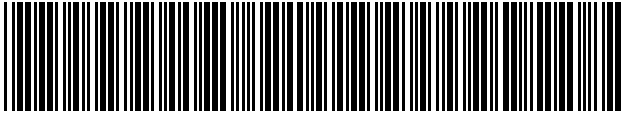


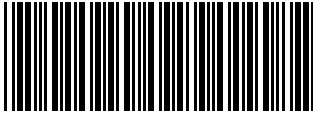


Delivery Types: CD - 1, Email
Records of. : Alberto Hernandez
Defendant. : Reyes Holdings, LLC Adm'd by Sedgwick
Client/Insured :
Adjuster: EVA CALDERON
Claim #: 22RH009775
File Number :
Case Number : ADJ17075462

CA1123768CC1-003



4959895



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

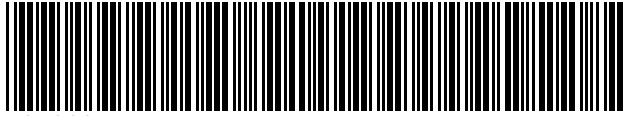
Customer A/c#
 1248689
Route #

Note(s) :

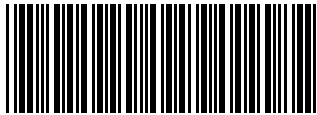
Primary Provider :
Additional Recipients :

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



4959895



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 7117 Brockton Avenue, Basement Level
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Deliver To : **Law Offices of Natalia Foley**

Attention : Natalia Foley
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 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		

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	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.

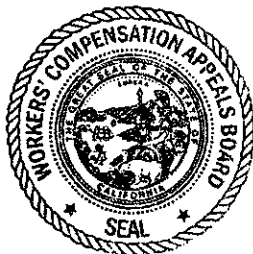
This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is
served herewith.

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:	C31 Production
Date & Time :	4/10/2023 8:26:17 PM
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.	

Case Information

8/1/2022

General Information

Date: 8/1/2022 Time: 7:30 AM Status: Posted
 Location: RMC SURGERY CENTER Room: OR 01 Service: General
 Patient class: Outpatient Surgery Case classification: Elective

Panel Information

Panel 1

Surgeon	Role	Start Time	End Time	Procedure	Laterality	Anesthesia
Subbu Nagappan, MD	Primary	7:00 AM		LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN	N/A	General

Diagnosis Information

Diagnosis
Gallstones

Document List

Hospital Visit on 8/1/2022 with Subbu Nagappan, MD

Type of Document	Status	Date Received	Received By	Description
Clinical	[Status Missing]			Cholecystectomy: Post-op (English)
References	Missing]			
Attachment				
After Visit Summary	[Status Missing]		PARK, JESSICA	AVS - Postprocedure Care
Surgical Consent	Received	8/1/2022 6:39 AM	CHAVEZ, KATHLEEN A.	
Patient Belongings	Received	8/1/2022 6:39 AM	CHAVEZ, KATHLEEN A.	
Notice of Privacy Practice	Received	8/1/2022 11:56 AM	REYES, ELIZABETH SC	
PHI Consent	Received	8/1/2022 11:56 AM	REYES, ELIZABETH SC	
Conditions of Admission Surgery Center	Received	8/1/2022 11:58 AM	REYES, ELIZABETH SC	
Anesthesia Record	Received	8/2/2022 7:29 AM	GREGORY, TAMMY D.	08/01/2022 s/c anesth record

Consents

Type of Document	Status	Description	Received By	Date Received
Patient Belongings	Received		Kathleen Chavez, RN	8/1/2022 6:39 AM

00008

Type of Document	Status	Description	Received By	Date Received
Surgical Consent	Received		Kathleen Chavez, RN	8/1/2022 6:39 AM

Notes Filed


Author Type	Author	Filed
H&P		
Physician	Subbu Nagappan, MD	7/30/2022 6:57 PM
Interval H&P Note		
Physician	Subbu Nagappan, MD	8/1/2022 7:29 AM
OR PostOp		
Registered Nurse	Jessica Park, RN	8/1/2022 10:33 AM
Anesthesia Post-op		
Anesthesiologist	Bennett Jay Martin, MD	8/1/2022 10:52 AM
Anesthesia Pre-op		
Anesthesiologist	Bennett Jay Martin, MD	8/1/2022 7:24 AM
Op Note		
Physician	Subbu Nagappan, MD	8/1/2022 8:49 AM

Notes - Details

H&P by Subbu Nagappan, MD at 7/30/2022 6:40 PM documented on OP Visit from 8/1/2022 in Brockton Surgery Center

Author:	Subbu Nagappan, MD	Author Type:	Physician	Filed:	7/30/2022 6:57 PM
Note Status:	Signed	Cosign:	Cosign Not Required	Date of Service:	7/30/2022 6:40 PM
Editor:	Subbu Nagappan, MD (Physician)				

Subjective:

Dx	<ul style="list-style-type: none"> Rectus sheath hematoma, initial encounter Follow-up ; Referred by Margaret M Song, MD
	Reason for Visit



- 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. Us reveals cholelithiasis but no cholecystitis. Denies any jaundice or acholic stools

00010

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, 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

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• 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.

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

00012

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.

