order (continued)

Part A – Medical Facts

1. Approximate date the condition began: 5/3/22
 Probable duration of the condition: 1 week
 Mark below as applicable:
 Did or has the patient's condition resulted in the individual being incapacitated, e.g. inability to work, attend school or perform other regular daily activities due to the condition, any treatment for the condition, or recovery from the condition?
 No Yes If yes, date(s) of incapacity: 5/3/22 - 5/9/22
 Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility (even if it later developed that the patient did not remain overnight in the facility)?
 No Yes If yes, date(s) of admission: 5/4/22
 Date(s) you treated the patient for condition:
 Will the patient need to have continuing treatment by a healthcare provider due to the condition? No Yes
 Was medication, other than over-the-counter medication, prescribed? No Yes
 Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? If yes, state the nature of such treatments and expected duration of the treatment. No Yes
cardiology SA
 2. Is the incapacity due to a pregnancy, sickness or temporary disability because of pregnancy or prenatal care? No Yes
 If so, expected delivery date: _____
 3. Is the patient unable to perform any or more of his/her essential job functions due to the condition? No Yes
 If yes, identify the job functions the patient is not able to perform:
loader duties
 4. Describe other relevant medical facts, if any, related to the condition for which the patient seeks leave (such medical facts may include symptoms, a regimen of continuing treatment such as the use of specialized equipment, etc.). DO NOT IDENTIFY THE ACTUAL CONDITION OR DIAGNOSIS.

Part B – Amount of Leave Needed

5. Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes
 If yes, estimate the beginning and ending dates for the period of incapacity: 5/3/22 - 5/9/22
 6. Will the patient need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the patient's medical condition? No Yes
 If yes, are the treatments or the reduced number of hours of work medically necessary? No Yes



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Order (continued)

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the patient needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the patient from performing his/her job functions? No Yes

Is it medically necessary for the patients to be absent from work during the flare-ups? No Yes

If yes, explain: _____

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1 to 2 days):

Frequency: 1-2 times per _____ week(s) 1 month(s)
Duration: _____ hours or 1-5 days(s) per episode from 5/3/22 through 5/3/23

Additional Information: Identify Question Number with Your Additional Answer. DO NOT IDENTIFY THE ACTUAL CONDITION OR DIAGNOSIS.

Provider's Name: Shern Sinsuk
 Provider's Business Address: 6405 Day St Riverside, CA 92507
 Type of Practice/Medical Specialty: Family Medicine
 Telephone: (951) 697-5450 Fax: (951) 697-5489
 Signature of Health Care Provider: _____ Date: 5/16/22

If you have any questions, please contact 855-238-1280 or e-mail to leaves@reyesholdings.com.

SUYEVI GARCIA
Integrated Leave Administrator

Document on 5/20/2022 11:51 AM by Piyush R Viradia, MD: After Visit Summary (below)



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Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

5/20/2022 10:10 AM CS Urgent Care 951-683-6370

Instructions from Piyush R. Viradia, MD



Today's medication changes

START taking:
ibuprofen (MOTRIN)

Accurate as of May 20, 2022 11:51 AM.
Review your updated medication list below.



Read the attached information
Chest Contusion (English)



Pick up these medications at RITE AID-23975
IRONWOOD AVE - MORENO VALLEY, CA - 23975
IRONWOOD AVENUE
ibuprofen

Address: 23975 IRONWOOD AVENUE, MORENO VALLEY CA
92557-7153
Phone: 951-242-1742



Return in about 1 day
(around 5/21/2022).

What's Next

JUN 2 2022 Echocardiogram with Amanda
Dabney, ECHO TECH
Thursday June 2 9:30 AM (Arrive by
9:15 AM)

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

Today's Visit

You saw Piyush R. Viradia, MD on Friday
May 20, 2022. The following issue was
addressed: Rib pain on right side.



Blood Pressure
131/86



BMI
23.82



Weight
138 lb
12.8 oz



Height
5' 4"



Temperature (Oral)
97.6 °F



Pulse
65



Respiration
18



Oxygen Saturation
98%

Done Today

POCT INR for Rib pain on right side

My Healthy Connection Sign-Up

Send messages to your doctor, view your test
results, renew your prescriptions, schedule
appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your
personal activation code: 9CW7T-G7PF8-SJ5Q6.
Activation code expires 6/15/2022.



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Order (continued)

What's Next (continued)

JUN 15 2022 Treadmill Stress Test with Joseph Quan, MD
Wednesday June 15 8:30 AM
TREADMILL TEST INSTRUCTION FOR PATIENTS

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

1. Wear soft sole walking shoes or tennis shoes. DO NOT WEAR leather sole shoes, boots or high heels.
2. Wear loose fitting short sleeve shirt or button down blouse with shorts or loose fitting pants. DO NOT WEAR a sports bra, wear a regular bra. DO NOT WEAR a dress.
3. DO NOT eat two hours prior to the test.
4. DO NOT smoke for at least two hours prior to the test.
5. Bring a list of medications; you are currently taking, with you to the test.
6. Some cardiac medications MUST be stopped prior to the test, see list below:

DO NOT TAKE THESE MEDICATIONS!
The following medications must be held from taken at least 48 hours prior to test:

Atenolol, Betapace, Bisoprolol, Bistolic, Calan, Cardizem, Chlonidine, Carvedilol, Coreg, Corgard, Cartia, Dilacor, Diltiazem, Inderal, Labetalol, Lopressor, Metoprolol, Nadolol, Pindolol, Propanolol, Sotalol, Tenormin, Timolol, Tiazac, Toprol, Verapamil, Visken, Ziac

The following medications must be held from taken at least 10 DAYS prior to test:

Lanoxin
Digitec
Digoxin

JUN 27 2022 Consultation with Joseph Quan, MD
Monday June 27 8:45 AM (Arrive by 8:30 AM)
Please arrive 30 minutes before your appointment.

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370



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Order (continued)

Your Medication List as of May 20, 2022 11:51 AM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet Generic drug: aspirin		
atorvastatin 80 MG tablet Commonly known as: LIPITOR		Take 1 tablet by mouth daily.
* Dapagliflozin Propanediol 10 MG Tabs		Take 1 tablet by mouth daily.
* Farxiga 10 MG Tabs Generic drug: Dapagliflozin Propanediol		Take 10 mg by mouth daily.
START ibuprofen 600 MG tablet Commonly known as: MOTRIN Started by: Piyush R. Viradia, MD		Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days.
isosorbide mononitrate 30 MG 24 hr tablet Commonly known as: IMDUR		Take 1 tablet by mouth in the morning.
losartan 25 MG tablet Commonly known as: COZAAR		Take 12.5 mg by mouth.
metoprolol 50 MG 24 hr tablet Commonly known as: TOPROL-XL		Take 1 tablet by mouth daily.
omeprazole 20 MG capsule Commonly known as: PRILOSEC		Take 20 mg by mouth in the morning.
Ticagrelor 90 MG Tabs		Take 1 tablet by mouth 2 (two) times daily.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**



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Order (continued)

Riverside Medical Clinic Laboratory Locations



Your provider has ordered lab(s) that can be collected at any of the Riverside Medical Clinic laboratory locations listed below. Please follow all preparation instructions and be sure to arrive on or around the *expected date* to ensure your orders can be processed.

Main Lab 7117 Brockton Avenue Riverside, CA 92506 (951) 782-3637 M-F 7:00 am - 6:00 pm Sat 7:00 am - 12:00 pm	Canyon Springs Lab 6405 Day Street Riverside, CA 92507 (951) 697-5665 M-F 7:00 am - 6:00 pm	Temescal Valley Lab 21634 Retreat Parkway Temescal Valley, CA 92883 (951) 493-6820 M-F 7:00 am - 6:00 pm Sat 7:00 am - 12:00 pm	Murrieta Lab 33040 Antelope Road Murrieta, CA 92563 (951) 304-4067 By Appointment Only
Mission Grove Lab 19314 Jesse Lane Riverside, CA 92508 (951) 776-4518 M-F 8:30 am - 1:00 pm	Eastvale Lab 12742 Limonite Avenue Eastvale, CA 92880 (951) 739-2727 M-F 8:30 am - 5:30 pm	Jurupa Valley Lab 6250 Clay Street Riverside, CA 92509 (951) 360-5280 M-F 8:30 am - 5:30 pm	

Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021

Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.


<https://www.surveymonkey.com/r/R9FYC25?NPI=1720061633>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.



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Order (continued)

 Attached Information

Chest Contusion (English)

Riverside Medical Clinic

Chest Contusion: Care Instructions

Your Care Instructions

A chest contusion, or bruise, is caused by a fall or direct blow to the chest. Car crashes, falls, getting punched, and injury from bicycle handlebars are common causes of chest contusions. A very forceful blow to the chest can injure the heart or blood vessels in the chest, the lungs, the airway, the liver, or the spleen.

Pain may be caused by an injury to muscles, cartilage, or ribs. Deep breathing, coughing, or sneezing can increase your pain. Lying on the injured area also can cause pain.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Rest and protect the injured or sore area. Stop, change, or take a break from any activity that may be causing your pain.
- Put ice or a cold pack on the area for 10 to 20 minutes at a time. Put a thin cloth between the ice and your skin.
- After 2 or 3 days, if your swelling is gone, apply a heating pad set on low or a warm cloth to your chest. Some doctors suggest that you go back and forth between hot and cold. Put a thin cloth between the heating pad and your skin.
- Do not wrap or tape your ribs for support. This may cause you to take smaller breaths, which could increase your risk of pneumonia and lung collapse.
- Ask your doctor if you can take an over-the-counter pain medicine, such as acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve). Be safe with medicines. Read and follow all instructions on the label.
- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Gentle stretching and massage may help you feel better after a few days of rest. Stretch slowly to the point just before discomfort begins, then hold the stretch for at least 15 to 30 seconds. Do this 3 or 4 times per day.
- As your pain gets better, slowly return to your normal activities. Be patient, because chest bruises can take weeks or months to heal. Any increased pain may be a sign that you need to rest a while longer.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You have severe trouble breathing.
- You cough up blood.

Call your doctor now or seek immediate medical care if:



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Order (continued)

- You have belly pain.
- You are dizzy or lightheaded, or you feel like you may faint.
- You develop new symptoms with the chest pain.
- Your chest pain gets worse.
- You have a fever.
- You have some shortness of breath.
- You have a cough that brings up mucus from the lungs.

Watch closely for changes in your health, and be sure to contact your doctor if:

- Your chest pain is not improving after 1 week.

Where can you learn more?

Go to <https://www.healthwise.net/rmc>

Enter **1174** in the search box to learn more about "**Chest Contusion: Care Instructions.**"

Current as of: July 1, 2021 Content Version: 13.2

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Results

POCT INR

Your Results

POCT INR - ANTICOAG CLINIC Collected on 5/20/2022	INR 1.0
Resulted on 5/20/2022	
Authorized by Piyush R. Viradia, MD	
Specimen: Blood	



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723 5/23/2022 11:50 AM Canyon Springs Adult Medicine 951-683-6370

Instructions from Margaret Song, MD



Today's medication changes

START taking:
nitroGLYCERIN (Nitrostat)

Accurate as of May 23, 2022 12:39 PM.
Review your updated medication list below.



Pick up these medications at RITE AID-23975
IRONWOOD AVE - MORENO VALLEY, CA - 23975
IRONWOOD AVENUE
nitroGLYCERIN

Address: 23975 IRONWOOD AVENUE, MORENO VALLEY CA
92557-7153
Phone: 951-242-1742



INT REF TO GENERAL SURGEON

Where: **Main General Surgery**
Address: 7117 BROCKTON AVE FLOOR 2 RIVERSIDE CA 92506
Phone: 951-683-6370
Expires: 5/23/2023 (requested)



Return if symptoms worsen or fail to improve.

What's Next

JUN 2 2022	Echocardiogram with Amanda Dabney, ECHO TECH Thursday June 2 9:30 AM (Arrive by 9:15 AM)	Main Cardiology 7117 BROCKTON AVE RIVERSIDE CA 92506 951-683-6370
------------------	---	---

Today's Visit



You saw Margaret Song, MD on Monday May 23, 2022. The following issue was addressed:
Encounter for pre-operative examination.



BMI
23.30



Weight
140 lb



Height
5' 5"

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: 9CW7T-G7PF8-SJ5Q6. Activation code expires 6/15/2022.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

What's Next (continued)

JUN 15 2022 Treadmill Stress Test with Joseph Quan, MD
Wednesday June 15 8:30 AM
TREADMILL TEST INSTRUCTION FOR PATIENTS

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

1. Wear soft sole walking shoes or tennis shoes. DO NOT WEAR leather sole shoes, boots or high heels.
2. Wear loose fitting short sleeve shirt or button down blouse with shorts or loose fitting pants. DO NOT WEAR a sports bra, wear a regular bra. DO NOT WEAR a dress.
3. DO NOT eat two hours prior to the test.
4. DO NOT smoke for at least two hours prior to the test.
5. Bring a list of medications; you are currently taking, with you to the test.
6. Some cardiac medications MUST be stopped prior to the test, see list below:

DO NOT TAKE THESE MEDICATIONS!
The following medications must be held from taken at least 48 hours prior to test:

Atenolol, Betapace, Bisoprolol, Bistolic, Calan, Cardizem, Chlonidine, Carvedilol, Coreg, Corgard, Cartia, Dilacor, Diltiazem, Inderal, Labetalol, Lopressor, Metoprolol, Nadolol, Pindolol, Propanolol, Sotalol, Tenormin, Timolol, Tiazac, Toprol, Verapamil, Visken, Ziac

The following medications must be held from taken at least 10 DAYS prior to test:

Lanoxin
Digitec
Digoxin

JUN 27 2022 Consultation with Joseph Quan, MD
Monday June 27 8:45 AM (Arrive by 8:30 AM)
Please arrive 30 minutes before your appointment.

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of May 23, 2022 12:39 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet Generic drug: aspirin	
atorvastatin 80 MG tablet Commonly known as: LIPITOR	Take 1 tablet by mouth daily.
* Dapagliflozin Propanediol 10 MG Tabs	Take 1 tablet by mouth daily.
* Farxiga 10 MG Tabs Generic drug: Dapagliflozin Propanediol	Take 10 mg by mouth daily.
ibuprofen 600 MG tablet Commonly known as: MOTRIN	Take 1 tablet by mouth every 8 (eight) hours as needed for Pain for up to 10 days.
isosorbide mononitrate 30 MG 24 hr tablet Commonly known as: IMDUR	Take 1 tablet by mouth in the morning.
losartan 25 MG tablet Commonly known as: COZAAR	Take 12.5 mg by mouth.
metoprolol 50 MG 24 hr tablet Commonly known as: TOPROL-XL	Take 1 tablet by mouth daily.
nitroGLYCERIN 0.4 MG SL tablet Commonly known as: Nitrostat Started by: Margaret Song, MD	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.
omeprazole 20 MG capsule Commonly known as: PRILOSEC	Take 20 mg by mouth in the morning.
Ticagrelor 90 MG Tabs	Take 1 tablet by mouth 2 (two) times daily.

* This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021

👥 Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.

<https://www.surveymonkey.com/r/R9FYC25?NPI=1104074814>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.

Scan on 5/24/2022 9:48 AM by Anthony Roybal, ARRT: CT WORKSHEET (below)



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Legendary Care™

CT Patient Questionnaire Radiology

Patient Name: **Alberto Hernandez**

Chart Number: **1015723**

Procedure: **Ct abdomen pelvis wo contrast**

Ordering Physician: **Subbu Nagappan, MD**

Please tell us what made you go to your doctor? abdominal pain

List any symptoms you are having which you feel are related to the body part that is being scanned today (pain, nausea, weight loss etc): pain

Have you ever had a surgery? If yes, what type? Hernia

- Yes No Do you have or have you ever had cancer? If yes, what type? _____
- Yes No Are you diabetic? _____
- Yes No Do you have allergies? If yes, what type? _____
- Yes No Are you taking metformin, Glucophage or other diabetic medication? _____
- Yes No Do you have asthma? _____
- Yes No Do you have kidney failure? _____
- Yes No If yes, have you had a kidney removed? _____
- Yes No Have you ever had a reaction to x-ray contrast? If yes, what type? _____

I attest that the answers that I have provided to the questions on this form are correct to the best of my knowledge. I have read and understand the contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature (Patient, Parent or Guardian) Alberto Hernandez Date: **May 24, 2022**

Technologist Signature [Signature] Date: **May 24, 2022**

TECH INFORMATION SHEET ONLY

Last Creatinine: 1.05 mg/dL on 1/11/2022
Last BUN: BUN 17 mg/dL on 1/11/2022
LKW: 139 lb 6.4 oz (63.2 kg) (5/24/2022)

DLP: 392

CTDI: 7.57

SYN: 23

Technologist's Notes: _____

Document on 5/29/2022 9:33 AM by Subbu Nagappan, MD: After Visit Summary (below)



RIVERSIDE MEDICAL
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723 5/24/2022 9:00 AM Main General Surgery 951-683-6370

Instructions from Subbu Nagappan, MD
Ct scan noncon

Return in about 1 week
(around 5/31/2022).

Today's Visit



You saw Subbu Nagappan, MD on Tuesday May 24, 2022. The following issue was addressed: Rectus sheath hematoma, initial encounter.



Blood Pressure
120/77



BMI
23.93



Weight
139 lb 6.4 oz



Height
5' 4"



Pulse
69

Done Today

- CT abdomen pelvis wo contrast for Rectus sheath hematoma, initial encounter
- CBC and differential for Rectus sheath hematoma, initial encounter
- Comprehensive metabolic panel for Rectus sheath hematoma, initial encounter
- PT and PTT for Rectus sheath hematoma, initial encounter

What's Next

JUN 2 2022 Echocardiogram with Amanda Dabney, ECHO TECH
Thursday June 2 9:30 AM (Arrive by 9:15 AM)

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

What's Next (continued)

JUN 15 2022 Treadmill Stress Test with Joseph Quan, MD
Wednesday June 15 8:30 AM
TREADMILL TEST INSTRUCTION FOR PATIENTS

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

1. Wear soft sole walking shoes or tennis shoes. DO NOT WEAR leather sole shoes, boots or high heels.
2. Wear loose fitting short sleeve shirt or button down blouse with shorts or loose fitting pants. DO NOT WEAR a sports bra, wear a regular bra. DO NOT WEAR a dress.
3. DO NOT eat two hours prior to the test.
4. DO NOT smoke for at least two hours prior to the test.
5. Bring a list of medications; you are currently taking, with you to the test.
6. Some cardiac medications MUST be stopped prior to the test, see list below:

DO NOT TAKE THESE MEDICATIONS!
The following medications must be held from taken at least 48 hours prior to test:

Atenolol, Betapace, Bisoprolol, Bistolic, Calan, Cardizem, Chlonidine, Carvedilol, Coreg, Corgard, Cartia, Dilacor, Diltiazem, Inderal, Labetalol, Lopressor, Metoprolol, Nadolol, Pindolol, Propanolol, Sotalol, Tenormin, Timolol, Tiazac, Toprol, Verapamil, Visken, Ziac

The following medications must be held from taken at least 10 DAYS prior to test:

Lanoxin
Digitec
Digoxin

JUN 27 2022 Consultation with Joseph Quan, MD
Monday June 27 8:45 AM (Arrive by 8:30 AM)
Please arrive 30 minutes before your appointment.

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of May 24, 2022 11:59 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet Take 1 tablet by mouth daily.
Commonly known as: LIPITOR

*** Dapagliflozin Propanediol 10 MG Tabs** Take 1 tablet by mouth daily.

*** Farxiga 10 MG Tabs** Take 10 mg by mouth daily.
Generic drug: Dapagliflozin Propanediol

ibuprofen 600 MG tablet Take 1 tablet by mouth every 8 (eight) hours as needed
Commonly known as: MOTRIN for Pain for up to 10 days.

isosorbide mononitrate 30 MG 24 hr tablet Take 1 tablet by mouth in the morning.
Commonly known as: IMDUR

losartan 25 MG tablet Take 12.5 mg by mouth.
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 1 tablet by mouth daily.
Commonly known as: TOPROL-XL

nitroGLYCERIN 0.4 MG SL tablet Place 1 tablet under the tongue every 5 (five) minutes
Commonly known as: Nitrostat as needed for Chest pain.

omeprazole 20 MG capsule Take 20 mg by mouth in the morning.
Commonly known as: PRILOSEC

Ticagrelor 90 MG Tabs Take 1 tablet by mouth 2 (two) times daily.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Riverside Medical Clinic Laboratory Locations



Your provider has ordered lab(s) that can be collected at any of the Riverside Medical Clinic laboratory locations listed below. Please follow all preparation instructions and be sure to arrive on or around the *expected date* to ensure your orders can be processed.

Main Lab

7117 Brockton Avenue
Riverside, CA 92506
(951) 782-3637
M-F 7:00 am - 6:00 pm
Sat 7:00 am - 12:00 pm

Canyon Springs Lab

6405 Day Street
Riverside, CA 92507
(951) 697-5665
M-F 7:00 am - 6:00 pm

Temescal Valley Lab

21634 Retreat Parkway
Temescal Valley, CA 92883
(951) 493-6820
M-F 7:00 am - 6:00 pm
Sat 7:00 am - 12:00 pm

Mission Grove Lab

19314 Jesse Lane
Riverside, CA 92508
(951) 776-4518
M-F 8:30 am - 1:00 pm

Eastvale Lab

12742 Limonite Avenue
Eastvale, CA 92880
(951) 739-2727
M-F 8:30 am - 5:30 pm

Jurupa Valley Lab

6250 Clay Street
Riverside, CA 92509
(951) 360-5280
M-F 8:30 am - 5:30 pm

Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
Influenza Vaccine (1)	09/01/2021	12/7/2011, 12/7/2011, 10/30/2009
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021

Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

📅 6/2/2022 8:50 AM 📍 Main General Surgery 951-683-6370

Instructions from Subbu Nagappan, MD

PREOP CARDIAC CLEARANCE
IF CLEARED, SCHEDULE FOR LAP CHOLE, POSS OPEN

📍 EXT REF TO GENERAL SURGEON (Subbu Nagappan, MD)
Where: RMC SURG CTR (POST 24)
Address: 7160 BROCKTON AVE RIVERSIDE CA 92506-2658
Phone: 951-782-3801
Expires: 9/13/2022 (requested)

- 📋 Orders placed today
- Amylase**
Please complete by or around 6/15/2022

 - CBC and differential**
Please complete by or around 6/15/2022

 - Comprehensive metabolic panel**
Please complete by or around 6/15/2022

 - EKG 12 lead (Cardiologist Read)**
Please complete by 6/15/2022

 - PT and PTT**
Please complete by or around 6/15/2022

 - X-ray chest 2 vw**
Please complete by 6/15/2022

🏠 Return if symptoms worsen or fail to improve.

Today's Visit



You saw Subbu Nagappan, MD on Thursday June 2, 2022. The following issue was addressed: Gallstones.



RIVERSIDE MEDICAL
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RIVERSIDE CA 92506-3912

Hernandez, Alberto
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Legendary Care™

Order (continued)

What's Next

JUN 15 2022 Treadmill Stress Test with Joseph Quan, MD
Wednesday June 15 8:30 AM
TREADMILL TEST INSTRUCTION FOR PATIENTS

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

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3. DO NOT eat two hours prior to the test.
4. DO NOT smoke for at least two hours prior to the test.
5. Bring a list of medications; you are currently taking, with you to the test.
6. Some cardiac medications MUST be stopped prior to the test, see list below:

DO NOT TAKE THESE MEDICATIONS!
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The following medications must be held from taken at least 10 DAYS prior to test:

Lanoxin
Digitec
Digoxin

JUN 27 2022 Consultation with Joseph Quan, MD
Monday June 27 8:45 AM (Arrive by 8:30 AM)
Please arrive 30 minutes before your appointment.

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

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Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of June 2, 2022 11:59 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet Take 1 tablet by mouth daily.
Commonly known as: LIPITOR

* **Dapagliflozin Propanediol 10 MG Tabs** Take 1 tablet by mouth daily.

* **Farxiga 10 MG Tabs** Take 10 mg by mouth daily.
Generic drug: Dapagliflozin Propanediol

isosorbide mononitrate 30 MG 24 hr tablet Take 1 tablet by mouth in the morning.
Commonly known as: IMDUR

losartan 25 MG tablet Take 12.5 mg by mouth.
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 1 tablet by mouth daily.
Commonly known as: TOPROL-XL

nitroGLYCERIN 0.4 MG SL tablet Place 1 tablet under the tongue every 5 (five) minutes
Commonly known as: Nitrostat as needed for Chest pain.

omeprazole 20 MG capsule Take 20 mg by mouth in the morning.
Commonly known as: PRILOSEC

Ticagrelor 90 MG Tabs Take 1 tablet by mouth 2 (two) times daily.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

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<p>Mission Grove Lab 19314 Jesse Lane Riverside, CA 92508 (951) 776-4518 M-F 8:30 am - 1:00 pm</p>	<p>Eastvale Lab 12742 Limonite Avenue Eastvale, CA 92880 (951) 739-2727 M-F 8:30 am - 5:30 pm</p>	<p>Jurupa Valley Lab 6250 Clay Street Riverside, CA 92509 (951) 360-5280 M-F 8:30 am - 5:30 pm</p>

Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021
Influenza Vaccine (Season Ended)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

Patient Care Team

Margaret M Song, MD 6405 DAY ST RIVERSIDE CA 92507-0901	PCP - General, Internal Medicine	951-697-5420
Jimmy Jyh-Ming Sun, MD 21634 RETREAT PARKWAY CORONA CA 92883	Otolaryngology	951-493-6920

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<https://www.surveymonkey.com/r/R9FYC25?NPI=1285616185>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.

Scan on 6/17/2022 10:15 AM by Javier Santiago, CARDIAC TECH: TREADMILL CONSENT-6/17/22 (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Cardiac Stress Test Consent

Cardiology

#1015723

I consent to voluntarily take a cardiac stress test to determine the state of my heart and level of fitness. This test is being done on the recommendation of my physician. The name of my physician is:

_____ ; The physician who will conduct my stress test is:
Joseph Quan

During the stress test the amount of exercise will increase gradually until a medically recognized end point is reached. I also understand that I may stop the test when I desire because of personal feelings of fatigue or discomfort. During the performance of the test, my heart rate, blood pressure and electrocardiogram will be monitored by the physician and nurse or specially trained exercise technician.

The nature and purpose of the proposed testing and the procedures involved, the risks and possibility of complications have been explained to me. Should any complications arise, I consent to whatever is necessary to correct the complication occurring during the exercise test. This would include, but would not be limited to a disturbance in the heart rhythm or a heart attack. To minimize the occurrences, continuous EKG monitoring will be utilized and the physician will observe my response. Emergency equipment and trained personnel are available to deal with unusual situations which may arise.

The information which is obtained from the cardiac stress test will be sent to my attending physician.

I certify that I have read all of the foregoing consent and fully understand its content.

Alberto Hernandez
Patient's Signature
6/17/22
Today's Date
Chuan / Juan
Witness

Riverside Medical Clinic
7117 Brockton Avenue
Riverside, CA 92506
(951) 683-6370

185-413 (4/10)

Scan on 6/20/2022 9:50 AM by Roberta Ramirez: 06/09/2022 EDD / Disability Form (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



MRN: 1015723



Claim for Disability Insurance (DI) Benefits

250103201

Health Insurance Portability and Accountability Act (HIPAA) Authorization

Claimant Social Security Number 612242281

Claimant Name (First) (MI) (Last)
ALBERTO C HERNADEZ

I authorize

(Person/Organization providing the information) to furnish and disclose all my health information and to allow inspection of and provide copies of any medical, vocational rehabilitation, and billing records concerning my disability for which this claim is filed that are within their knowledge to the following employees of the California Employment Development Department (EDD): Disability Insurance Branch examiners, their direct supervisors/managers and any other EDD employee who may have a need to access this information in order to process my claim and/or determine eligibility for State Disability Insurance benefits.

I understand that EDD is not a health plan or health care provider, so the information released to EDD may no longer be protected by federal privacy regulations. (45 CFR Section 164.508(c)(2)(iii)). EDD may disclose information as authorized by the California Unemployment Insurance Code.

I agree that photocopies of this authorization shall be as valid as the original.

I understand I have the right to revoke this authorization by sending written notification stopping this authorization to EDD, DI Branch MIC 29, PO Box 826880, Sacramento, CA 94280. The authorization will stop on the date my request is received. I understand that the consequences for my revoking this authorization may result in denial of further State Disability Insurance benefits.

I understand that, unless revoked by me in writing, this authorization is valid for fifteen years from the date received by EDD or the effective date of the claim, whichever is later. I understand that I may not revoke this authorization to avoid prosecution or to prevent EDD's recovery of monies to which it is legally entitled.

I understand that I am signing this authorization voluntarily and that payment or eligibility for my benefits will be affected if I do not sign this authorization. The consequences for my refusal to sign this authorization may result in an incomplete claim form that cannot be processed for payment of State Disability Insurance benefits.

I understand I have the right to receive a copy of this authorization.

Claimant Signature (Do Not Print) Alberto C. Hernandez Date Signed 06/02/2022



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)



Your disability claim can also be filed online at www.edd.ca.gov/
PLEASE PRINT WITH BLACK INK.

250103202

PART A - CLAIMANT'S STATEMENT			
A1. YOUR SOCIAL SECURITY NUMBER 612242281	A2. IF YOU HAVE PREVIOUSLY BEEN ASSIGNED AN EDD CUSTOMER ACCOUNT NUMBER, ENTER THAT NUMBER HERE	A3. CALIFORNIA DRIVER LICENSE OR ID NUMBER C5741580	A4. GENDER MALE <input checked="" type="checkbox"/> FEMALE
A5. IF YOU EVER USED OTHER SOCIAL SECURITY NUMBERS, ENTER THOSE NUMBERS BELOW	A6. STATE GOVERNMENT EMPLOYEE (IF "YES" INDICATE BARGAINING UNIT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNIT#	A7. YOUR DATE OF BIRTH 10101964	
A8. YOUR LEGAL NAME (FIRST) (MI) (LAST) ALBERTO C HERNANDEZ		A9. OTHER NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED (FIRST) (MI) (LAST) SUFFIX	
A10. YOUR HOME AREA CODE AND TELEPHONE NUMBER 951		A11. YOUR CELL AREA CODE AND TELEPHONE NUMBER 951 9476991	
A12. LANGUAGE YOU PREFER TO USE ENGLISH <input checked="" type="checkbox"/> SPANISH <input checked="" type="checkbox"/> CANTONESE VIETNAMESE ARMENIAN PUNJABI TAGALOG OTHER			
A13. YOUR MAILING ADDRESS, (PO BOX OR NUMBER) STREET/APARTMENT, SUITE, SPACE, OR PMB# (PRIVATE MAIL BOX) 11673 Hummingbird Pl CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.) Moreno VALLEY CA 92557			
A14. YOUR RESIDENCE ADDRESS, REQUIRED IF DIFFERENT FROM YOUR MAILING ADDRESS (NUMBER) STREET/APARTMENT OR SPACE CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)			
A15. YOUR LAST OR CURRENT EMPLOYER - IF YOUR LAST OR CURRENT EMPLOYMENT WAS SELF-EMPLOYMENT, ENTER "SELF" AND FILL IN THIS OPTION (NAME OF YOUR EMPLOYER (STATE GOVERNMENT EMPLOYEES, PROVIDE THE AGENCY NAME (FOR EXAMPLE, CALTRANS)) (U.S.) Reyes Holding Co Ca Co La NUMBER/STREET/SUITE# (STATE GOVERNMENT EMPLOYEES, PLEASE PROVIDE THE ADDRESS OF YOUR PERSONNEL OFFICE) 10670 6TH ST CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.) RAWICHOVCAMONGA CA 91730 EMPLOYER'S TELEPHONE NUMBER 909 4761620			
A16. AT ANY TIME DURING YOUR DISABILITY, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		A17. BEFORE YOUR DISABILITY BEGAN, WHAT WAS THE LAST DAY YOU WORKED? 05192022	
A18. WHEN DID YOUR DISABILITY BEGIN? 05202022		A19. DATE YOU WANT YOUR CLAIM TO BEGIN IF DIFFERENT THAN THE DATE ENTERED IN A18	
A20. SINCE YOUR DISABILITY BEGAN, HAVE YOU WORKED OR ARE YOU WORKING ANY FULL OR PARTIAL DAYS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		A21 A. IF YOU RECOVERED, ENTER DATE A21 B. IF YOU RETURNED TO WORK, ENTER DATE	



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Order (continued)



250103203

PART A - CLAIMANT'S STATEMENT - CONTINUED

A22. PLEASE RE-ENTER YOUR SOCIAL SECURITY NUMBER 612242281

A23. WHAT IS YOUR REGULAR OR CUSTOMARY OCCUPATION? Loader

A24. WHY DID YOU STOP WORKING? (SELECT ONLY ONE BOX)
 LAYOFF UNPAID LEAVE OF ABSENCE VOLUNTARILY QUIT OR RETIRED TERMINATED OTHER REASON
 ILLNESS, INJURY, OR PREGNANCY

A25. HOW WOULD YOU DESCRIBE OR CLASSIFY YOUR JOB?
 Mostly sit; occasionally stand or walk; occasionally lift, carry, push, pull, or otherwise move objects that weigh 10 lbs. or less.
 Mostly walk/stand; occasionally lift, carry, push, pull, or otherwise move objects that weigh up to 20 lbs.
 Constantly lift, carry, push, pull, or otherwise move objects that weigh up to 10 lbs.; frequently up to 20 lbs.; occasionally up to 50 lbs.
 Constantly lift, carry, push, pull, or otherwise move objects that weigh up to 20 lbs.; frequently up to 50 lbs.; occasionally up to 100 lbs.
 Constantly lift, carry, push, pull, or otherwise move objects that weigh over 20 lbs.; frequently over 50 lbs.; occasionally over 100 lbs.