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:

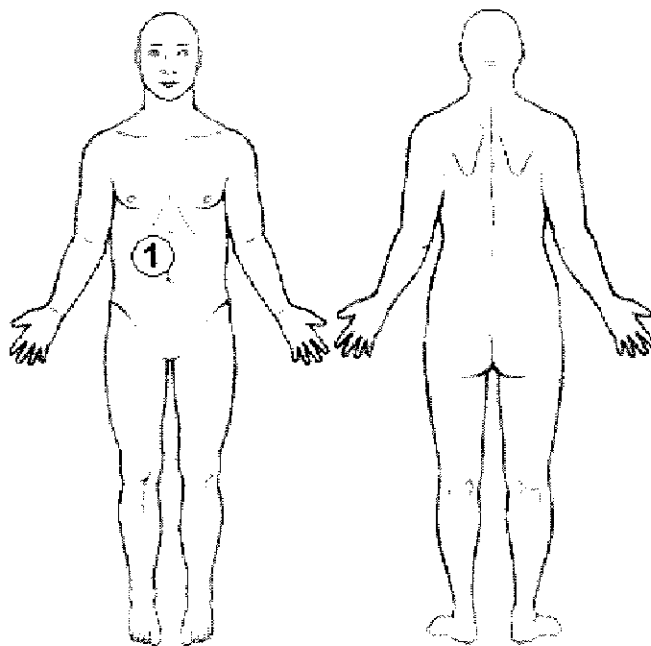
Right upper body: No supraclavicular adenopathy.

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.

00013

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 wa snegative 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 wa srveiwed at the initial office visit

Instructions

Op Note by Subbu Nagappan, MD at 8/1/2022 6:26 AM documented on OP Visit from 8/1/2022 in Brockton Surgery Center

Author:	Subbu Nagappan, MD	Author Type:	Physician	Filed:	8/1/2022 8:49 AM
Note Status:	Signed	Cosign:	Cosign Not Required	Date of Service:	8/1/2022 6:26 AM
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

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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 opened under direct vision. Blunt examining finger was placed and no anterior abdominal adhesions were identified. The blunt Hassan trocar 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 then 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 documented on OP Visit from 8/1/2022 in Brockton Surgery Center

Author:	Bennett Jay Martin, MD	Author:	Anesthesiologist	Filed:	8/1/2022 7:24 AM
Note	Signed	Type:			
Status:		Cosign:	Cosign Not Required	Date of	8/1/2022 7:22 AM
Editor:	Bennett Jay Martin, MD (Anesthesiologist)	Service:			

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

00015

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 Tab	Take 1 tablet by mouth daily.
• 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

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

00016

- B/L inguinal hernia surgery*
- **INGUINAL HERNIA REPAIR**
- Bilateral*
- **TYMPANOSTOMY TUBE PLACEMENT**
- 25yrs ago*

12/11

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

OR PostOp by Jessica Park, RN at 8/1/2022 8:44 AM documented on OP Visit from 8/1/2022 in Brockton Surgery Center

Author:	Jessica Park, RN	Author Type:	Registered Nurse	Filed:	8/1/2022 10:33 AM
Note Status:	Signed	Cosign:	Cosign Not Required	Date of Service:	8/1/2022 8:44 AM
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 pt 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

00017

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 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 documented on OP Visit from 8/1/2022 in Brockton Surgery Center

Author:	Bennett Jay Martin, MD	Author Type:	Anesthesiologist	Filed:	8/1/2022 10:52 AM
Note Status:	Signed	Cosign:	Cosign Not Required	Date of Service:	8/1/2022 10:52 AM
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:

00018

	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

Hydration: well hydrated

Nausea: no nausea and no vomiting

OK to discharge: yes

Vitals Recorded in This Encounter

	8/1/2022 0640	8/1/2022 0844	8/1/2022 0849	8/1/2022 0854	8/1/2022 0859	8/1/2022 0908	8/1/2022 0922
BP:	119/68	149/90	139/86	136/89	128/82	147/89	129/80
Pulse:	57	77	76	74	73	72	62
Resp:	16	15	11	10	18	12	10
Temp:	96.7 °F (35.9 °C)	97.2 °F (36.2 °C)	—	—	—	—	—
Temp src:	Temporal	Temporal	—	—	—	—	—
SpO2:	99 %	98 %	100 %	100 %	100 %	100 %	99 %
Weight:	145 lb (65.8 kg)	—	—	—	—	—	—
Height:	5' 5" (1.651 m)	—	—	—	—	—	—
Pain Score:	Two	Zero	Zero	Zero	Zero	Zero	Zero
	8/1/2022 0936	8/1/2022 0950	8/1/2022 0954	8/1/2022 1000	8/1/2022 1006		
BP:	136/86	142/77	—	—	140/80		
Pulse:	60	74	—	—	58		
Resp:	14	—	—	—	11		
Temp:	—	—	—	—	97 °F (36.1 °C)		
Temp src:	—	—	—	—	Temporal		
SpO2:	98 %	99 %	—	—	99 %		
Weight:	—	—	—	—	—		
Height:	—	—	—	—	—		
Pain Score:	SIX	—	SIX	SIX	Five		