A26. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR DISABILITY, INDICATE TYPE OF PAY:
 SICK VACATION Paid Time Off (PTO) ANNUAL OTHER (EXPLAIN)

A27. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?
 YES NO

A28. SECOND EMPLOYER NAME (IF YOU HAVE MORE THAN ONE EMPLOYER)
 NUMBER/STREET/SUITE#
 CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)
 BEFORE YOUR DISABILITY BEGAN, WHAT WAS THE LAST DAY YOU WORKED FOR THIS EMPLOYER? EMPLOYER'S TELEPHONE NUMBER

A29. IF YOU HAVE MORE THAN 2 EMPLOYERS CHECK HERE.

A30. IF YOU ARE A RESIDENT OF AN ALCOHOLIC RECOVERY HOME OR A DRUG-FREE RESIDENTIAL FACILITY, PROVIDE THE FOLLOWING:
 NAME OF FACILITY
 NUMBER/STREET/SUITE#
 CITY STATE ZIP OR POSTAL CODE AREA CODE AND TELEPHONE NUMBER

A31. HAVE YOU FILED OR DO YOU INTEND TO FILE FOR WORKERS' COMPENSATION BENEFITS?
 YES - COMPLETE ITEMS A32 THROUGH A38 NO - SKIP ITEMS A33 THROUGH A38

A32. WAS THIS DISABILITY CAUSED BY YOUR JOB?
 YES NO

A33. DATE(S) OF INJURY SHOWN ON YOUR WORKERS' COMPENSATION CLAIM
 MONTH DAY YEAR

A34. WORKERS' COMPENSATION INSURANCE COMPANY NAME AREA CODE AND TELEPHONE NUMBER EXTENSION (IF ANY)
 NUMBER/STREET/SUITE#
 CITY STATE ZIP CODE WORKERS' COMPENSATION CLAIM NUMBER



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Order (continued)



250103204

PART A - CLAIMANT'S STATEMENT - CONTINUED		
A35. PLEASE RE-ENTER YOUR SOCIAL SECURITY NUMBER 612242281		
A36. WORKERS' COMPENSATION ADJUSTER'S NAME	AREA CODE AND TELEPHONE NUMBER	EXTENSION (IF ANY)
A37. EMPLOYER'S NAME SHOWN ON YOUR WORKERS' COMPENSATION CLAIM	AREA CODE AND TELEPHONE NUMBER	EXTENSION (IF ANY)
A38. YOUR ATTORNEY'S NAME (IF ANY) FOR YOUR WORKERS' COMPENSATION CASE	AREA CODE AND TELEPHONE NUMBER	EXTENSION (IF ANY)
*ATTORNEY'S ADDRESS NUMBER/STREET/SUITE#		
CITY	STATE	ZIP CODE
WORKERS' COMPENSATION APPEALS BOARD/ADJ CASE NUMBER		
A39. SELECT YOUR PREFERRED PAYMENT METHOD <input type="checkbox"/> EDD DEBIT CARD™ <input checked="" type="checkbox"/> CHECK		
<p>A40. Declaration and Signature. By my signature on this claim statement, I claim benefits and certify that for the period covered by this claim I was unemployed and disabled. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law and that such violation is punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. By my signature on this claim statement, I authorize the California Department of Industrial Relations and my employer to furnish and disclose to State Disability Insurance all facts concerning my disability, wages or earnings, and benefit payments that are within their knowledge. By my signature on this claim statement, I authorize release and use of information as stated in the "Information Collection and Access" portion of this form (see Informational Instructions, page D). I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.</p>		
CLAIMANT'S SIGNATURE (DO NOT PRINT) OR SIGNATURE MADE BY MARK (X) <i>Alberto Hernandez</i>		DATE SIGNED 06/02/2022
A41. IF YOUR SIGNATURE IS MADE BY MARK (X), CHECK THE BOX AND IT MUST BE ATTESTED BY TWO WITNESSES WITH THEIR ADDRESSES. <input type="checkbox"/>		
1st WITNESS SIGNATURE (PRINT AND SIGN)		DATE SIGNED
NUMBER/STREET/APARTMENT OR SPACE#, PO BOX OR PRIVATE MAIL BOX ADDRESSES NOT ACCEPTABLE		
CITY	STATE	ZIP CODE
2nd WITNESS SIGNATURE (PRINT AND SIGN)		DATE SIGNED
NUMBER/STREET/APARTMENT OR SPACE#, PO BOX OR PRIVATE MAIL BOX ADDRESSES NOT ACCEPTABLE		
CITY	STATE	ZIP CODE
A42. <input type="checkbox"/> CHECK THIS BOX IF YOU ARE THE PERSONAL REPRESENTATIVE SIGNING ON BEHALF OF CLAIMANT AND COMPLETE THE FOLLOWING:		
(FIRST) (MI) (LAST)		REPRESENT THE CLAIMANT IN
THIS MATTER AS AUTHORIZED BY <input type="checkbox"/> DECLARATION OF INDIVIDUAL CLAIMING DISABILITY INSURANCE BENEFITS DUE AN INCAPACITATED OR DECEASED CLAIMANT, DE 2522 (SEE INSTRUCTION & INFORMATION A, UNDER HOW TO APPLY #4) <input type="checkbox"/> POWER OF ATTORNEY (ATTACH COPY)		
PERSONAL REPRESENTATIVE'S SIGNATURE (DO NOT PRINT)		DATE SIGNED



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Order (continued)

Claim for Disability Insurance (DI) Benefits -
Physician/Practitioner's Certificate
PLEASE PRINT WITH BLACK INK.



250103205

PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE	
B1. PATIENT'S SOCIAL SECURITY NUMBER 012242281	B2. PATIENT'S FILE NUMBER
B3. IF YOU KNOW THE PATIENT'S ELECTRONIC RECEIPT NUMBER, ENTER IT HERE: R	B4. PATIENT'S DATE OF BIRTH 10101964
B5. PATIENT'S NAME (FIRST) (MI) (LAST) Alberto C Hernandez	
B6. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER A70352	B7. STATE OR COUNTRY (IF NOT U.S.A.) THAT ISSUED LICENSE NUMBER ENTERED IN B6 STATE CA COUNTRY
B8. PHYSICIAN/PRACTITIONER LICENSE TYPE MD	B9. SPECIALTY (IF ANY) General Surgery
B10. PHYSICIAN/PRACTITIONER'S NAME AS SHOWN ON LICENSE (FIRST) (MI) (LAST) SUFFIX Subbu Nagappan	
B11. PHYSICIAN/PRACTITIONER'S ADDRESS MAILING ADDRESS, PO BOX OR NUMBER/STREET/SUITE# 7117 Brickton Ave CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.) Riverside CA 92506 COUNTY HOSPITAL/GOVERNMENT FACILITY ADDRESS FACILITY NAME (IF APPLICABLE) FACILITY ADDRESS, NUMBER/STREET/SUITE# CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)	
B12. THIS PATIENT HAS BEEN UNDER MY CARE AND TREATMENT FOR THIS MEDICAL PROBLEM FROM 05252022 TO <input type="checkbox"/> END OF YEAR <input checked="" type="checkbox"/> CHECK HERE TO INDICATE YOU ARE STILL TREATING THE PATIENT AT INTERVALS OF: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/> AS NEEDED <input type="checkbox"/> OTHER	
B13. AT ANY TIME DURING YOUR ATTENDANCE FOR THIS MEDICAL PROBLEM, HAS THE PATIENT BEEN INCAPABLE OF PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK? <input checked="" type="checkbox"/> YES - ENTER DATE DISABILITY BEGAN 05192022 NO - SKIP TO B33 WAS THE DISABILITY CAUSED BY AN ACCIDENT OR TRAUMA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE THE DATE THE ACCIDENT OR TRAUMA OCCURRED.	
B14. DATE YOU RELEASED OR ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK (UNKNOWN, INDEFINITE, ETC., NOT ACCEPTABLE.) 08192022 <input type="checkbox"/> CHECK HERE TO INDICATE PATIENT'S DISABILITY IS PERMANENT AND YOU NEVER ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK	
B15. IF PATIENT IS NOW PREGNANT OR HAS BEEN PREGNANT, PLEASE CHECK THE APPROPRIATE BOX AND ENTER THE FOLLOWING: ESTIMATED DELIVERY DATE: M D Y Y DATE PREGNANCY ENDED: Y M D Y TYPE OF DELIVERY, IF PATIENT HAS DELIVERED: <input type="checkbox"/> VAGINAL <input type="checkbox"/> CESAREAN	

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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)



250103206

PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE - CONTINUED
B16. PLEASE RE-ENTER PATIENT'S SOCIAL SECURITY NUMBER 012242281

B17. IF THE PATIENT HAS NOT DELIVERED AND YOU DO NOT ANTICIPATE RELEASING THE PATIENT TO RETURN TO REGULAR OR CUSTOMARY WORK PRIOR TO THE ESTIMATED DELIVERY DATE, ENTER THE NUMBER OF DAYS THAT THE PATIENT WILL BE DISABLED POSTPARTUM, FOR EACH DELIVERY TYPE.
VAGINAL DELIVERY CESAREAN DELIVERY

B18. IN CASE OF AN ABNORMAL PREGNANCY AND/OR DELIVERY, STATE THE COMPLICATION(S) CAUSING MATERNAL DISABILITY

B19. ICD DIAGNOSIS CODE(S) FOR DISABLING CONDITION THAT PREVENT THE PATIENT FROM PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK (REQUIRED).
(Check only one box)
PRIMARY: 530.1xxA
SECONDARY: ICD-9
SECONDARY: ICD-10
SECONDARY: ICD-9
SECONDARY: ICD-10
EXAMPLE OF HOW TO COMPLETE ICD CODES
ICD-9: 320.1
ICD-10: G00.1

B20. DIAGNOSIS (REQUIRED) - IF NO DIAGNOSIS HAS BEEN DETERMINED, ENTER A DETAILED STATEMENT OF SYMPTOMS
Pectus sineath hematoma

B21. FINDINGS - STATE NATURE, SEVERITY, AND EXTENT OF THE INCAPACITATING DISEASE OR INJURY. INCLUDE ANY OTHER DISABLING CONDITIONS.
Abdominal Pain

B22. TYPE OF TREATMENT/MEDICATION RENDERED TO PATIENT
Testing, recommending possible surgery

B23. IF PATIENT WAS HOSPITALIZED, PROVIDE DATES OF ENTRY AND DISCHARGE
 CHECK HERE TO INDICATE THE PATIENT IS STILL HOSPITALIZED

B24. CHECK HERE IF PATIENT IS DECEASED, PLEASE PROVIDE DATE OF DEATH
CITY COUNTY STATE



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Order (continued)



250103207

PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE - CONTINUED

825. PLEASE RE-ENTER PATIENT'S SOCIAL SECURITY NUMBER 012242281

826. WAS THE PATIENT SEEN PREVIOUSLY BY ANOTHER PHYSICIAN/PRACTITIONER OR MEDICAL FACILITY FOR THE CURRENT DISABILITY/ILLNESS/INJURY?
 YES NO UNKNOWN IF YES, WHAT WAS THE DATE OF FIRST TREATMENT? _____

827. DATE AND TYPE OF SURGERY/PROCEDURE MOST RECENTLY PERFORMED OR TO BE PERFORMED

 WAS THE PATIENT UNABLE TO WORK IMMEDIATELY PRIOR TO THE SURGERY OR PROCEDURE? YES NO
 IF YES, PLEASE PROVIDE THE FIRST DATE THE PATIENT WAS UNABLE TO WORK BEFORE THE SURGERY OR PROCEDURE _____

828. ICD PROCEDURE CODE(S) ICD-9 ICD-10

 CPT CODE(S) (DO NOT INCLUDE MODIFIERS) _____

829. WAS THIS DISABLING CONDITION CAUSED AND/OR AGGRAVATED BY THE PATIENT'S REGULAR OR CUSTOMARY WORK? YES NO

830. ARE YOU COMPLETING THIS FORM FOR THE SOLE PURPOSE OF REFERRAL/RECOMMENDATION TO AN ALCOHOLIC RECOVERY HOME OR DRUG-FREE RESIDENTIAL FACILITY AS INDICATED BY THE PATIENT IN QUESTION A30? YES NO

831. DATE YOUR PATIENT BECAME A RESIDENT OF A DRUG OR ALCOHOL FACILITY (IF KNOWN) _____

832. WOULD DISCLOSURE OF THE INFORMATION ON THIS FORM BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? YES NO

833. PHYSICIAN/PRACTITIONER'S: I CERTIFY UNDER PENALTY OF PERJURY THAT THE PATIENT IS UNABLE TO PERFORM HIS/HER REGULAR (OR CUSTOMARY) WORK BECAUSE OF THE LISTED DISABLING CONDITION(S). I HAVE PERFORMED A PHYSICAL EXAMINATION AND/OR TREATED THE PATIENT. I AM AUTHORIZED TO CERTIFY A PATIENT DISABILITY OR SERIOUS HEALTH CONDITION PURSUANT TO CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 2706.

PHYSICIAN/PRACTITIONER'S ORIGINAL SIGNATURE - RUBBER STAMP IS NOT ACCEPTABLE [Signature] DATE SIGNED 06092022 AREA CODE/PHONE NUMBER 951 7823651

UNDER SECTIONS 2116 AND 2122 OF THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE, IT IS A VIOLATION FOR ANY INDIVIDUAL WHO WITH INTENT TO DEFRAUD, FALSELY CERTIFIES THE MEDICAL CONDITION OF ANY PERSON IN ORDER TO OBTAIN DISABILITY INSURANCE BENEFITS, WHETHER FOR THE MAKER OR FOR ANY OTHER PERSON, AND IS PUNISHABLE BY IMPRISONMENT AND/OR A FINE NOT EXCEEDING \$20,000. SECTION 1143 REQUIRES ADDITIONAL ADMINISTRATIVE PENALTIES.



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Scan on 6/21/2022 3:15 PM by Rosalinda Real: 06/09/2022 Reyes Holdings / FMLA (below)



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Hernandez, Alberto
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Order (continued)



MRN:
1015723

Human Resource Service Center
201 E. Main St., Suite 900
La Crosse, WI 54601
Phone: 855-238-1280, option 2
Fax: 847-916-9038, or 608-782-5799
Email: leavewest@reyesholdings.com

DATE: 5/25/2022

ALBERTO HERNANDEZ
11673 HUMMINGBIRD PL
MORENO VALLEY, CA 92557

Re: Request for Leave of Absence (LOA)

Dear ALBERTO,

We have received a request for your leave of absence. Your absence may qualify for job protection under the Family and Medical Leave Act (FMLA), the California Family Rights Act (CFRA), and/or the Pregnancy Disability Leave Act. You should read the enclosed FMLA and CFRA information carefully and return the necessary certification or documentation **NO LATER THAN: 6/9/2022**. If the form is not returned by this date, your request for leave may be delayed or denied, and your absence may be considered unscheduled.

PLEASE NOTE: It is your responsibility to return the fully completed Certification Form to the Reyes Holdings HR Service Center at the above address, by fax to 847-916-9038, or by e-mail to leaves@reyesholdings.com.

If you are applying for Reyes Holdings Short Term Disability, the required forms are also enclosed. Read the information carefully. Complete the Employee Statement of Claim and the Authorization to Disclose Health Information and return by the date above. Your healthcare provider needs to complete the Attending Physician's Statement and the Employee Status/Return to Work Report. If you belong to a union you may have Short Term Disability benefits with your union. Please check with your Human Resource Representative. **You may be eligible for California State Disability Income (SDI) if this is for your own health condition. See the attached brochure on how to apply for SDI. If your leave is due to a family member you may apply for Paid Family Leave (PFL).**

Contact the Benefits Department at 800-298-9461, option 1, to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during FMLA leave and recover these payments from you upon your return to work.

Depending on the type of leave, you may be required to use available paid-time off for all or a portion that is otherwise unpaid. Within 5 days of receiving your properly completed forms and any other documentation, the Company will provide you with written confirmation of whether your leave request has been approved or denied. If you have any questions, contact me at 855-238-1280, option 2 or e-mail leaves@reyesholdings.com.

Please review the attached link to a video which explains the process. Right click and select Open Hyperlink and you will be directed to the video or copy and paste this address into your browser. <https://vimeo.com/663081108/2917e16653>

SUYEVI GARCIA
CC: J Rodriguez, A Lopez

Family & Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA)



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Order (continued)

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, ALBERTO HERNANDEZ, hereby authorize Riverside medical Group or its
(Employee name) (Provider Name)

agent(s) to disclose my health information as described in this authorization.