Case Tracking Events

Event	Time In
In Facility	6:26 AM
In Pre-Op	6:32 AM

00019

Event	Time In
Pre-Op Complete	7:30 AM
Setup Start	7:00 AM
Setup Complete	7:20 AM
In Room	7:33 AM
Procedure Start	7:52 AM
Procedure Closing	8:23 AM
Procedure Finish	8:35 AM
Out of Room	8:43 AM
Cleanup Start	8:43 AM
Cleanup Complete	8:47 AM
In Post-Op	8:44 AM
Post-Op Complete	10:20 AM
Discharged	10:29 AM

Verify History

Staff Name	Date	Time	Type
Kamile Joi Samson, RN	8/1/2022	7:40 AM	Pre-Op
Betsy Albrecht, RN	8/1/2022	8:46 AM	Intra-Op
Kamile Joi Samson, RN	8/1/2022	9:26 AM	Intra-Op
Jessica Park, RN	8/1/2022	11:28 AM	Post-Op

Staff and Times

8/1/2022

Anesthesia Staff Information

Type	Staff	Start	End
Anesthesiologist	Bennett Jay Martin, MD	7:00 AM	

Staff Information

Staff Type	Staff Member	Start	End
Circulator	Kamile Joi Samson, RN	7:00 AM	8:35 AM
Scrub Tech	Abigail Williams, TECH	7:00 AM	
Circulator	Betsy Albrecht, RN	8:35 AM	

Medication Review History

Reviewed by Kamile Joi Samson, RN (Registered Nurse) on 08/01/22 at 0739

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
ASPIRIN LOW DOSE 81 MG chewable tablet	35180967	No		Historical Provider, MD	7/26/2022	Active
atorvastatin (LIPITOR) 80 MG tablet	36829066	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	7/31/2022	Active

00020

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	38324885	Yes	Take 10 mg by mouth daily.	Shern D Sirisuk, DO	7/31/2022	Active
Dapagliflozin Propanediol 10 MG Tab	36829064	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	7/31/2022	Active
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	38418974	No	Take 1 tablet by mouth in the morning.	Shern D Sirisuk, DO	Not Taking	Active
losartan (COZAAR) 25 MG tablet	35180974	Yes	Take 12.5 mg by mouth.	Historical Provider, MD	8/1/2022	Active
metoprolol (TOPROL-XL) 50 MG 24 hr tablet	36829067	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	8/1/2022	Active
nitroglycerin (NITROSTAT) 0.4 MG SL tablet	38501316	No	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	Margaret M Song, MD	prn	Active
omeprazole (PRLOSEC) 20 MG capsule	38324883	Yes	Take 20 mg by mouth in the morning.	Historical Provider, MD	7/31/2022	Active
spironolactone (ALDACTONE) 25 MG tablet	38941699	No	Take 25 mg by mouth daily.	Historical Provider, MD	Not Taking	Active
Ticagrelor 90 MG Tab	37374794	No	Take 1 tablet by mouth 2 (two) times daily.	Margaret M Song, MD	Not Taking	Active

Reviewed by Bennett Jay Martin, MD (Anesthesiologist) on 08/01/22 at 0707

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
ASPIRIN LOW DOSE 81 MG chewable tablet	35180967	No		Historical Provider, MD	7/26/2022	Active
atorvastatin (LIPITOR) 80 MG tablet	36829066	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	7/31/2022	Active
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	38324885	Yes	Take 10 mg by mouth daily.	Shern D Sirisuk, DO	7/31/2022	Active
Dapagliflozin Propanediol 10 MG Tab	36829064	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	7/31/2022	Active

00021

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
isosorbide mononitrate (IMDUR) 30-MG-24 hr tablet	38418974	No	Take 1 tablet by mouth in the morning.	Shern D Sirisuk, DO	Not Taking	Active
losartan (COZAAR) 25-MG tablet	35180974	Yes	Take 12.5 mg by mouth.	Historical Provider, MD	8/1/2022	Active
metoprolol (TOPROL-XL) 50 MG-24 hr tablet	36829067	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	8/1/2022	Active
nitroGLYCERIN (NITROSTAT) 0.4 MG-SL tablet	38501316	No	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	Margaret M Song, MD	prn	Active
omeprazole (PRILOSEC) 20-MG capsule	38324883	Yes	Take 20 mg by mouth in the morning.	Historical Provider, MD	7/31/2022	Active
spironolactone (ALDACTONE) 25 MG tablet	38941699	No	Take 25 mg by mouth daily.	Historical Provider, MD	Not Taking	Active
Ticagrelor 90-MG Tab	37374794	No	Take 1 tablet by mouth 2 (two) times daily.	Margaret M Song, MD	Not Taking	Active

Reviewed by Kathleen Chavez, RN (Registered Nurse) on 08/01/22 at 0636

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
ASPIRIN LOW DOSE 81 MG chewable tablet	35180967	No		Historical Provider, MD	7/26/2022	Active
atorvastatin (LIPITOR) 80-MG tablet	36829066	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	7/31/2022	Active
Dapagliflozin Propanediol (FARXIGA) 10-MG Tab	38324885	Yes	Take 10 mg by mouth daily.	Shern D Sirisuk, DO	7/31/2022	Active
Dapagliflozin Propanediol 10 MG Tab	36829064	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	7/31/2022	Active
isosorbide mononitrate (IMDUR) 30-MG-24 hr tablet	38418974	No	Take 1 tablet by mouth in the morning.	Shern D Sirisuk, DO	Not Taking	Active
losartan (COZAAR) 25-MG tablet	35180974	Yes	Take 12.5 mg by mouth.	Historical Provider, MD	8/1/2022	Active