Employee Name: ALBERTO Hernandez Date of Birth: 10-10-64

Please release health care information to: _____

Address: _____

City/State/Zip: _____

Release the following information:

- Health care information relating to the following treatment or condition:
- Health care information for the following dates:
- All health care information:
- All health care information *excluding* the following:
- All mental health information, including assessment, diagnosis and treatment:
- Substance Abuse Evaluation done on the following date:
- Discharge Plan done on the following date:
- Results of drug screen done on the following date:
- Dates of attendance for individual or group therapy as follows:
- Other

Expiration of Authorization: This authorization will expire (*choose and complete one*):

- In 90 days; or
- When the following occurs: _____

Right to Revoke: I may cancel this authorization in writing as allowed by law. This would not affect any actions already taken based upon my original request.

Right to Copy: I understand that I am entitled to receive a copy of this authorization.

Voluntary: I understand that I am under no obligation to sign this form. I acknowledge I am voluntarily signing this form to release my health information to the party or parties I have designated.

Photocopy or Facsimile: A photocopy of facsimile of this signed authorization form shall be considered as valid as an original signed copy.

I have had an opportunity to review and understand the contents of this form. By signing this form, I am confirming that it accurately reflects my wishes.

Legally authorized individual signature: Alberto Hernandez
(Employee signature)

Date: _____



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Order (continued)

**EMPLOYEE'S HEALTH/MEDICAL CONDITION
CERTIFICATION FORM**

**CERTIFICATION MUST BE RETURNED TO THE COMPANY WITHIN 15 CALENDAR DAYS FROM DATE OF THE COMPANY'S REQUEST TO THE EMPLOYEE FOR CERTIFICATION. IN THE EVENT OF AN EMERGENCY, RETURN THE COMPLETED FORM AS SOON AS POSSIBLE.*

SECTION I: TO BE COMPLETED BY EMPLOYER

Employer Name: Reyes Holdings Employer Address: 201 Main St
Suite 900
La Crosse, WI 54601

Employee's Job Title: Warehouse 13U

SECTION II: TO BE COMPLETED BY EMPLOYEE

Please complete Section II before giving this form to your medical provider. Applicable law permits your employer to require that you submit a timely, complete, and sufficient medical certification to support a request for leave due to your health/medical condition. This certification is requested by the Company in order for you to obtain or retain the benefit of certain leave protections. **Failure to provide a complete and sufficient medical certification may result in a delay or denial of your leave request.**

Employee Name: ALBERTO HERNANDEZ

	First	Middle	Last
--	-------	--------	------

Address During Leave: 11673 Hummingbird Pl Moreno Valley CA 92557

Telephone During Leave: 951-847-6991

Alberto Hernandez _____
Employee Signature Date

SECTION III: TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Your patient has requested leave from work. Please answer, fully and completely, all applicable parts of this certification form. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not be sufficient to determine leave eligibility. Limit your responses to the condition for which the patient is seeking leave. Please be sure to sign and date the form and return this document to the patient.

The Genetic Information Nondiscrimination Act of 2008 (GINA) and the California Genetic Information Nondiscrimination Act of 2011 (CalGINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with these laws, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by law, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services, information regarding the manifestation of a disease or disorder in a family member of the individual, and information from genetic services or participation in clinical research that includes genetic services by an individual or any family member of the individual. "Genetic information" does not include information about the individual's sex or age.

* Certifications verifying an employee's need for leave due to a pregnancy related disability need only certify: (1) that the employee needs to take pregnancy disability leave because she is disabled by pregnancy, childbirth or a related medical condition; and (2) the date on which the employee became disabled because of pregnancy and the estimated duration of the leave.

PLEASE DO NOT STATE OR IN ANY WAY INDICATE THE SPECIFIC NATURE OF THE HEALTH OR MEDICAL CONDITION OR DIAGNOSIS ANYWHERE ON THIS DOCUMENT WITHOUT THE PATIENT'S CONSENT.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Part A – Medical Facts

1. Approximate date the condition began: 5/19/22

Probable duration of the condition: 3 months

Mark below as applicable:

Did or has the patient's condition resulted in the individual being incapacitated, e.g. inability to work, attend school or perform other regular daily activities due to the condition, any treatment for the condition, or recovery from the condition?

No Yes If yes, date(s) of incapacity: 5/19/22 - 8/19/22

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility (even if it later developed that the patient did not remain overnight in the facility)?

No Yes If yes, date(s) of admission: _____

Date(s) you treated the patient for condition: 5/24/22

Will the patient need to have continuing treatment by a healthcare provider due to the condition? No Yes

Was medication, other than over-the-counter medication, prescribed? No Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)? If yes, state the nature of such treatments and expected duration of the treatment. No Yes

2. Is the incapacity due to a pregnancy, sickness or temporary disability because of pregnancy or prenatal care? No Yes
If so, expected delivery date: _____

3. Is the patient unable to perform any or more of his/her essential job functions due to the condition? No Yes
If yes, identify the job functions the patient is not able to perform:

all job functions at this time.

4. Describe other relevant medical facts, if any, related to the condition for which the patient seeks leave (such medical facts may include symptoms, a regimen of continuing treatment such as the use of specialized equipment, etc.). DO NOT IDENTIFY THE ACTUAL CONDITION OR DIAGNOSIS.

Abdominal pain, further testing recommended.

Part B – Amount of Leave Needed

5. Will the patient be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? No Yes

If yes, estimate the beginning and ending dates for the period of incapacity: 5/19/22

6. Will the patient need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the patient's medical condition? No Yes

If yes, are the treatments or the reduced number of hours of work medically necessary? No Yes



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the patient needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the patient from performing his/her job functions? No Yes

Is it medically necessary for the patients to be absent from work during the flare-ups? No Yes

If yes, explain: _____

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1 to 2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ days(s) per episode from _____ through _____

Additional Information: Identify Question Number with Your Additional Answer. **DO NOT IDENTIFY THE ACTUAL CONDITION OR DIAGNOSIS.**

Provider's Name: Subbu Nagappan

Provider's Business Address: 7117 Brockton Ave Riverside, CA 92506

Type of Practice/Medical Specialty: General Surgery

Telephone: (951) 782-3251 Fax: (951) 784-3260

Signature of Health Care Provider: [Signature] Date: 6/9/22

If you have any questions, please contact 855-238-1280 or e-mail to leaves@reyesholdings.com.

SUYEVI GARCIA
Integrated Leave Administrator



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

6/28/2022 2:15 PM Main Cardiology 951-683-6370

Instructions from Joseph Quan, MD

Cardiac wise, patient is cleared for GB surgery.
Hold Brilinta and aspriin 7 days before surgery.
Resume aspirin after surgery.
Cardiology follow up in 3 months.

Return in about 3 months
(around 9/28/2022).

What's Next

SEP 27 2022 Specialty Estab Patient with
Joseph Quan, MD
Tuesday September 27 2:30 PM
(Arrive by 2:15 PM)

Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

Today's Visit



You saw Joseph Quan, MD on
Tuesday June 28, 2022. The
following issues were
addressed:

- Heart disease due to blocked artery
- Old MI (myocardial infarction)
- Status post coronary artery stent placement
- Heart failure
- Pre-operative clearance



Blood Pressure
109/70



BMI
23.63



Weight
142 lb



Height
5' 5"



Pulse
77

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: B9ZN8-ZK9KT-3RX5A. Activation code expires 7/28/2022.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of June 28, 2022 2:55 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet
Commonly known as: LIPITOR

Take 1 tablet by mouth daily.

* **Dapagliflozin Propanediol 10 MG Tabs**

Take 1 tablet by mouth daily.

* **Farxiga 10 MG Tabs**
Generic drug: Dapagliflozin Propanediol

Take 10 mg by mouth daily.

isosorbide mononitrate 30 MG 24 hr tablet
Commonly known as: IMDUR

Take 1 tablet by mouth in the morning.

losartan 25 MG tablet
Commonly known as: COZAAR

Take 12.5 mg by mouth.

metoprolol 50 MG 24 hr tablet
Commonly known as: TOPROL-XL

Take 1 tablet by mouth daily.

nitroGLYCERIN 0.4 MG SL tablet
Commonly known as: Nitrostat

Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.

omeprazole 20 MG capsule
Commonly known as: PRILOSEC

Take 20 mg by mouth in the morning.

spironolactone 25 MG tablet
Commonly known as: ALDACTONE

Take 25 mg by mouth daily.

Ticagrelor 90 MG Tabs

Take 1 tablet by mouth 2 (two) times daily.

* This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021
Influenza Vaccine (Season Ended)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

👥 Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.

<https://www.surveymonkey.com/r/R9FYC25?NPI=1174505077>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.



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Hernandez, Alberto
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Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

6/28/2022 2:15 PM Main Cardiology 951-683-6370

Instructions from Joseph Quan, MD

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SEP 27 2022 Specialty Estab Patient with
Joseph Quan, MD
Tuesday September 27 2:30 PM
(Arrive by 2:15 PM)

Main Cardiology
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RIVERSIDE CA 92506
951-683-6370

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following issues were
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- Status post coronary artery stent placement
- Heart failure
- Pre-operative clearance



Blood Pressure
109/70



BMI
23.63



Weight
142 lb



Height
5' 5"



Pulse
77

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: B9ZN8-ZK9KT-3RX5A. Activation code expires 7/28/2022.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of June 28, 2022 11:59 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

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Commonly known as: Nitrostat as needed for Chest pain.

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Commonly known as: PRILOSEC

spironolactone 25 MG tablet Take 25 mg by mouth daily.
Commonly known as: ALDACTONE

Ticagrelor 90 MG Tabs Take 1 tablet by mouth 2 (two) times daily.

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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021
Influenza Vaccine (1)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

👥 Patient Care Team

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6405 DAY ST RIVERSIDE CA 92507-0901		
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<https://www.surveymonkey.com/r/R9FYC25?NPI=1174505077>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.

Scan on 7/8/2022 10:46 AM by Rosemary Diaz: 06/24/2022 Temporary Total Disability (below)



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

**Southern California Soft Drink Industry & Teamsters
Health and Welfare Trust Fund**

MPJ
1015723

Temporary Total Disability

Dear Participant:

The Trust Fund Administrative Office has received notification from you/your employer that you are currently off work due to a Temporary Total Disability.

Per Plan Rules: *"If you are absent from work because of illness or accident which results in Total Disability, your eligibility will continue through the end of the second calendar month following the month in which your period of Disability ends, providing you present certification of your Total Disability. However, the Trust Fund will not recognize any period of Disability that exceeds twelve (12) months."*

"You must present certification of your Total Disability to the Fund Administrative office, even though your Employer will report you on sick leave."

Please note; the Plan does not recognize Disability certifications from a Chiropractor or a Podiatrist.

Please complete Part I of the enclosed Temporary Total Disability form and also have your doctor complete Part II. Once completed, please return to the Trust Fund Office. If your disability is extended, it is your responsibility to forward all Total Disability extensions to the Trust Fund Administrative Office.

If you have any questions, please contact the Administrative Office.

Sincerely,

Eligibility Department

Mailing Address: P.O. Box 1318 • West Covina, CA 91793
1050 Lakes Drive, Suite 120 • West Covina, CA 91790
Toll Free 855-866-0941 • Phone 626-646-1076 • Facsimile (626)262-4719
www.teamsterssoftdrink.org • staff@teamsterssoftdrink.org



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

**Southern California Soft Drink Industry and Teamsters Health & Welfare Fund
Temporary Total Disability**

Return completed form to:
Southern California Soft Drink Industry and Teamsters Health and Welfare Fund
PO Box 1318
West Covina, CA 91793

Trust Fund Phone #: (626) 646-1076
Toll Free #: (855) 866-0941
Fax #: (626) 262-4719

Part I - To be completed by PARTICIPANT (Each question must be fully answered)

1. Name ALBERTO Hernandez 2. Birth date: 10-10-1964 SSN: 612-24 2281
Street: 11673 Hummingbird Pl 3. Last date of work before disability: 5-19-22
City and State: Moreno Valley CA 92557 Zip code: 92557 Member's Phone#: 951-847-6991

4. My disability is _____
Injury? _____
Illness? Gallbladder STONES

5. It happened: Date 5-20-22 at Work? _____
Time 7:00 AM At Home?

6. How did it happen? Abdomen pain

7. Job Description? Leader

To Physicians, Hospitals and Other Institutions: I hereby authorize you by this form (or by photographic copy hereof) to give Southern California Soft Drink Industry and Teamsters Health and Welfare Fund any information you have regarding my medical history and physical condition.
I certify the above answers are true and complete to the best of my knowledge and belief.

Dated 6-24-22 Mr. Mrs. _____ Miss _____ Alberto Hernandez
SIGNATURE - Please Do Not Print

Part II - ATTENDING PHYSICIAN'S STATEMENT

1. Nature of sickness or injury/ICD9 (Describe complications if any) K80.20

2. Was this sickness or injury caused by patient's employment? Yes _____ No
Illness? _____ Injury? _____
Was it aggravated by Patient's employment? If "Yes" explain _____

3. Nature of surgical procedure, if any/CPT (Describe fully) 47502

4. Date performed: pending

5. Give dates of treatments:
FIRST CONSULTATION
Office 5/24/22 OTHER CONSULTATIONS DURING THIS PERIOD OF DISABILITY _____
Hospital _____

6. The patient has been continuously disabled (unable to work): From 5/19/22
Through (if unsure give tentative date) _____
If still disabled, when should patient be able to return to work? at further notice

7. Remarks _____

Date _____ Physician's Name (Print) Subho Nagappan Degree M.D.
Physician's Signature _____
Address 7117 Brackett Ave Riverside, CA 92506
Physician's Phone Number 951-782-3051

Revised 1/15/13

Scan on 8/1/2022 11:58 AM by Elizabeth SC Reyes (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Conditions of Admission Surgery Center

LABEL	
PT. NAME:	
DOB:	MRN: 1015723 NAME: Alberto Hernandez DOB: 10/10/1964 AGE: 57 y.o. SEX: male
MR#:	PH: 951-847-6991 DATE: 8/1/2022 5:59 AM PROVIDER: Subbu Nagappan, MD
PHYSICIAN:	
SPECIALTY:	
DATE:	LOC:

7. ASSIGNMENT OF INSURANCE BENEFITS

The undersigned authorizes whether he/she signs as agent or as patient, direct payment to the Surgery Center of any insurance benefits otherwise payable to or on behalf of the undersigned for this treatment or for these outpatient services, including emergency services if rendered, at a rate not to exceed the Surgery Center's regular charges. It is agreed that payment to the Surgery Center pursuant to this authorization, by an insurance company shall discharge the insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment.

8. HEALTH CARE SERVICE PLAN OBLIGATION

This Surgery Center maintains a list of the health care service plans with which it has contracted. A list of such plans is available upon request from the financial office. The Surgery Center has no contract, express or implied with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the Surgery Center if he/she belongs to a plan which does not appear on the above mentioned list.

Alberto Hernandez PATIENT 8-1-22 DATE

Patient is a minor, or unable to sign, because:

PARENT / LEGAL GUARDIAN DATE

WITNESS DATE



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

1. CONSENT TO MEDICAL AND SURGICAL PROCEDURES

The undersigned consents to the procedures which maybe performed during this outpatient treatment, including emergency treatment or services, and which may include but are not limited to laboratory procedures, x-ray examination, medical or surgical treatment or procedures or anesthesia, rendered the patient under the general and special instructions of the patient's physician or surgeon.

2. NURSING CARE

This Surgery Center provides only general duty nursing care unless, upon orders of the patient's physician, the patient is provided more intensive nursing care. If the patient's condition is such as to need the service of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The Surgery Center shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.

3. LEGAL RELATIONSHIP BETWEEN SURGERY CENTER AND PHYSICIAN

All physicians and surgeons furnishing services to the patient, including the radiologist, pathologist, anesthesiologist and the like, are independent contractors with the patient and are not employees and agents of the Surgery Center. The patient is under the care and supervision of his/her attending physician and it is the responsibility of the Surgery Center and its nursing staff to carry out the instructions of such physician. It is the responsibility of the patient's physician or surgeon to obtain the patient's informed consent, when required, to medical or surgical treatment, special diagnostic or therapeutic procedures, or Surgery Center services rendered the patient under the general and special instructions of the physician.

4. RELEASE OF INFORMATION

Upon inquiry, the Surgery Center may make available to the public certain basic information about the patient, including name, address, age, sex, general description of the reason for treatment (i.e., whether an injury, burn, poisoning, or other condition, etc.), and general condition. If the patient or the patient's legal representative does not want such information to be released, he/she must make a written request for such information to be withheld. The patient or the patient's legal representative may obtain a separate form for this purpose upon request. The Surgery Center will obtain the patient's consent and his/her written authorization to release information, other than basic information, concerning the patient, except in those circumstances when the Surgery Center is permitted or required by law to release information. The undersigned agrees that, to the extent necessary to determine liability for payment and to obtain reimbursement, the Surgery Center may disclose portions of the patient's record, including his/her medical records, to any person or corporation which is or may be liable, for all or any portion of the Surgery Center's charges, including but not limited to insurance companies, health care service plans, or workers compensation carriers. Special permission is needed to release this information where the patient is being treated for alcohol or drug abuse.

5. PERSONAL VALUABLES

It is understood that personal items are to be left with a friend/family member before checking into the Pre-op area. The Surgery Center shall not be liable for the loss or damage to personal belongings brought to the Surgery Center.

6. FINANCIAL AGREEMENT

The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the Surgery Center in accordance with the regular rates and terms of the Surgery Center. Should the account be referred to an attorney or collection agency for collection, the undersigned shall pay actual attorney's fees and collection expenses. All delinquent accounts shall bear interest at the legal rate of 1 1/2% per month on charges over 90 days old.

CONDITIONS OF ADMISSION

800-374 (5/09)

Scan on 8/1/2022 11:56 AM by Elizabeth SC Reyes (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Notice of Privacy Practices Patient Acknowledgement

MRN: 1015723 NAME: Alberto Hernandez
DOB: 10/10/1964 AGE: 57 y.o. SEX: male
PH: 951-847-6991 DATE: 8/1/2022 5:59 AM
PROVIDER: Subbu Nagappan, MD

Patient Name: _____

MR#: _____

The Riverside Medical Clinic *Notice of Privacy Practices* provides detailed information about how we may use and disclose your protected health information. It also describes your right to request restrictions on how we use and disclose this information. You are being given a copy of the *Notice of Privacy Practices* at this time and we encourage you to read it carefully.

Our *Notice of Privacy Practices* is also available for viewing on the RMC website at www.RiversideMedicalClinic.com.

We may change our "Notice of Privacy Practices". If we change our notice, you may obtain a copy of the revised notice by contacting our Customer Relations Department at (951) 782-5102 or (951) 697-5477 or (951) 782-3602.

By signing below, I acknowledge that I have been given a copy of the Riverside Medical Clinic *Notice of Privacy Practices*.

Signature: Alberto Hernandez Date: 8-1-22
(Patient/Parent/Conservator/Guardian)

For RMC Staff – Use Only if Unable to Obtain acknowledgment

Complete only if no signature is obtained. If it is not possible to obtain the individual's Acknowledgment, describe the good faith efforts made to obtain the individual's Acknowledgment, and the reasons why the Acknowledgment was not obtained.

Reasons why the acknowledgment was not obtained:

Patient refused to sign this Acknowledgment even though the patient was presented the Notice of Privacy Practices.

Other: _____

Signature: _____ Date: _____ Time: _____

Print/Type Name: _____

525-761 (1/15)

Scan on 8/1/2022 11:56 AM by Elizabeth SC Reyes (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Consent to Use and Disclose Protected Health Information

MRN: 1015723 NAME: Alberto Hernandez
DOB: 10/10/1964 AGE: 57 y.o. SEX: male
PH: 951-847-6991 DATE: 8/1/2022 5:59 AM
PROVIDER: Subbu Nagappan, MD

By signing this form, you are granting consent to Riverside Medical Clinic to use and disclose your protected health information for the purpose of treatment, payment and healthcare operations. Our Notice of Privacy Practices provides more detailed information about how we may use and disclose this protected health information. You have the legal right to review our Notice of Privacy Practices before you sign this consent, and we encourage you to read it in full.

You may obtain a copy of the Notice of Privacy Practices by viewing our website www.RiversideMedicalClinic.com or by contacting our Quality Management Department at (951) 782-5103.


You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. You have the right to obtain an accounting of disclosures, with limited exceptions, of your information.

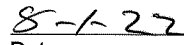
To request restrictions, you must make your request in writing to Riverside Medical Clinic Medical Records Department at 3660 Arlington Avenue Riverside, CA 92506. Please tell us (1) What information you want to limit (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

You have the right to revoke this consent in writing, except to the extent we already have used or disclosed your protected health information in reliance on your consent.

Notice to Consumers

Medical doctors are licensed and regulated by the Medical Board of California
(800) 633-2322
www.mbc.ca.gov


Signature (Patient / Parent / Conservator / Guardian)


Date

195-229 (5/13)

Scan on 8/2/2022 7:29 AM by Tammy D. Gregory: 08/01/2022 s/c anesth record (below)




RIVERSIDE MEDICAL CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Anesthesia Record

Surgery Center

MRN: 1015723 NAME: Alberto Hernandez
DOB: 10/10/1964 AGE: 57 y.o. SEX: male
PH: 951-847-6991 DATE: 8/1/2022 6:27 AM
PROVIDER: Subbu Nagappan, MD

<input checked="" type="checkbox"/> PATIENT ID INTERVIEWED & EXAMINED	<input checked="" type="checkbox"/> ANESTHESIA MACHINE CHECKOUT	<input checked="" type="checkbox"/> NPO STATUS N/A	ALLERGIES NKDA
AGE 57	SEX M	PATIENT WEIGHT 145 LB KG	PREMED GIVEN Vial 2mg 735 ancat 1mg 745
DIAGNOSIS Cholelithiasis		ASA CLASS 1 2 3 4 5 E 3	

TIME	O ₂ /N ₂ O	FiO ₂	SpO ₂	HR	RR	Temp	MAP	EtCO ₂	Fluids
7:30	100%	1.0	98	70	12	36	70	35	1000 NS
8:00	100%	1.0	98	70	12	36	70	35	1000 NS
8:30	100%	1.0	98	70	12	36	70	35	1000 NS

CODE: 240 Zahn 4

B.P. 220 Guethamphen 1000

PULSE 200

RESP 180 bidilan

OPER 160 (benz) 200

ANES X 140 (benz) (10) cm

STOP 120

MONITOR 100

FiO₂ 100

ECG 80

TEMP 60

PRECOR 40

VENT 20

NERVE STIM 20

NIBP 20

CAPNOMETER 20

OXIMETER 20

EYES 20

AIRWAY 20

ENDOTUBE 20

SIZE 7.5

BILES 20

CUFF 20

TOURNIQUET 20

ON 20

OFF 20

REMARKS: PAID to OR 1 monitor. In rm. pre a
JL. VL x 6 VL 3. VVVL 2.5 EtCO₂ call 7. BSL, TdE
tag. OG tube. end at can pt reversal
suhd, exhibitd to for atm breathing well.

POST ANESTHESIA CONDITION stable.

BP 149/70

HR 76

SpO₂ 97%

Est. Blood Loss minimal

OPERATION PERFORMED: laparoscopic cholecystectomy

SURGEON: Nagappan

ANESTHESIOLOGIST: [Signature]

PT. IN RM. 730

PT. TO PACU 844

ANESTHESIA START 733

STOP 854

DATE: 8/1/22

OPERATING ROOM NO. 1



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Document on 8/1/2022 9:03 AM by Jessica Park, RN: AVS - Postprocedure Care (below)

AFTER VISIT SUMMARY

Alberto Hernandez Date of birth: 10/10/1964

RMC Surgery Center

Instructions

- Your medications have changed
- START taking:
hydrocodone-acetaminophen (Norco)
- Review your updated medication list below.

Recent Procedures

Past and Present Procedures (8/1/2022 to Today)

Date	Procedures	Providers
08/01/2022	LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN	Subbu Nagappan, MD

Upcoming Appointments & Procedures

	Follow up with Subbu Nagappan, MD For wound re-check	Riverside Medical Clinic 951-782-3651
SEP 27	Specialty Estab Patient with Joseph Quan, MD Tuesday Sep 27, 2022 2:30 PM (Arrive by 2:15 PM)	Main Cardiology 7117 BROCKTON AVE RIVERSIDE CA 92506 951-683-6370

Your Next Steps

- Pick up these medications from any pharmacy with your printed prescription
 - hydrocodone-acetaminophen
- Read these attachments
 - Cholecystectomy: Post-op (English)
- Go
 - Specialty Estab Patient
2:30 PM
Arrive by 2:15 PM
Joseph Quan, MD
Main Cardiology
7117 BROCKTON AVE
RIVERSIDE CA 92506
951-683-6370

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: MM9VM-8TN4K-K7VRM. Activation code expires 8/31/2022.




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Order (continued)

Medication List

Aspirin Low Dose 81 MG chewable tablet Generic drug: aspirin	
atorvastatin 80 MG tablet Commonly known as: LIPITOR	Take 1 tablet by mouth daily.
* Dapagliflozin Propanediol 10 MG Tabs	Take 1 tablet by mouth daily.
* Farxiga 10 MG Tabs Generic drug: Dapagliflozin Propanediol	Take 10 mg by mouth daily.
 hydrocodone-acetaminophen 5-325 MG per tablet Commonly known as: Norco	Take 1 tablet by mouth every 6 (six) hours as needed for Pain.
isosorbide mononitrate 30 MG 24 hr tablet Commonly known as: IMDUR	Take 1 tablet by mouth in the morning.
losartan 25 MG tablet Commonly known as: COZAAR	
metoprolol 50 MG 24 hr tablet Commonly known as: TOPROL-XL	Take 1 tablet by mouth daily.
nitroGLYCERIN 0.4 MG SL tablet Commonly known as: Nitrostat	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.
omeprazole 20 MG capsule Commonly known as: PRILOSEC	
spironolactone 25 MG tablet Commonly known as: ALDACTONE	
Ticagrelor 90 MG Tabs	Take 1 tablet by mouth 2 (two) times daily.

 * This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.

Where to pick up your medications



Pick up these medications from any pharmacy with your printed prescription
hydrocodone-acetaminophen



Legendary Care™

Order (continued)

Attached Information

Cholecystectomy: Post-op (English)

Keep wound dry 72 hrs
Follow up in office in 7-10 days
Call if any problems earlier
May start his aspirin tomorrow

Riverside Medical Clinic

Gallbladder Removal Surgery: What to Expect at Home

Your Recovery

After your surgery, you will likely feel weak and tired for several days after you return home. Your belly may be swollen. If you had laparoscopic surgery, it's normal to also have some shoulder pain. This is caused by the air that your doctor put in your belly to help see your organs better.

You may have gas or need to burp a lot at first. A few people get diarrhea. The diarrhea usually goes away in 2 to 4 weeks, but it may last longer.

How quickly you recover depends on whether you had a laparoscopic or open surgery.

- For a laparoscopic surgery, most people can go back to work or their normal routine in 1 to 2 weeks. But it may take longer, depending on the type of work you do.
- For an open surgery, it will probably take 4 to 6 weeks before you get back to your normal routine.

This care sheet gives you a general idea about how long it will take for you to recover. However, each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?



Activity

- Rest when you feel tired. Getting enough sleep will help you recover.
- Try to walk each day. Start out by walking a little more than you did the day before. Walking helps prevent blood clots in your legs and pneumonia.
- For about 2 to 4 weeks, avoid lifting anything that would make you strain. This may include a child, heavy grocery bags and milk containers, a heavy briefcase or backpack, cat litter or dog food bags, or a vacuum cleaner.
- Avoid strenuous activities, such as biking, jogging, weightlifting, and aerobic exercise, until your doctor says it is okay.
- Ask your doctor when you can drive again.
- For a laparoscopic surgery, most people can go back to work or their normal routine in 1 to 2 weeks, but it may take longer. For an open surgery, it will probably take 4 to 6 weeks before you get back to your normal routine.
- Your doctor will tell you when you can have sex again.



Legendary Care™

Order (continued)



Diet

- When you feel like eating, start with small amounts of food. You may want to avoid fatty foods like fried foods or cheese for a while. They can cause symptoms, such as diarrhea or bloating.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fiber supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.



Medicines

- Your doctor will tell you if and when you can restart your medicines. You will also be given instructions about taking any new medicines.
 - If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
1. Be safe with medicines. Read and follow all instructions on the label.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
 - Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines contain acetaminophen, which is Tylenol. Too much Tylenol can be harmful.
 1. If you think your pain medicine is making you sick to your stomach:
 - Take your medicine after meals (unless your doctor tells you not to).
 - Ask your doctor for a different pain medicine.
 - If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.



Incision care

- If you have strips of tape on the cut (incision) the doctor made, leave the tape on for a week or until it falls off.
- You may shower 24 to 48 hours after surgery, if your doctor okays it. Pat the incision dry. Do not take a bath for the first 2 weeks, or until your doctor tells you it's okay.
- You may have staples to hold the cut together. Keep them dry until your doctor takes them out. This is usually in 7 to 10 days.
- Keep the area clean and dry. You may cover it with a gauze bandage if it oozes fluid or rubs against clothing. Change the bandage every day.



Ice

- To reduce swelling and pain, put ice or a cold pack on your belly for 10 to 20 minutes at a time. Do this every 1 to 2 hours. Put a thin cloth between the ice and your skin.



Legendary Care™

Order (continued)

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?



Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You are short of breath.

Call your doctor now or seek immediate medical care if:

- You are sick to your stomach and cannot drink fluids.
 - You have pain that does not get better when you take your pain medicine.
 - You cannot pass stools or gas.
1. You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - A fever.
 - Bright red blood has soaked through the bandage over your incision.
 - You have loose stitches, or your incision comes open.
1. You have signs of a blood clot in your leg (called a deep vein thrombosis), such as:
 - Pain in your calf, back of knee, thigh, or groin.
 - Redness and swelling in your leg or groin.

Watch closely for any changes in your health, and be sure to contact your doctor if you have any problems.

Where can you learn more?

Go to <https://www.healthwise.net/rmc>

Enter **F357** in the search box to learn more about "**Gallbladder Removal Surgery: What to Expect at Home.**"

Current as of: September 8, 2021 Content Version: 13.3

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Scan on 8/1/2022 11:58 AM by Elizabeth SC Reyes (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Authorization to Contact Information

MRN: 1015723 NAME: Alberto Hernandez
DOB: 10/10/1964 AGE: 57 y.o. SEX: male
PH: 951-847-6991 DATE: 8/1/2022 5:59 AM
PROVIDER: Subbu Nagappan, MD

PATIENT NAME: _____

DOB: _____

MRN: _____

APPT: _____

Dear Patient,

You have the right to specify how and when we communicate with you about your medical care/services. For example, you can ask that we only contact you by telephone to discuss appointments, results or other medical information. Please review the following choices and indicate to us which method of communication is best for you.

STANDARD COMMUNICATION



Standard Communication: All information on my account can be used to communicate with me, including address and home telephone number. My work telephone number may be used for messages.

RESTRICTED COMMUNICATION

Only contact me by telephone at: _____

Do not send mail to my home address. Only send written communications regarding my medical information to the address listed below:

Street: _____

Apt. or Suite: _____

City: _____ State: _____ Zip: _____ - _____

Special Instructions:

My signature below authorizes the doctor and/or staff member to communicate in the method indicated above. This includes:

- Stating that he/she is associated with the doctor's office and/or Riverside Medical Clinic to any person or answering device that may answer the telephone.
- Sharing the information regarding my appointments, test results or other medical information with any person or answering device that may answer the telephone.

Signature: Alberto Hernandez Date: 8-1-22

525-733 (1/15)

Scan on 8/1/2022 11:59 AM by Elizabeth SC Reyes (below)



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Member Acknowledgement of Financial Responsibility Patient Services

MRN: 1015723 NAME: Alberto Hernandez
DOB: 10/10/1964 AGE: 57 y.o. SEX: male
PH: 951-847-6991 DATE: 8/1/2022 5:59 AM
PROVIDER: Subbu Nagappan, MD

Patient Name: _____ MRN: _____
Date of Service: _____ Provider: _____
Insurance: _____ Medical Group: _____
Service, device, supply or equipment in question: _____

Dear Patient,

Your health plan will only reimburse Riverside Medical Clinic for services, devices, supplies or equipment if the patient is eligible at the time of service and the services provided are a covered benefit and are medically necessary. In addition, your policy could also have an exclusion which limits coverage related to specific services. The specifics of your benefits and coverage are outlined in the Evidence of Coverage manual sent to the subscriber at the time of enrollment.

Your health plan requires Riverside Medical Clinic to notify you when a service, device, supply or equipment may not be covered, could be deemed not medically necessary, is excluded or the patient's eligibility cannot be verified.

Your signature below acknowledges that a Riverside Medical Clinic staff member has notified you that one or more of the following may be applicable under the terms of your health plan coverage. Where applicable you will be held financially responsible to reimburse Riverside Medical Clinic for the following service(s), device, supply and/or equipment or the health plan requires a higher copayment or patient out of pocket responsibility:

- Cosmetic Service
- Non-Covered Service, Supply, Device or Equipment
- Diagnosis (reason for visit) could be excluded or result in a higher out of pocket to the patient
- A copay or higher out of pocket could be accessed.
- Prior - Authorization has not been obtained, patient elected to proceed with service
- Eligibility could not be verified and/or obtained at the time of service.