00022

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
metoprolol (TOPROL-XL) 50 MG 24 hr tablet	36829067	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	8/1/2022	Active
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	38501316	No	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	Margaret M Song, MD	prn	Active
omeprazole (PRILOSEC) 20 MG capsule	38324883	Yes	Take 20 mg by mouth in the morning.	Historical Provider, MD	7/31/2022	Active
spironolactone (ALDACTONE) 25 MG tablet	38941699	No	Take 25 mg by mouth daily.	Historical Provider, MD	Not Taking	Active
Ticagrelor 90 MG Tab	37374791	No	Take 1 tablet by mouth 2 (two) times daily.	Margaret M Song, MD	Not Taking	Active

Reviewed by Amanda Eberwein, LVN (Licensed Vocational Nurse) on 07/29/22 at 0942

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
ASPIRIN LOW DOSE 81 MG chewable tablet	35180967	No		Historical Provider, MD	7/26/2022	Active
atorvastatin (LIPITOR) 80 MG tablet	36829066	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	Taking	Active
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	38324885	Yes	Take 10 mg by mouth daily.	Shern D Sirisuk, DO	Taking	Active
Dapagliflozin Propanediol 10 MG Tab	36829064	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	Taking	Active
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	38418974	No	Take 1 tablet by mouth in the morning.	Shern D Sirisuk, DO	Not Taking	Active
losartan (COZAAR) 25 MG tablet	35180971	Yes	Take 12.5 mg by mouth.	Historical Provider, MD	Taking	Active
metoprolol (TOPROL-XL) 50 MG 24 hr tablet	36829067	Yes	Take 1 tablet by mouth daily.	Margaret M Song, MD	Taking	Active
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	38501316	No	Place 1 tablet under the tongue every 5 (five) minutes as needed for Chest pain.	Margaret M Song, MD	prn	Active

00023

Medication	Order	Taking?	Sig	Documenting Provider	Last Dose	Status
omeprazole (PRILOSEC) 20 MG capsule	38324883	Yes	Take 20 mg by mouth in the morning.	Historical Provider, MD	Taking	Active
spironolactone (ALDACTONE) 25 MG tablet	38941699		Take 25 mg by mouth daily.	Historical Provider, MD		Active
Ticagrelor 90 MG Tab	37374794	No	Take 1 tablet by mouth 2 (two) times daily.	Margaret M Song, MD	Not Taking	Active

Orders related to Hospital Visit on 8/1/2022 with Subbu Nagappan, MD

NURSING

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
Vital signs	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Vital signs	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Notify physician (specify)	8/1/2022 9:49 AM	9:49 AM	Discontinued	Routine	Bennett Jay Martin, MD
Encourage frequent voiding	8/1/2022 6:32 AM	6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Obtain Surgical Consent	8/1/2022 6:32 AM	6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Obtain Surgical Consent	8/1/2022 6:32 AM	6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Place intermittent compression device	8/1/2022 6:32 AM	6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Place TED hose	8/1/2022 6:32 AM	6:32 AM	Discontinued	Routine	Subbu Nagappan, MD

00024

Obtain Surgical Consent	8/1/2022 6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Obtain Surgical Consent	8/1/2022 6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Place intermittent compression device	8/1/2022 6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Place TED hose	8/1/2022 6:32 AM	Discontinued	Routine	Subbu Nagappan, MD
Encourage frequent voiding	8/1/2022 6:32 AM	Discontinued	Routine	Subbu Nagappan, MD

RESPIRATORY CARE

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
Simple face mask oxygen	8/1/2022 9:49 AM		Discontinued	Routine	Bennett Jay Martin, MD
Simple face mask oxygen	8/1/2022 9:49 AM		Discontinued	Routine	Bennett Jay Martin, MD

POINT OF CARE TESTING

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
POCT hemoglobin	8/1/2022 6:32 AM	8/1/2022 7:03 AM	Completed	Routine	Subbu Nagappan, MD
POCT hemoglobin	8/1/2022 6:32 AM		Completed	Routine	Subbu Nagappan, MD

DISCHARGE

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
Discharge patient	8/1/2022 8:57 AM		Active	Routine	Subbu Nagappan, MD
Discharge patient	8/1/2022 8:57 AM		Active	Routine	Subbu Nagappan, MD

PATHOLOGY AND CYTOLOGY

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
Surgical Pathology 1	8/1/2022 8:23 AM	8/13/2022 7:06 PM	Completed	Routine	Subbu Nagappan, MD
Surgical Pathology 1	8/1/2022 8:23 AM		Completed	Routine	Subbu Nagappan, MD

MEDICATIONS

Name	Ordering Date/Time	Resulting Date/Time	Status	Priority	Auth Provider
meperidine (DEMEROL) injection 25 mg	8/1/2022 9:49 AM		Discontinued		Bennett Jay Martin, MD
fentaNYL (SUBLIMAZE) injection 25 mcg	8/1/2022 9:49 AM		Discontinued		Bennett Jay Martin, MD