Riverside Medical Clinic cannot assume financial responsibility or risk for what your coverage or benefits exclude and are deemed patient responsibility.

ALBERTO Hernandez
Member or Legal Representative (please print)

Date: 8-1-22

Alberto Hernandez
Signature of Member or Legal Representative

Date: _____

525-782 (2/16)

Scan on 8/1/2022 12:00 PM by Elizabeth SC Reyes (below)



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Patient Acknowledgement Form

MRN: 1015723 NAME: Alberto Hernandez
DOB: 10/10/1964 AGE: 57 y.o. SEX: male
PH: 951-847-6991 DATE: 8/1/2022 5:59 AM
PROVIDER: Subbu Nagappan, MD

As a Patient/Parent/Conservator/Guardian of Riverside Medical Clinic I acknowledge that the following information has been discussed and made available to me:

- A.H. (Initial) Consent to Use and Disclose Protected Health Information (Document)
- A.H. (Initial) Authorization to Contact Information (Document)
- A.H. (Initial) Notice of Privacy Practices Patient Acknowledgement (Document and Brochure)
- A.H. (Initial) Patient Rights and Responsibilities (Brochure)
- A.H. (Initial) Advance Healthcare Directive (18 yrs and older) (Brochure)
- A.H. (Initial) My Healthy Connection (Brochure)
- A.H. (Initial) Health Information Exchange (Brochure)
- A.H. (Initial) California Immunization Registry (CAIR) Notice (Document)
- A.H. (Initial) Surgery Center Brochure (regarding ownership)

Assignment of Insurance Benefits, General Consent and Information Verification

My signature below hereby authorizes my insurance company(ies) to pay for all medical services rendered. I understand that I am financially responsible for all charges not covered by my insurance company. I authorize release of medical information to said insurance company(ies). Additionally, my signature provides willing consent to procedures which may be performed, including emergency treatment or services, and which may include but is not limited to, laboratory procedures, x-ray exams, medical or surgical treatment or procedures, anesthesia, vaccinations, or services rendered to the patient under the general and special instructions of the patient's physician or his designate.

I understand that a missed appointment may be subject to a charge if 24 hour prior notice is not given and that all returned checks will be subject to a \$20 processing fee. Failure to replace and pay all returned checks and the processing fee could result in the item being turned over to the District Attorney's Office.

Alberto Hernandez 8-1-22
Signature Date If Not Patient, Relationship

For Office Use: Once form is completed, scan into the electronic registration documents table and destroy original.

100-227 (1/18)

Scan on 8/5/2022 7:49 AM by Roberta Ramirez: 07/07/2022 EDD / Disability Form (below)



RIVERSIDE MEDICAL
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3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

DISABILITY INSURANCE
PO BOX 60006
CITY OF INDUSTRY CA 91716-0006

MRN:
1015723



2547A08121

Mailing Date

RETURN TO: ----->

DISABILITY INSURANCE
PO BOX 989478
WEST SACRAMENTO CA 95798-9478

06-23-2022

SUBBU NAGAPPAN
7117 BROCKTON AVE
RIVERSIDE CA 92506-2658



(800) 480-3287

PATIENT NAME - ALBERTO C HERNANDEZ
BIRTH DATE - 10-10-1964
PATIENT FILE NUMBER -

REQUEST FOR ADDITIONAL MEDICAL INFORMATION

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED
1604541876	DI-1010-241-159	XXX-XX-2281	05-20-2022

For faster processing, you may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to the Employment Development Department (EDD). When completing this form, **PLEASE PRINT WITH BLACK INK.**

Additional medical information is required to determine your patient's eligibility for Disability Insurance benefits. For the following questions, please provide information regarding the extent of your patient's disability. (Basis: Section 2708(e), California Unemployment Insurance Code.)

Please provide the information requested within 7 days of the above mailing date.

Thank you,
Medical Director



1604541876

DE 2547A Rev. 3 (8-12)



DI1010241159

Page 1 of 2

CU



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

For Official Use Only	
EDDCAN	1604541876
CLAIM ID	DH1010241159
SSN/ECN	XXX-XX-2281
CED	05-20-2022

I have attended the patient for the present medical disability from: 05/19/2022 to 08/29/2022
MM/DD/YYYY MM/DD/YYYY

at intervals of: Daily Weekly Monthly

First date your patient was unable to perform his/her regular or customary work: 05/24/2022
MM/DD/YYYY

What is (are) the ICD code(s) for the diagnosis(es) provided?

ICD Code:	Code Version		DX:
	9	10	
K80.20		<input checked="" type="checkbox"/>	Gallstones

What is (are) the diagnosis(es) for the ICD code(s) provided?

ICD Code:	Code Version		DX:
	9	10	

What is the current estimated date of recovery or the date your patient will be able to perform his/her regular or customary work? 08/29/2022 ("Unknown" or "indefinite" are not acceptable responses.)
MM/DD/YYYY

Would the disclosure of this information to your patient be medically or psychologically detrimental to your patient? Yes No

Sign: [Signature] Date: 7/7/22
Subbu Narappan 951-782-3051
PLEASE PRINT NAME PHONE NUMBER

Specialty, if any: General Surgery



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MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

DISABILITY INSURANCE
PO BOX 60006
CITY OF INDUSTRY CA 91716-0006

MRN
1015723.



2547D10161

Mailing Date

RETURN TO: --->

DISABILITY INSURANCE
PO BOX 989478
WEST SACRAMENTO CA 95798-9478

07-12-2022

ALBERTO C HERNANDEZ
11673 HUMMINGBIRD PL
MORENO VALLEY CA 92557-6161



(800) 480-3287

REQUEST FOR MEDICAL INFORMATION/PETICIÓN PARA OBTENER INFORMACIÓN MÉDICA

EDD Customer Account Number (EDDCAN)	CLAIM ID	SSN/ECN	CED
1604541876	DI-1010-241-159	XXX-XX-2281	05-20-2022

Claimant Instructions: To avoid a delay in issuing any Disability Insurance payment(s) to you, please have your current physician/practitioner complete this form and return it to us as soon as possible.

Instrucciones para el Solicitante: Este formulario contiene preguntas sobre su caso médico que solamente su doctor médico/profesional (médico) debe contestar. Para evitar un retraso en recibir su pago de beneficios del Seguro de Discapacidad (DI), por favor pídale al doctor médico/profesional (médico) quien lo atiende actualmente, que complete este formulario lo más pronto posible. Usted o su doctor médico/profesional (médico) pueden devolver este formulario a la oficina del Seguro de Discapacidad (DI) a la dirección indicada arriba.

Physician/Practitioner Instructions: For faster processing, the physician/practitioner may complete and submit this form online at www.edd.ca.gov. If this form is submitted online, you do not have to mail this form back to the Employment Development Department (EDD). When completing this form, **PLEASE PRINT WITH BLACK INK.**

- I attended the patient for the present medical problem From: 05/19/2022 To: 08/29/2022
MM/DD/YYYY MM/DD/YYYY
At intervals of: Weekly Bi-Weekly Monthly
- Diagnosis (REQUIRED): Gallstones
ICD Disease Code, Primary (REQUIRED): K80.20 ICD Disease Code, Secondary: _____
Findings (state nature, severity and bodily extent of the incapacitating disease or injury): _____
Type of treatment and/or medication rendered to patient: Surgery
History: _____
- Diagnosis confirmed by (specify type of test or X-ray): CT Abdomen pelvis
- Is this patient now pregnant or has she been pregnant since the date of treatment as reported above? Yes No
If "Yes," date pregnancy terminated or future EDC: _____ MM/DD/YYYY Is pregnancy normal? Yes No
If "No," state the abnormal and involuntary complication causing maternal disability: _____



1604541876



DI1010241159

DE 2547D3 Rev. 25 (10-16)

CU



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

For Official Use Only
EDDCAN 1604541876
CLAIM ID D11010241159
SSN/ECN XXX-XX-2281
CED 05-20-2022

5. Surgery: Date performed or to be performed: 08/10/2022
MM/DD/YYYY
Type of surgery: laparoscopic cholecystectomy
ICD Procedure Code (REQUIRED): E80.20
6. Has the patient at any time during your attendance for this medical problem been incapable of performing his/her regular work?
Yes No If "Yes," the disability commenced on: 05/19/2022
MM/DD/YYYY
7. APPROXIMATE date, based on your examination of patient, disability (if any) should end or has ended sufficiently to permit the patient to resume regular or customary work. Even if considerable question exists, make SOME "estimate." 08/29/2022
MM/DD/YYYY
This is a requirement of the code, and claim will be delayed if such date is not entered. "Indefinite" or "don't know" will not suffice.
 Check here to indicate patient's disability is permanent and you never anticipate releasing patient to return to his/her regular or customary work.
8. Based on your examination of patient, is this disability the result of "occupation" either as an "industrial accident" or as an "occupational disease?" (This should include aggravation of pre-existing conditions by occupation.) Yes No
9. Have you reported this OR A CONCURRENT DISABILITY to any insurance carrier as a Workers' Compensation claim?
Yes No If "Yes," to whom? _____
10. Was or is patient confined as a registered bed patient in a hospital? Yes No
Was patient treated in the surgical unit of a hospital or surgical clinic? Yes No
If "Yes," please provide name and address: BMC Surgery Center

11. Date and hour entered as a registered bed patient and discharged from such hospital pursuant to your orders:

ENTERED		STILL CONFINED		DISCHARGED	
on	at	on	at	on	at
MM/DD/YYYY	AM PM	MM/DD/YYYY	AM PM	MM/DD/YYYY	AM PM

12. Would the disclosure of this information to your patient be medically or psychologically detrimental to the patient? Yes No

Physician/Practitioner's Certification:
I certify under penalty of perjury that the patient is unable to perform his/her regular or customary work because of the listed disabling condition(s). I have performed a physical examination and/or treated the patient. I am authorized to certify a patient disability or serious health condition pursuant to California Unemployment Insurance Code Section 2708.

M.D.
(TYPE OF PHYSICIAN/PRACTITIONER)
General Surgery
(SPECIALTY, IF ANY)

licensed to practice by the State of CA 6070352

Sugan NACAPPA
Print or type physician/practitioner name as shown on license
7117 Brackett Ave Riverside 92506
No. and Street City Zip Code
6070352 951-782-3051
State License No. Phone No. Date of Signing

Under Section 2116 of the California Unemployment Insurance Code, it is a violation for any individual who, with the intent to defraud, falsely certifies the medical condition of any person in order to obtain disability insurance benefits, whether for the maker or for any other person and is punishable by imprisonment and/or a fine not exceeding twenty thousand dollars. Section 1143 requires additional administrative penalties.

Medical certifications must be completed by a licensed physician or practitioner authorized to certify a patient's disability/serious health condition pursuant to California Unemployment Insurance Code Section 2708.

DE 2547D3 Rev. 25 (10-16)

Scan on 8/5/2022 11:25 AM by Roberta Ramirez: 07/18/2022 S. Calif. Soft Drink Teamsters Hlth. & Welfare / Temporary Total Disability (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

MR# 1015723

**Southern California Soft Drink Industry and Teamsters Health & Welfare Fund
Temporary Total Disability**

Return completed form to:

Southern California Soft Drink Industry and Teamsters Health and Welfare Fund
PO Box 1318
West Covina, CA 91793

Trust Fund Phone #: (626) 646-1076
Toll Free #: (855) 866-0941
Fax #: (626) 262-4719

Part I - To be completed by PARTICIPANT (Each question must be fully answered)

- Name: ALBERTO Hernandez 2. Birth date: 10-10-64 SSN: 612-24-2281
Street: 11673 Hummingbird Pl 3. Last date of work before disability: MAY 19-22
City and State: MORENO VALLEY CA 92557 Zip code: _____ Member's Phone#: 951-847-6891
- My disability is _____
Injury? _____
Illness? Gallbladder Stone
- It happened: Date 5-20-22 at Work? _____
Time _____ At Home? _____
- How did it happen? abdominal pain
- Job Description? Loaden

To Physicians, Hospitals and Other Institutions: I hereby authorize you by this form (or by photographic copy hereof) to give Southern California Soft Drink Industry and Teamsters Health and Welfare Fund any information you have regarding my medical history and physical condition. I certify the above answers are true and complete to the best of my knowledge and belief.

Dated 7-15-22 Mr. _____ Mrs. _____ Miss _____ Alberto Hernandez
SIGNATURE - Please Do Not Print

Part II - ATTENDING PHYSICIAN'S STATEMENT

- Nature of sickness or injury/ICD9 (Describe complications if any) K80.20 Gallstones
- Was this sickness or injury caused by patient's employment? Yes _____ No
Illness? Injury? _____
Was it aggravated by Patient's employment? If "Yes" explain _____
- Nature of surgical procedure, if any/CPT (Describe fully) Laparoscopic cholecystectomy
47502
- Date performed: 8/1/2022
- Give dates of treatments:
FIRST CONSULTATION Office: 5/24/22 OTHER CONSULTATIONS DURING THIS PERIOD OF DISABILITY _____
Hospital _____
- The patient has been continuously disabled (unable to work): From 05/19/22
Through (if unsure give tentative date) 08/29/22
If still disabled, when should patient be able to return to work? 08/29/22
- Remarks
Date 7/18/22 Physician's Name (Print) Subbu Nagappan Degree MD
Physician's Signature [Signature]
Address 7117 Brockton Ave Riverside CA 92506
Physician's Phone Number 951-282-3051

Revised 1/15/13

Document on 8/13/2022 12:03 PM by Subbu Nagappan, MD: After Visit Summary (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723 8/11/2022 7:30 AM Main General Surgery 951-683-6370

Instructions from Subbu Nagappan, MD

Return if symptoms worsen or fail to improve.

Today's Visit



You saw Subbu Nagappan, MD on Thursday August 11, 2022. The following issue was addressed: Gallstones.

What's Next

<p>SEP 27 2022</p>	<p>Specialty Estab Patient with Joseph Quan, MD Tuesday September 27 2:30 PM (Arrive by 2:15 PM)</p>	<p>Main Cardiology 7117 BROCKTON AVE RIVERSIDE CA 92506 951-683-6370</p>
----------------------------	--	---

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: MM9VM-8TN4K-K7VRM. Activation code expires 8/31/2022.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of August 11, 2022 11:59 PM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet take 1 tablet by mouth once daily
Commonly known as: LIPITOR

* **Dapagliflozin Propanediol 10 MG Tabs** Take 1 tablet by mouth daily.

* **Farxiga 10 MG Tabs** Take 10 mg by mouth daily.
Generic drug: Dapagliflozin Propanediol

hydrocodone-acetaminophen 5-325 MG per tablet Take 1 tablet by mouth every 6 (six) hours as needed
Commonly known as: Norco for Pain.

isosorbide mononitrate 30 MG 24 hr tablet Take 1 tablet by mouth in the morning.
Commonly known as: IMDUR

losartan 25 MG tablet Take 12.5 mg by mouth.
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 1 tablet by mouth daily.
Commonly known as: TOPROL-XL

nitroGLYCERIN 0.4 MG SL tablet Place 1 tablet under the tongue every 5 (five) minutes
Commonly known as: Nitrostat as needed for Chest pain.

omeprazole 20 MG capsule Take 20 mg by mouth in the morning.
Commonly known as: PRILOSEC

spironolactone 25 MG tablet Take 25 mg by mouth daily.
Commonly known as: ALDACTONE

Ticagrelor 90 MG Tabs Take 1 tablet by mouth 2 (two) times daily.

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021
Influenza Vaccine (1)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

👥 Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.

<https://www.surveymonkey.com/r/R9FYC25?NPI=1285616185>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™


Order (continued)



AFTER VISIT SUMMARY

Alberto Hernandez MRN: 1015723 8/25/2022 9:45 AM Main General Surgery 951-683-6370

Instructions from Subbu Nagappan, MD
Off work for two more weeks

 Return if symptoms worsen or fail to improve.

Today's Visit



You saw Subbu Nagappan, MD on Thursday August 25, 2022. The following issue was addressed: Gallstones.

What's Next

<p>SEP 27 2022</p>	<p>Specialty Estab Patient with Joseph Quan, MD Tuesday September 27 2:30 PM (Arrive by 2:15 PM)</p>	<p>Main Cardiology 7117 BROCKTON AVE RIVERSIDE CA 92506 951-683-6370</p>
----------------------------	--	---

My Healthy Connection Sign-Up
Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.
Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: MM9VM-8TN4K-K7VRM. Activation code expires 8/31/2022.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

Your Medication List as of August 25, 2022 12:18 PM

ⓘ Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin

atorvastatin 80 MG tablet take 1 tablet by mouth once daily
Commonly known as: LIPITOR

* **Dapagliflozin Propanediol 10 MG Tabs** Take 1 tablet by mouth daily.

* **Farxiga 10 MG Tabs** Take 10 mg by mouth daily.
Generic drug: Dapagliflozin Propanediol

hydrocodone-acetaminophen 5-325 MG per tablet Take 1 tablet by mouth every 6 (six) hours as needed
Commonly known as: Norco for Pain.

isosorbide mononitrate 30 MG 24 hr tablet Take 1 tablet by mouth in the morning.
Commonly known as: IMDUR

losartan 25 MG tablet Take 12.5 mg by mouth.
Commonly known as: COZAAR

metoprolol 50 MG 24 hr tablet Take 1 tablet by mouth daily.
Commonly known as: TOPROL-XL

nitroGLYCERIN 0.4 MG SL tablet Place 1 tablet under the tongue every 5 (five) minutes
Commonly known as: Nitrostat as needed for Chest pain.

omeprazole 20 MG capsule Take 20 mg by mouth in the morning.
Commonly known as: PRILOSEC

spironolactone 25 MG tablet Take 25 mg by mouth daily.
Commonly known as: ALDACTONE

Ticagrelor 90 MG Tabs Take 1 tablet by mouth 2 (two) times daily.

⚠ * This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📅 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	10/11/2021	5/11/2021, 4/20/2021
Influenza Vaccine (1)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

👥 Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

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<https://www.surveymonkey.com/r/R9FYC25?NPI=1285616185>

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Legendary Care™

Order (continued)

**Southern California Soft Drink Industry and Teamsters Health & Welfare Fund
Temporary Total Disability**

Return completed form to:

Southern California Soft Drink Industry and Teamsters Health and Welfare Fund
PO Box 1318
West Covina, CA 91793

Trust Fund Phone #: (626) 646-1076
Toll Free #: (855) 866-0941
Fax #: (626) 262-4719

Part I - To be completed by PARTICIPANT (Each question must be fully answered)

- Name: ALBERTO Hernandez 2. Birth date: 10-10-64 SSN: 612-24-2281
Street: 11623 Humminskind Pl 3. Last date of work before disability: 5-19-22
City and State: Morano Valley CA Zip code: 92557 Member's Phone#: 951-847-6991
- My disability is _____ Injury? _____
Illness? Small Bladder Stone
- It happened: Date _____ at Work? _____
Time _____ At Home? _____
- How did it happen? _____
- Job Description? _____

To Physicians, Hospitals and Other Institutions: I hereby authorize you by this form (or by photographic copy hereof) to give Southern California Soft Drink Industry and Teamsters Health and Welfare Fund any information you have regarding my medical history and physical condition.

I certify the above answers are true and complete to the best of my knowledge and belief.

Date: 8-29-22 Mr. Mrs. _____ Miss _____ Alberto Hernandez
SIGNATURE - Please Do Not Print

Part II - ATTENDING PHYSICIAN'S STATEMENT

- Nature of sickness or injury/ICD9 (Describe complications if any) K80.20 - Gallstones
- Was this sickness or injury caused by patient's employment? Yes _____ No
Illness? _____ Injury? _____
Was it aggravated by Patient's employment? If "Yes" explain _____
- Nature of surgical procedure, if any/CPT (Describe fully) _____
- Date performed: 8/1/22
- Give dates of treatments:
FIRST CONSULTATION Office: 5/24/22 OTHER CONSULTATIONS DURING THIS PERIOD OF DISABILITY _____
Hospital _____
- The patient has been continuously disabled (unable to work): From 5/19/22
Through (if unsure give tentative date) 9/12/22
If still disabled, when should patient be able to return to work? 9/12/22
- Remarks
Date: 09/01/22 Physician's Name (Print) Subbu Nagappan Degree M.D.
Physician's Signature: [Signature]
Address: 7117 Brockton Ave. Riverside, CA 92506
Physician's Phone Number: 951-782-3651

Revised 1/15/13

Scan on 9/7/2022 9:18 AM by Roberta Ramirez: 09/01/2022 Reyes Coca-Cola Bottling / Documentation of Disability (below)



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Documentation of Disability

Reasonable Accommodation

Please Print

SECTION 1 ----- To be completed by the Employee		
Note: In order to evaluate your accommodation request, please return the completed form to:		
Employee Name: <i>ALBERTO Hernandez</i>	Phone Number: <i>951-847-6991</i>	Employee's Position & Facility: <i>Logden - RANCHO</i>
Employee Signature: <i>Alberto Hernandez</i>	Date signed: <i>8-25-22</i>	
SECTION 2 ----- To be completed Healthcare Provider treating your disability		
1. What is the physical or mental impairment for which you are treating the employee and for which an accommodation is being requested? NOTE: THE HEALTH CARD PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE CONSENT OF THE PATIENT		
2. What is the expected duration of the condition?		
<input type="checkbox"/> Less than 90 days Expected Duration? _____ <input checked="" type="checkbox"/> 90 days or more Expected Duration? <u>9/12/22</u> <input type="checkbox"/> Permanent Additional Comments _____		
3. What "major life activities" are affected?		
<input type="checkbox"/> Caring for oneself <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input type="checkbox"/> Bending <input checked="" type="checkbox"/> Working <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> Lifting <input type="checkbox"/> Reaching <input type="checkbox"/> Cognitive/Learning <input type="checkbox"/> Eating <input type="checkbox"/> Bodily Functions <input type="checkbox"/> Other: _____		
4. Describe the extent to which each life activity is affected including any job-related limitations:		
5. If possible, describe the accommodation that may be needed for this employee to perform his/her job.		
6. <input type="checkbox"/> Yes <input type="checkbox"/> No Can this employee perform the job (based on the submitted job description) without risk of harm to self or other(s)?		
<u>If No, please explain:</u>		

Revised 3/2011
TMS - EJ



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Documentation of Disability
Reasonable Accommodation

Additional Comments:		
SECTION 3 ----- Treating Healthcare Provider Information and Signature		
Type of Practice (Field of specialization, if any): <i>General Surgery</i>	Office Telephone #: <i>951-782-3651</i>	Office Fax #: <i>951-784-3200</i>
Print name of Health Care Professional: <i>Subbu Nagappan</i>	Health Care Professional Signature: <i>[Signature]</i>	
Address: <i>7117 BROOKTON AVE. RIVERSIDE, CA 92506</i>	Date Signed: <i>9/1/22</i>	

NOTES to Treating Healthcare Professional:

Please fax this form to:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" is defined by GINA as including an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Revised 3/2011
TMS - EJ

Scan on 9/7/2022 9:19 AM by Roberta Ramirez: 08/5/2022 Reyes Coca Cola Bottling / Auth. To Release and Receive Med. Info (below)

Printed on 4/4/23 9:57 AM

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00513



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



AUTHORIZATION TO RELEASE AND RECEIVE MEDICAL INFORMATION

AUTHORIZATION: I authorize the disclosure and use of my individually identifiable health information below by any physician, health care provider, agency or medical facility ("Provider") to Reyes Coca-Cola Bottling, LLC ("the Company"), and its authorized agents and representatives as described below. I understand that I am not required to sign this form to receive my health care benefits (enrollment, treatment or payment).

This authorization is limited to information regarding any physical or mental limitation(s) I may have which may affect my ability to perform my position at the Company. Specifically, I authorize the Provider(s) listed below to consult with the Company and release any medical information concerning the extent to which my physical or mental condition(s) constitutes a disability, my ability to perform my position, and consideration for possible reasonable accommodation. The Company will use this information to determine whether my physical or mental condition(s) constitutes a disability, my ability to perform the essential functions of my position, and possible reasonable accommodation.

PROVIDERS AUTHORIZED TO RELEASE INFORMATION (please print):

DURATION: This authorization shall be effective as of the date of my signature and shall continue in full force and effect for one year thereafter, unless a shorter duration is required by applicable state law.

REVOCAION: This authorization may be revoked at any time prior to its expiration date by notifying the persons/organizations providing the information in writing, but the revocation will not have any effect on actions that the Provider(s) took before it received the revocation.

IMPORTANT INFORMATION: I understand that the information that is used or disclosed pursuant to this authorization may be re-disclosed by the receiving entity. I have the right to seek assurances from the Company that they will not re-disclose the information to any other party without my permission. A copy of this authorization shall be as valid as the original. I understand that I have a right to receive a copy of this authorization.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



EMPLOYEE INFORMATION:

First Name (Print):	ALBERTO	Last Name:	Hernandez
Street Address:	11673 Hummingbird PL		
City, State and Zip:	MARCANO VALLEY CA. 92557		
Telephone:	951-847-6991		
RCCB Facility Location:	RANCHO Cucamonga		
Last Day Worked:		First Day Away From Work:	

EMPLOYEE CERTIFICATION

I certify that I authorize the disclosure of my health information by the above-referenced healthcare provider(s) to the Company as set forth in this document. I further certify that I authorize the Company to use such health information disclosed by my healthcare provider(s) for the purposes set forth in this document.

EMPLOYEE SIGNATURE:	DATE:
<i>Alberto Hernandez</i>	8-29-22
EMPLOYEE NAME (PRINTED):	
ALBERTO Hernandez	

*Please return this completed form to Human Resources.

IMPORTANT NOTE TO PROVIDER: The Genetic Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting, or requiring, genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)



an embryo lawfully held by an individual or family member receiving assistive reproductive services.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)



REASONABLE ACCOMMODATION REQUEST FORM
(To Be Completed by Employee)

Employee/Applicant Information

Employee Name ALBERTO Hernandez Badge/Employee ID # 114330
 Department Warehouse Position Leader
 Supervisor/ Manager Regina Villarsal Facility/Work Location RANCHO Cucamonga

Accommodation Information

Employee: Reyes Coca-Cola Bottling is committed to providing reasonable accommodation to qualified individuals with disabilities when needed to enable full participation in the pre-employment selection process and/or perform the functions of the job satisfactorily and safely. To request an accommodation, please complete this form and return it to Human Resources. Reyes Coca-Cola Bottling policy is to treat the information you provide as confidential and to use it only in compliance with applicable law. The information requested is needed to enable Reyes Coca-Cola Bottling to better understand your needs.

1. Please describe the physical or mental limitation(s) that affect your ability to perform one or more of the functions of your job (or of the job for which you are applying or your ability to complete the selection process) and the life activities (e.g., lifting, standing, walking, seeing) that are affected by the limitation(s) and how. In describing how the limitation(s) impacts one or more of your life activities, include any restrictions imposed by your doctor. Please note that when identifying your limitation(s), do not reveal your medical diagnosis or symptoms; rather, state only the actual limitation (for example, cannot lift above a certain weight limit, etc).

Knee/Bladder Surgery

2. Describe the job function or functions (or portion of the job selection process) affected by the physical or mental limitation(s).

LIFTING



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



3. Describe the specific action(s), changes, equipment, assistance or modifications that you are requesting as an accommodation. Be as specific as possible.

4. Explain how the accommodation(s) you are requesting will enable you to perform the functions of your job (or complete the selection process). Be as specific as possible.

need Surgery REST

Acknowledgement

I understand that I may be required to provide appropriate documentation of my limitation(s), including its/their impact on my ability to perform the essential functions of my job. That documentation may include providing to Reyes Coca-Cola Bottling certain medical information in accordance with applicable law. I certify that the information provided by me is true and correct.

Employee: *Alberto Hernandez*
(Signature)

Date: *8-25-22*



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

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Order (continued)

Claim for Disability Insurance (DI) Benefits -
Physician/Practitioner's Certificate
PLEASE PRINT WITH BLACK INK.



2501S04195

PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE	
B1. PATIENT'S SOCIAL SECURITY NUMBER 012242281	B2. PATIENT'S FILE NUMBER
B3. IF YOU KNOW THE PATIENT'S ELECTRONIC RECEIPT NUMBER, ENTER IT HERE: R	B4. PATIENT'S DATE OF BIRTH 10101964
B5. PATIENT'S NAME (FIRST) (MI) (LAST) Alberto C Hernandez	
B6. PHYSICIAN/PRACTITIONER'S LICENSE NUMBER A070352	B7. STATE OR COUNTRY (IF NOT U.S.A.) THAT ISSUED LICENSE NUMBER ENTERED IN B6 STATE CA COUNTRY
B8. PHYSICIAN/PRACTITIONER LICENSE TYPE MD	B9. SPECIALTY (IF ANY) General Surgery
B10. PHYSICIAN/PRACTITIONER'S NAME AS SHOWN ON LICENSE (FIRST) (MI) (LAST) SUFFIX Subban Nagaappan	
B11. PHYSICIAN/PRACTITIONER'S ADDRESS MAILING ADDRESS, PO BOX OR NUMBER/STREET/SUITE# 7117 BROCKTON AVE CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.) Riverside CA 92506 COUNTY HOSPITAL/GOVERNMENT FACILITY ADDRESS FACILITY NAME (IF APPLICABLE) FACILITY ADDRESS, NUMBER/STREET/SUITE# CITY STATE ZIP OR POSTAL CODE COUNTRY (IF NOT U.S.A.)	
B12. THIS PATIENT HAS BEEN UNDER MY CARE AND TREATMENT FOR THIS MEDICAL PROBLEM FROM 05242022 TO 09122022 <input type="checkbox"/> CHECK HERE TO INDICATE YOU ARE STILL TREATING THE PATIENT AT INTERVALS OF: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input checked="" type="checkbox"/> AS NEEDED <input type="checkbox"/> OTHER	
B13. AT ANY TIME DURING YOUR ATTENDANCE FOR THIS MEDICAL PROBLEM, HAS THE PATIENT BEEN INCAPABLE OF PERFORMING HIS/HER REGULAR OR CUSTOMARY WORK? <input checked="" type="checkbox"/> YES - ENTER DATE DISABILITY BEGAN 05192022 <input type="checkbox"/> NO - SKIP TO B33 WAS THE DISABILITY CAUSED BY AN ACCIDENT OR TRAUMA? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, INDICATE THE DATE THE ACCIDENT OR TRAUMA OCCURRED.	
B14. DATE YOU RELEASED OR ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK ("UNKNOWN", "INDEFINITE", ETC., NOT ACCEPTABLE) 09122022 <input type="checkbox"/> CHECK HERE TO INDICATE PATIENT'S DISABILITY IS PERMANENT AND YOU NEVER ANTICIPATE RELEASING PATIENT TO RETURN TO HIS/HER REGULAR OR CUSTOMARY WORK	
B15. IF PATIENT IS NOW PREGNANT OR HAS BEEN PREGNANT, PLEASE CHECK THE APPROPRIATE BOX AND ENTER THE FOLLOWING. ESTIMATED DELIVERY DATE: DATE PREGNANCY ENDED: TYPE OF DELIVERY, IF PATIENT HAS DELIVERED: <input type="checkbox"/> VAGINAL <input type="checkbox"/> CESAREAN	

DE 2501/S Rev. 80 (4-19)

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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



2501S04197

PART B - PHYSICIAN/PRACTITIONER'S CERTIFICATE - CONTINUED

B25. PLEASE RE-ENTER PATIENT'S SOCIAL SECURITY NUMBER 012242281

B26. WAS THE PATIENT SEEN PREVIOUSLY BY ANOTHER PHYSICIAN/PRACTITIONER OR MEDICAL FACILITY FOR THE CURRENT DISABILITY/ILLNESS/INJURY?
 YES NO UNKNOWN IF YES, WHAT WAS THE DATE OF FIRST TREATMENT?

B27. DATE AND TYPE OF SURGERY/PROCEDURE MOST RECENTLY PERFORMED OR TO BE PERFORMED
08012022 LAPAROSCOPIC CHOLECYSTECTOMY
 WAS THE PATIENT UNABLE TO WORK IMMEDIATELY PRIOR TO THE SURGERY OR PROCEDURE? YES NO
 IF YES, PLEASE PROVIDE THE FIRST DATE THE PATIENT WAS UNABLE TO WORK BEFORE THE SURGERY OR PROCEDURE
05192022

B28. ICD PROCEDURE CODE(S): ICD-9 ICD-10
K80.20
 CPT CODE(S) (DO NOT INCLUDE MODIFIERS):
47502

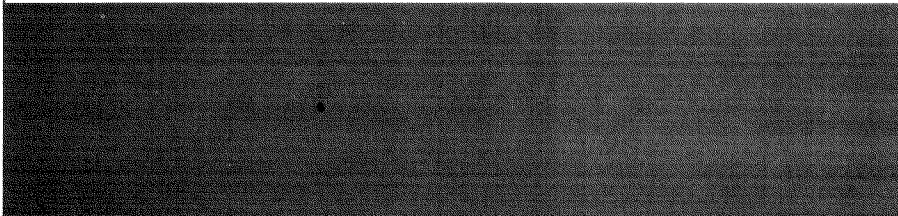
B29. WAS THIS DISABLING CONDITION CAUSED AND/OR AGGRAVATED BY THE PATIENT'S REGULAR OR CUSTOMARY WORK? YES NO

B30. ARE YOU COMPLETING THIS FORM FOR THE SOLE PURPOSE OF REFERRAL/RECOMMENDATION TO AN ALCOHOLIC RECOVERY HOME OR DRUG-FREE RESIDENTIAL FACILITY AS INDICATED BY THE PATIENT IN QUESTION A30? YES NO

B31. DATE YOUR PATIENT BECAME A RESIDENT OF A DRUG OR ALCOHOL FACILITY (IF KNOWN):

B32. WOULD DISCLOSURE OF THE INFORMATION ON THIS FORM BE MEDICALLY OR PSYCHOLOGICALLY DETRIMENTAL TO YOUR PATIENT? YES NO

B33. PHYSICIAN/PRACTITIONER'S: I CERTIFY UNDER PENALTY OF PERJURY THAT THE PATIENT IS UNABLE TO PERFORM HIS/HER REGULAR OR CUSTOMARY WORK BECAUSE OF THE LISTED DISABLING CONDITION(S). I HAVE PERFORMED A PHYSICAL EXAMINATION AND/OR TREATED THE PATIENT. I AM AUTHORIZED TO CERTIFY A PATIENT DISABILITY OR SERIOUS HEALTH CONDITION PURSUANT TO CALIFORNIA UNEMPLOYMENT INSURANCE CODE SECTION 2708.