00025

ondansetron (ZOFTRAN) injection SOLN 4 mg	8/1/2022 9:49 AM	Expired	Bennett Jay Martin, MD
hydrocodone-acetaminophen (NORCO) 10-325 MG per tablet 1 tablet	8/1/2022 9:49 AM	Completed	Bennett Jay Martin, MD
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	8/1/2022 8:57 AM	Discontinued Routine	Subbu Nagappan, MD
bupivacaine (MARCAINE) 0.5 % injection	8/1/2022 8:06 AM	Discontinued	Subbu Nagappan, MD
0.9% NaCl infusion	8/1/2022 6:32 AM	Discontinued	Subbu Nagappan, MD
ceFAZolin (ANCEF) injection 2 g	8/1/2022 6:32 AM	Completed	Subbu Nagappan, MD

Pre-Incision Documentation

8/1/2022

Confirmed at Scheduling

None

Verification at Registration

No Case history

Timeouts

Kamile Joi Samson, RN at Mon Aug 1, 2022 7:50 AM PDT

Timeout Details

Timeout type: Preprocedure

Procedures

Panel 1: LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN with Subbu Nagappan, MD

Timeout Questions

Correct patient? **Yes**Correct site? **Yes**Correct side? **N/A**Correct position? **Yes**Correct procedure? **Yes**Site marked? **N/A**Antibiotics ordered and given? **Yes**Consents verified? **Yes**Radiology studies available? **Yes**Relevant lab results available? **Yes**Safety precautions reviewed? **Yes**Allergies reviewed? **Yes**Are all required blood products & devices for the procedure available? **Yes**Is documentation verified? **Yes**Are adequate antibiotics and irrigation fluids available? **Yes**Blood Type verified? **No**Organ Type verified? **No**

00026

Staff Present

Surgeons
 Subbu Nagappan, MD
 Staff
 Kamile Joi Samson, RN
 Abigail Williams, TECH

Anesthesia Staff
 Bennett Jay Martin, MD

Signing History

Staff	Performed	Signed
Kamile Joi Samson, RN	Mon Aug 1, 2022 7:50 AM PDT	Mon Aug 1, 2022 7:55 AM PDT

Patient Preparation

Patient Preparation

Area	Laterality	Scrub	Paint	Hair Removal
Abdomen	Bilateral	None	Chloraprep	Clipped

prepped from nipple line down to panus bilaterally

Skin Condition

Skin Site	Condition	Comments
Grounding	Warm, Dry, Intact	
Operative	Warm, Dry, Intact	

Positioning Information

Panel-1 Information

LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN (N/A) - Position 1

Body: Supine	Left Arm: Extended (padded arm board)	Right Arm: Extended (padded armboard)
Sheet Draw, Strap Safety	Armboard, Strap Safety	Armboard, Strap Safety
Head: Aligned	Left Leg: Straight	Right Leg: Straight
Pillow, Pad Foam Head	Pillow	Pillow

Positioned by: Kamile Joi Samson, RN Bennett Jay Martin, MD Subbu Nagappan, MD	Time: 7:38 AM	Comments: final position verified and confirmed with MD and anesthesia, patient secured to OR table, pressure points padded, lines padded and secured
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Counts

Type	Which?	Correct?	X-Ray?	MD Notified?	Counted By	Verified By
Sponge	Initial				Abigail Williams, TECH	Kamile Joi Samson, RN
Sponge	Final	Yes	No	Yes	Abigail Williams, TECH	Kamile Joi Samson, RN
Needles/Sharps	Initial				Abigail Williams, TECH	Kamile Joi Samson, RN
Needles/Sharps	Final	Yes	No	Yes	Abigail Williams, TECH	Kamile Joi Samson, RN

Closing Documentation

8/1/2022

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Post-op Skin Information

Skin Site	Condition
Grounding	Warm, Dry, Intact
Operative	Warm, Dry, Intact

Case Completion Information

Incision Site	Laterality	Dressings
Abdomen	N/A	
dermabond to port sites x3		

Implants

None

Specimens

(From admission, onward)

Start	Ordered
08/01/22 0823 Surgical Pathology 1 [39344308] ONCE	08/01/22 0823
Comments: gallbladder	

All Medication Administrations

0.9% NaCl infusion [38941707]

Ordering Provider: Subbu Nagappan, MD Status: **Discontinued (Past End Date/Time), Reason: Patient Discharge**
 Ordered On: 08/01/22 0632 Starts/Ends: 08/01/22 0645 - 08/02/22 0233
 Ordered Dose (Remaining/Total): — (—/—) Route: **Intravenous**
 Frequency: CONTINUOUS Ordered Rate/Order Duration: 100 mL/hr / —

Line	Med Link Info	Comment		
Peripheral IV 08/01/22 Left;Lateral Wrist	08/01/22 0704 by Kathleen Chavez, RN	—		
Timestamps	Action	Dose / Rate	Route	Other Information
08/01/22 1015	Completed	0 mL 0 mL/hr	Intravenous	Performed by: Jessica Park, RN
08/01/22 0704	New Bag	— 100 mL/hr	Intravenous	Performed by: Kathleen Chavez, RN Comments: lot # j2e754 exp 11/24

ceFAZolin (ANCEF) injection 2 g [39344289]

Ordering Provider: Subbu Nagappan, MD Status: **Completed (Past End Date/Time)**
 Ordered On: 08/01/22 0632 Starts/Ends: 08/01/22 0645 - 08/01/22 0735
 Ordered Dose (Remaining/Total): 2 g (0/1) Route: **Intravenous**
 Frequency: ONCE Ordered Rate/Order Duration: — / —