PHYSICIAN/PRACTITIONER'S ORIGINAL SIGNATURE - RUBBER STAMP IS NOT ACCEPTABLE [Signature] DATE SIGNED 09012022 AREA CODE/PHONE NUMBER 951 7723651

UNDER SECTIONS 2116 AND 2122 OF THE CALIFORNIA UNEMPLOYMENT INSURANCE CODE, IT IS A VIOLATION FOR ANY INDIVIDUAL WHO, WITH INTENT TO FRAUD, FALSELY CERTIFIES THE MEDICAL CONDITION OF ANY PERSON IN ORDER TO OBTAIN DISABILITY INSURANCE BENEFITS, WHETHER FOR THE MAKER OR FOR ANY OTHER PERSON, AND IS PUNISHABLE BY IMPRISONMENT AND/OR A FINE NOT EXCEEDING \$20,000. SECTION 1143 REQUIRES ADDITIONAL ADMINISTRATIVE PENALTIES.



Document on 9/27/2022 11:43 AM by Joseph Quan, MD: After Visit Summary (below)



RIVERSIDE MEDICAL
CLINIC, LLC
3660 ARLINGTON AVENUE
RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723

9/27/2022 10:15 AM Brockton Cardiology 951-683-6370

Instructions from Joseph Quan, MD

Lexiscan to rule out stress ischemia
Cardiology follow up in 6 weeks
Continue current medical treatment and risk factor modification.



Return in about 6 weeks
(around 11/8/2022).

What's Next

You currently have no upcoming appointments scheduled.

Today's Visit



You saw Joseph Quan, MD on
Tuesday September 27, 2022.
The following issues were
addressed:

- Heart disease due to blocked artery
- Old MI (myocardial infarction)
- Status post coronary artery stent placement
- Heart failure
- Recurrent chest pain



Blood Pressure
102/69



BMI
23.30



Weight
140 lb



Height
5' 5"



Pulse
65

My Healthy Connection Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://myhealthyconnection.riversidemedicalclinic.com/mychart/>, click "Sign Up Now", and enter your personal activation code: 2XW9B-V4BM5-NQ9H8. Activation code expires 10/27/2022.



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Order (continued)

Your Medication List as of September 27, 2022 11:43 AM

ⓘ Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet

Generic drug: aspirin

atorvastatin 80 MG tablet

Commonly known as: LIPITOR

take 1 tablet by mouth once daily

* Dapagliflozin Propanediol 10 MG Tabs

Take 1 tablet by mouth daily.

* Farxiga 10 MG Tabs

Generic drug: Dapagliflozin Propanediol

Take 10 mg by mouth daily.

hydrocodone-acetaminophen 5-325 MG per tablet

Commonly known as: Norco

Take 1 tablet by mouth every 6 (six) hours as needed for Pain.

isosorbide mononitrate 30 MG 24 hr tablet

Commonly known as: IMDUR

Take 1 tablet by mouth in the morning.

losartan 25 MG tablet

Commonly known as: COZAAR

Take 12.5 mg by mouth.

metoprolol 50 MG 24 hr tablet

Commonly known as: TOPROL-XL

Take 1 tablet by mouth daily.

nitroGLYCERIN 0.4 MG SL tablet

Commonly known as: Nitrostat

Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.

omeprazole 20 MG capsule

Commonly known as: PRILOSEC

Take 20 mg by mouth in the morning.

spironolactone 25 MG tablet

Commonly known as: ALDACTONE

Take 25 mg by mouth daily.

Ticagrelor 90 MG Tabs

Take 1 tablet by mouth 2 (two) times daily.

⚠ * This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	07/06/2021	5/11/2021, 4/20/2021
Influenza Vaccine (1)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

👥 Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
6405 DAY ST RIVERSIDE CA 92507-0901		
Jimmy Jyh-Ming Sun, MD	Otolaryngology	951-493-6920
21634 RETREAT PARKWAY CORONA CA 92883		

Tell Us How We Are Doing!

The physicians and staff at Riverside Medical Clinic need your help to ensure we are providing outstanding care and customer service. Now that your appointment is completed, please complete the Patient Satisfaction Survey by typing the link below into your browser. The link will take you to our Survey where you will be asked to answer a few questions.

<https://www.surveymonkey.com/r/R9FYC25?NPI=1174505077>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.



Legendary Care™

Order (continued)

AFTER VISIT SUMMARY



Alberto Hernandez MRN: 1015723 12/21/2022 11:30 AM Canyon Springs Adult Medicine 951-683-6370

Instructions from Margaret Song, MD



Today's medication changes

➔ **START** taking:
tramadol (Ultram)

◆ **CHANGE** how you take:
atorvastatin (Lipitor) — medication strength, how much to take, how to take this, when to take this, additional instructions

✘ **STOP** taking:
hydrocodone-acetaminophen 5-325 MG per tablet (Norco)
isosorbide mononitrate 30 MG 24 hr tablet (IMDUR)
nitroGLYCERIN 0.4 MG SL tablet (Nitrostat)
spironolactone 25 MG tablet (ALDACTONE)

Accurate as of December 21, 2022 11:55 AM.
Review your updated medication list below.



Pick up these medications at RITE AID #05725 - MORENO VALLEY, CA - 23975 IRONWOOD AVENUE atorvastatin • tramadol

Address: 23975 IRONWOOD AVENUE, MORENO VALLEY CA 92557-7153
Phone: 951-242-1742



Return if symptoms worsen or fail to improve.

Today's Visit



You saw Margaret Song, MD on Wednesday December 21, 2022 for: Back Pain.



Blood Pressure
137/79



BMI
24.03



Weight
144 lb
6.4 oz



Height
5' 5"



Pulse
80

What's Next

You currently have no upcoming appointments scheduled.

Medications You Will Be Given

SEP regadenoson (LEXISCAN)
27 Next due Tuesday September 27 (Overdue)
2022 Expected: once (1 dose remaining)



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Legendary Care™

Order (continued)

Your Medication List as of December 21, 2022 11:55 AM

Always use your most recent med list.

Aspirin Low Dose 81 MG chewable tablet
Generic drug: aspirin



atorvastatin 20 MG tablet
Commonly known as: Lipitor
Changed by: Margaret Song, MD

Take 1 tablet by mouth daily.
What changed:
• medication strength
• how much to take
• how to take this
• when to take this
• additional instructions

Farxiga 10 MG Tabs
Generic drug: Dapagliflozin Propanediol

Take 10 mg by mouth daily.

losartan 25 MG tablet
Commonly known as: COZAAR

Take 12.5 mg by mouth.

metoprolol 50 MG 24 hr tablet
Commonly known as: TOPROL-XL

Take 1 tablet by mouth daily.

omeprazole 20 MG capsule
Commonly known as: PRILOSEC

Take 20 mg by mouth in the morning.

Ticagrelor 90 MG Tabs

Take 1 tablet by mouth 2 (two) times daily.



tramadol 50 MG tablet
Commonly known as: Ultram
Started by: Margaret Song, MD

Take 1 tablet by mouth every 12 (twelve) hours as needed for Pain for up to 30 days.



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Legendary Care™

Order (continued)

📁 Preventive Care

	Date Due	Completion Dates
Pneumococcal Vaccination (1 - PCV)	Never done	---
Colorectal Cancer Screening	Never done	---
COVID-19 Vaccine (3 - Booster for Pfizer series)	07/06/2021	5/11/2021, 4/20/2021
Influenza Vaccine (1)	09/01/2022	12/7/2011, 12/7/2011, 10/30/2009

👥 Patient Care Team

Margaret M Song, MD	PCP - General, Internal Medicine	951-697-5420
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21634 RETREAT PARKWAY CORONA CA 92883		

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<https://www.surveymonkey.com/r/R9FYC25?NPI=1104074814>

Your responses will be kept confidential and will only be used to recognize excellent service or help us identify areas that need extra attention.

Scan on 1/19/2023 9:01 AM by Najat Jaber: document of disability (below)



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RIVERSIDE CA 92506-3912

Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

**Southern California Soft Drink Industry and Teamsters Health & Welfare Fund
Temporary Total Disability**

Return completed form to:
Southern California Soft Drink Industry and Teamsters Health and Welfare Fund
PO Box 1318 West Covina, CA 91793
Trust Fund Phone #: (626) 646-1076
Toll Free #: (855) 866-0941
Fax #: (626) 262-4719

Part I - To be completed by PARTICIPANT (Each question must be fully answered)

1. Name ALBERTO C. Hernandez 2. Birth date 10-10-64 SSN: 612-24-2281
 Street 11673 Hummingbird Pl 3. Last date of work before disability October 31-22
 City and State Moreno Valley CA Zip code 92557 Member's Phone# 951-847-6991
 4. My disability is back pain w/ingual roller Injury? October 19-22
 Wrist Pathness?
 5. It happened: Date October 19-22 at Work? Yes
 Time 9:30 pm At Home? No
 6. How did it happen? Billng and Lifting
 7. Job Description? Loader

To Physicians, Hospitals and Other Institutions: I hereby authorize you by this form (or by photographic copy hereof) to give Southern California Soft Drink Industry and Teamsters Health and Welfare Fund any information you have regarding my medical history and physical condition. I certify the above answers are true and complete to the best of my knowledge and belief.

Dated 12-22-22 Mr. Mrs. Miss Alberto C. Hernandez
 SIGNATURE - Please Do Not Print

Part II - ATTENDING PHYSICIAN'S STATEMENT

1. Nature of sickness or injury/ICD9 (Describe complications if any) back pain

2. Was this sickness or injury caused by patient's employment? Yes No
 Illness? Injury?
 Was it aggravated by Patient's employment? If "Yes" explain _____

3. Nature of surgical procedure, if any/CPT (Describe fully) _____

4. Date performed: _____

5. Give dates of treatments:
 FIRST CONSULTATION _____ OTHER CONSULTATIONS DURING THIS PERIOD OF DISABILITY _____
 Office _____
 Hospital _____

6. The patient has been continuously disabled (unable to work): From _____
 Through (if unsure give tentative date) _____

If still disabled, when should patient be able to return to work? _____

7. Remarks _____
 Date _____ Physician's Name (Print) _____ Degree _____
 Physician's Signature _____
 Address _____
 Physician's Phone Number _____

MARGARET M. SONG, M.D.
RIVERSIDE MEDICAL CLINIC
8405 DAY ST.
RIVERSIDE, CA 92507
P: (951) 697-5420
F: (951) 697-5567

Revised 1/15/13



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)

**Southern California Soft Drink Industry and Teamsters Health & Welfare Fund
Temporary Total Disability**

Return completed form to:
Southern California Soft Drink Industry and Teamsters Health and Welfare Fund
PO Box 1318 West Covina, CA 91793
Trust Fund Phone #: (626) 646-1076
Toll Free #: (855) 866-0941
Fax #: (626) 262-4719

Part I - To be completed by PARTICIPANT (Each question must be fully answered)

- Name: ALBERTO C. Hernandez Birth date: 10-10-64 SSN: 612-24-2281
- Street: 11673 Hummingbird Pl Last date of work before disability: October 31-22
- City and State: Morano Valley CA Zip code: 92557 Member's Phone#: 951-847-6892
- My disability is: back pain, right and left wrist, Injury? yes Illness? Pain
- It happened: Date: October 19-22 at Work? yes Time: 9:30 pm At Home? NO
- How did it happen? Pulling and Lifting
- Job Description? Loader

To Physicians, Hospitals and Other Institutions: I hereby authorize you by this form (or by photographic copy hereof) to give Southern California Soft Drink Industry and Teamsters Health and Welfare Fund any information you have regarding my medical history and physical condition. I certify the above answers are true and complete to the best of my knowledge and belief.

Dated: 12-22-22 Mr. Mrs. Miss Albert Hernandez
SIGNATURE - Please Do Not Print

Part II - ATTENDING PHYSICIAN'S STATEMENT

- Nature of sickness or injury/ICD9 (Describe complications if any) _____
- Was this sickness or injury caused by patient's employment? Yes _____ No _____
Illness? _____ Injury? _____
Was it aggravated by Patient's employment? If "Yes" explain _____
- Nature of surgical procedure, if any/CPT (Describe fully) _____
- Date performed: _____
- Give dates of treatments:
FIRST CONSULTATION _____ OTHER CONSULTATIONS DURING THIS PERIOD OF DISABILITY _____
Office _____ Hospital _____
- The patient has been continuously disabled (unable to work): From _____ Through (if unsure give tentative date) _____
If still disabled, when should patient be able to return to work? _____
- Remarks _____
Date _____ Physician's Name (Print) _____ Degree _____
Physician's Signature _____
Address _____
Physician's Phone Number _____

Revised 1/15/13



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Legendary Care™

Order (continued)



1015723

Documentation of Disability

Reasonable Accommodation

Please Print

SECTION 1 ----- To be completed by the Employee		
Note: In order to evaluate your accommodation request, please return the completed form to:		
Employee Name: <i>ALBERTO Hernandez</i>	Phone Number: <i>951-847-6991</i>	Employee's Position & Facility: <i>Loader - RAUCAB</i>
Employee Signature: <i>Alberto Hernandez</i>	Date signed: <i>12-27-22</i>	
SECTION 2 ----- To be completed Healthcare Provider treating your disability		
1. What is the physical or mental impairment for which you are treating the employee and for which an accommodation is being requested? NOTE: THE HEALTH CARD PROVIDER IS NOT TO DISCLOSE THE UNDERLYING DIAGNOSIS WITHOUT THE CONSENT OF THE PATIENT <i>back pain</i>		
2. What is the expected duration of the condition? <input type="checkbox"/> Less than 90 days Expected Duration? _____ <input checked="" type="checkbox"/> 90 days or more Expected Duration? <i>6 mo</i> + <input type="checkbox"/> Permanent Additional Comments: _____		
3. What "major life activities" are affected? <input type="checkbox"/> Caring for oneself <input type="checkbox"/> Performing manual tasks <input type="checkbox"/> Walking <input type="checkbox"/> Seeing <input type="checkbox"/> Hearing <input type="checkbox"/> Speaking <input type="checkbox"/> Breathing <input checked="" type="checkbox"/> Bending <input type="checkbox"/> Working <input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input checked="" type="checkbox"/> Lifting <input type="checkbox"/> Reaching <input type="checkbox"/> Cognitive/Learning <input type="checkbox"/> Eating <input type="checkbox"/> Bodily Functions <input type="checkbox"/> Other: _____		
4. Describe the extent to which each life activity is affected including any job-related limitations: <i>Unable to heavy lifting</i>		
5. If possible, describe the accommodation that may be needed for this employee to perform his/her job. <i>No lifting > 20 lbs</i>		
6. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Can this employee perform the job (based on the submitted job description) without risk of harm to self or other(s)? <i>Only with accommodation.</i> If No, please explain:		

Revised 3/2011
TMS - EJ



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Hernandez, Alberto
MRN: 1015723, DOB: 10/10/1964, Sex: M

Legendary Care™

Order (continued)



Documentation of Disability
Reasonable Accommodation

Additional Comments:		
SECTION 3 - Treating Healthcare Provider Information and Signature		
Type of Practice (Field of specialization, if any):	Office Telephone #:	Office Fax #:
Print name of Health Care Professional:	Health Care Professional Signature:	
Address:	MARGARET M. SONG, M.D. RIVERSIDE MEDICAL CLINIC 6405 DAY ST. RIVERSIDE, CA 92507	Date Signed: 6/16/23

NOTES to Treating Healthcare Professional:
Please fax this form to:
P: (951) 987-5420
F: (951) 987-5587

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" is defined by GINA as including an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Revised 3/2011
TMS - EJ

END OF REPORT