Admin Instructions: In Holding Prior to Surgery

Line	Med Link Info	Comment		
Peripheral IV 08/01/22 Left;Lateral Wrist	08/01/22 0735 by Bennett Jay Martin, MD	—		
Timestamps	Action	Dose	Route / Site	Other Information

Timestamps	Action	Dose	Route / Site	Other Information
08/01/22 0735	Given	2 g	Intravenous Left Arm	Performed by: Bennett Jay Martin, MD Documented by: Kamile Joi Samson, RN Comments: C322023.1, 04/2025

fentaNYL (SUBLIMAZE) injection 25 mcg [39344303]

Ordering Provider: Bennett Jay Martin, MD Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 08/01/22 0949 Starts/Ends: 08/01/22 0949 - 08/02/22 0233

Ordered Dose (Remaining/Total): 25 mcg (7/8) Route: Intravenous

Frequency: EVERY 5 MIN PRN Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
08/01/22 0954	Given	25 mcg	Intravenous	Performed by: Jessica Park, RN Comments: 012006 exp: 01/2025

hydrocodone-acetaminophen (NORCO) 10-325 MG per tablet 1 tablet [39344305]

Ordering Provider: Bennett Jay Martin, MD Status: Completed (Past End Date/Time)

Ordered On: 08/01/22 0949 Starts/Ends: 08/01/22 0949 - 08/01/22 1000

Ordered Dose (Remaining/Total): 1 tablet (0/1) Route: Oral

Frequency: ONCE PRN Ordered Rate/Order Duration: — / —

Admin Instructions: Maximum dose of acetaminophen is 4000 mg from all sources in 24 hours.

Timestamps	Action	Dose	Route	Other Information
08/01/22 1000	Given	1 tablet	Oral	Performed by: Jessica Park, RN Comments: 0125e12334 exp: 04/2023

bupivacaine (MARCAINE) 0.5 % injection [39344306]

Ordering Provider: Subbu Nagappan, MD Status: Discontinued (Past End Date/Time), Reason: Patient Discharge

Ordered On: 08/01/22 0806 Frequency: PRN

Timestamps	Action	Dose	Route / Site	Other Information
08/01/22 0805	Given	10 mL	Intradermal Abdominal Tissue	Performed by: Subbu Nagappan, MD Documented by: Kamile Joi Samson, RN Comments: FN9251, 11/01/2023

PNDS Information

Outcomes - Pre-op

Used?	Type	Description (Code)	Notes
Yes	Outcome	The patient is free from signs and symptoms of injury related to positioning. (O5)	
Yes	Outcome	The patient is free from signs and symptoms of injury related to transfer/transport. (O8)	

Used?	Type	Description (Code)	Notes
Yes	Outcome	The patient receives appropriate medication(s), safely administered during the perioperative period. (O9)	
Yes	Outcome	The patient demonstrates knowledge of medication management. (O19)	
Yes	Outcome	The patient demonstrates knowledge of wound management. (O22)	
Yes	Outcome	The patient participates in decisions affecting his or her perioperative plan of care. (O23)	
Yes	Outcome	The patient's care is consistent with the individualized perioperative plan of care. (O24)	
Yes	Outcome	The patient's right to privacy is maintained. (O25)	
Yes	Outcome	The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)	
Yes	Outcome	The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)	

Outcomes - Intra-op

Used?	Type	Description (Code)	Notes
Yes	Outcome	The patient is free from signs and symptoms of injury caused by extraneous objects. (O2)	
Yes	Outcome	The patient is free from signs and symptoms of chemical injury. (O3)	
Yes	Outcome	The patient is free from signs and symptoms of electrical injury. (O4)	
Yes	Outcome	The patient is free from signs and symptoms of injury related to positioning. (O5)	
Yes	Outcome	The patient is free from signs and symptoms of injury related to transfer/transport. (O8)	
Yes	Outcome	The patient receives appropriate medication(s), safely administered during the perioperative period. (O9)	
Yes	Outcome	The patient is free from signs and symptoms of infection. (O10)	
Yes	Outcome	The patient participates in decisions affecting his or her perioperative plan of care. (O23)	
Yes	Outcome	The patient's care is consistent with the individualized perioperative plan of care. (O24)	
Yes	Outcome	The patient's right to privacy is maintained. (O25)	
Yes	Outcome	The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)	
Yes	Outcome	The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)	

Outcomes - Post-op

Used?	Type	Description (Code)	Notes
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00030

Used?	Type	Description (Code)	Notes
Yes	Outcome	The patient is free from signs and symptoms of injury related to positioning. (O5)	
Yes	Outcome	The patient is free from signs and symptoms of injury related to transfer/transport. (O8)	
Yes	Outcome	The patient receives appropriate medication(s), safely administered during the perioperative period. (O9)	
Yes	Outcome	The patient is free from signs and symptoms of infection. (O10)	
Yes	Outcome	The patient has wound/tissue perfusion consistent with or improved from baseline levels established preoperatively. (O11)	
Yes	Outcome	The patient is at or returning to normothermia at the conclusion of the immediate postoperative period. (O12)	
Yes	Outcome	The patient's fluid, electrolyte, and acid-base balances are consistent with or improved from baseline levels established preoperatively. (O13)	
Yes	Outcome	The patient's respiratory function is consistent with or improved from baseline levels established preoperatively. (O14)	
Yes	Outcome	The patient's cardiovascular status is consistent with or improved from baseline levels established preoperatively. (O15)	
Yes	Outcome	The patient participates in decisions affecting his or her perioperative plan of care. (O23)	
Yes	Outcome	The patient's care is consistent with the individualized perioperative plan of care. (O24)	
Yes	Outcome	The patient's right to privacy is maintained. (O25)	
Yes	Outcome	The patient demonstrates and/or reports adequate pain control throughout the perioperative period. (O29)	
Yes	Outcome	The patient's neurological status is consistent with or improved from baseline levels established preoperatively. (O30)	
Yes	Outcome	The patient demonstrates knowledge of the expected responses to the operative or invasive procedure. (O31)	

Diagnoses

Present?	Type	Description (Code)	Notes
	Diagnosis	Risk for fluid volume imbalance (X20)	
	Diagnosis	Risk for infection (X28)	
	Diagnosis	Risk for injury (X29)	
	Diagnosis	Risk for allergic response to latex (X32)	
	Diagnosis	Acute pain (X38)	
	Diagnosis	Anxiety (X4)	
	Diagnosis	Risk for imbalanced body temperature (X57)	

Equipment/Instruments/Supplies

8/1/2022

Sequential Compression Devices

SCD Type	SCD	Area	Laterality	Pressure	Left Pulse	Right Pulse	Applied By
Sequential Compression Device		Lower Leg	Bilateral	40			Kamile Joi Samson, RN
SCD #1							

Electro Surgery Units

ESU Type	ESU	Blend Setting	Mode	Pad Loc	Laterality	Coag Set	Cut Set	Applied By
Electrosurgical unit	ELECTROSURGICAL UNIT 2	MonoPolar	Monopolar	Outer Thigh	Left		1	Subbu Nagappan, MD
exp:	11/11/2024							

Other Equipment

Type	Equipment	Setting	Setting Low	Setting High	Applied By
Storz Tower Suction					
Suction w/Irrigator					

Instruments

Instrument Type	Instrument	Start	End
Camera			
Minor tray			
Lap chole tray			
Light Cord			
Basin			
10mm Scope			

Supplies

Panel 1 Combined Pick List

Item Name	Tmp?	Type	Used	Wstd	Chrg?	Inv Location	Latex?
*Sodium Chloride, 0.9% 1000ml IV Solution		Solution	1	0	No	RMC SURGERY CENTER	
10' Insufflation Tubing w/luer lock		Tubing	1	0	No	RMC SURGERY CENTER	
ANTI-FOG KIT		Solution	1	0	No	RMC SURGERY CENTER	
Adult REM PolyHesive II, Patient Return Electrode		Electrode	1	0	No	RMC SURGERY CENTER	
Bandage, Adhsv 2"x4" (50/bx) Nutrmx		Dressing	4	0	No	RMC SURGERY CENTER	

00032

Item Name	Tmp?	Type	Used	Wstd	Chrg?	Inv Location	Latex?
Cholangiography Catheter 4FR		Catheter	0	0	No	RMC SURGERY CENTER	
Core Suction Irrigator Tubing,		Tubing	1	0	No	RMC SURGERY CENTER	
Endoscopic Clip Applier w/Titanium Clips		Implant	1	0	No	RMC SURGERY CENTER	
General Basic Pack, (3/cs)		Pack	1	0	No	RMC SURGERY CENTER	
Glove, Surg Str Ltx Pf Sz 7 enc (50pr/bx)		Glove	1	0	No	RMC SURGERY CENTER	
Kii Balloon Hasson Trocar NBT12mm x 100mm		Trocar	1	0	No	RMC SURGERY CENTER	
Kii Z-THR OPT SEP SYS, 11 x 100			1	0	No	RMC SURGERY CENTER	
Optical Z Threaded Trocar 5mm x 100mm,		Trocar	1	0	No	RMC SURGERY CENTER	
SHEET, PFANNENSTIEL 3"X12" (8/CS) BAXTER		Pack	1	0	No	RMC SURGERY CENTER	
SKIN STAPLES, VISISTAT 35WIDE		Suture	0	0	No	RMC SURGERY CENTER	
STOPCOCK, 3-WAY, 33", LUER SLIP		Other	0	0	No	RMC SURGERY CENTER	
SYRINGE, LS 20CC (40/BX) BD		Other	0	0	No	RMC SURGERY CENTER	
Specimen Bag, 3" x 6"		Other	1	0	No	RMC SURGERY CENTER	
Suture Ethilon* Nylon Monofilament Size 3-0 PS-1		Suture	0	0	No	RMC SURGERY CENTER	
Suture, Vicryl Ud Br Ct 0 27" Ct2 (36/bx		Suture	3	0	No	RMC SURGERY CENTER	
Suture, Vicryl Vio Br Ct 4-0 27" Rb1 (36		Suture	0	0	No	RMC SURGERY CENTER	
Water Str, Irr Sol 1000ml		Solution	1	0	No	RMC SURGERY CENTER	

Medication Reconciliation History

Discharge Prep Reconciliation

No In-Progress Inter-Facility Transfer Orders for this encounter

Discharge Orders reviewed by Subbu Nagappan, MD

Discharged 08/01/22 2359

Description	Date/Time	Action Taken
0.9% NaCl infusion	08/01/22 0857	Review Not Required for Discharge

00033

Description	Date/Time	Action Taken
ASPIRIN LOW DOSE 81 MG chewable tablet	08/01/22 0857	Resume at Discharge
atorvastatin (LIPITOR) 80 MG tablet	08/01/22 0857	Resume at Discharge
bupivacaine (MARCAINE) 0.5 % injection	08/01/22 0857	Review Not Required for Discharge
Dapagliflozin Propanediol (FARXIGA) 10 MG Tab	08/01/22 0857	Resume at Discharge
Dapagliflozin Propanediol 10 MG Tab	08/01/22 0857	Resume at Discharge
hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	08/01/22 0857	New at Discharge
isosorbide mononitrate (IMDUR) 30 MG 24 hr tablet	08/01/22 0857	Resume at Discharge
losartan (COZAAR) 25 MG tablet	08/01/22 0857	Resume at Discharge
metoprolol (TOPROL-XL) 50 MG 24 hr tablet	08/01/22 0857	Resume at Discharge
nitroGLYCERIN (NITROSTAT) 0.4 MG SL tablet	08/01/22 0857	Resume at Discharge
omeprazole (PRILOSEC) 20 MG capsule	08/01/22 0857	Resume at Discharge
spironolactone (ALDACTONE) 25 MG tablet	08/01/22 0857	Resume at Discharge
Ticagrelor 90 MG Tab	08/01/22 0857	Resume at Discharge

Unreviewed Discharge Orders


Discharged 08/01/22_2359

Description
 fentaNYL (SUBLIMAZE) injection 25 mcg
 meperidine (DEMEROL) injection 25 mg

DISCHARGE INFO (most recent)

Discharge - 08/01/22

Discharge

D/C Family  wife(Norma Nunez) -JP
 Instructions
 Given to
 Mode of W/C;Private Vehicle -JP
 Discharge
 Discharged to Family -JP
 Care of
 Discharged to Home -JP
 Recorded by [JP] Jessica Park, RN 08/01/22 1033

User Key

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

Initials Name
 JP Jessica Park, RN

00034

Discharge Instructions

None

Discharge Instructions Attachments

Cholecystectomy: Post-op (English)

Order Reconciliation History

Discharge Reconciliation started on Mon Aug 1, 2022 6:32 AM

- Pre-discharge orders reconciled by Subbu Nagappan, MD on Mon Aug 1, 2022 8:57 AM
- Pre-discharge orders reconciled by Subbu Nagappan, MD on Mon Aug 1, 2022 8:57 AM

Consent Form

PATIENT NAME Alberto Hernandez	DATE 8/1/2022	
PROPOSED PROCEDURE(S) Panel 1: LAPAROSCOPIC CHOLECYSTECTOMY, POSS OPEN - Subbu Nagappan, MD		
DATE OF BIRTH 10/10/1964	AGE 57 y.o.	SEX male

Consent to provide medical services including but not limited to invasive and noninvasive diagnostic and therapeutic patient care and the conditions under which such are rendered, the administration of anesthesia, the transfusion of blood and or blood products, the drawing of blood for testing of infectious disease and the release of medical record(s).

The Surgery Center

The Surgery Center maintains a staff of highly trained medical and support personnel and a state of the art facility to assist you and your physician in the performance of special diagnostic and therapeutic procedures and surgeries. These procedures and surgeries all involve an element of risk such as the potential for an unsuccessful result, complications, injury or death, from both known and unforeseen causes. The Surgery Center gives no warranty or guarantee as to the results or cure from such procedures and surgeries.

Informed Consent

You have the right to be informed of the nature of the procedure/surgery, its potential benefits, risks, complications and alternative methods of treatment and their associated benefits, risks and complications. Except in the case an emergency, procedures and surgeries are not performed until you have had the opportunity to receive this information and have given your consent. You have the right to accept or refuse any proposed procedure or surgery at anytime prior to its performance.

Waiver of Advanced Medical Directives

According to RMC Surgery Center policy, any patient on DO NOT RESUSCITATE status shall have the DO NOT RESUSCITATE status suspended during any procedure/surgery. Your signature below constitutes your acknowledgement of this policy. If you have any questions about this policy, you are encouraged and expected to ask them. Place your initials in the space below if you do not wish resuscitation efforts to be suspended. If you do not wish to suspend DO NOT RESUSCITATE status, the Surgery Center reserves the right to refer your treatment to another facility.

The Procedure/Surgery

Your/the patient's physician has recommended the procedure/surgery set forth above. Upon your authorization and consent the procedure/surgery set forth above, together with any different or further procedures/surgeries which in the opinion of your attending physician may be indicated due to an emergency, will be performed on you/the patient. The procedure/surgery will be performed by the physician named above (or in the event of an emergency causing his or her inability to complete the procedure/surgery, a qualified substitute physician), together with associates and assistants, including anesthesiologists, pathologists and radiologists from the medical staff to whom your physician may assign designated responsibilities. The physicians in attendance for the purpose of performing specialized medical services such as anesthesia, radiology, or pathology are not agents, servants or employees of the Surgery Center or your physician, but are independent contractors and therefore, your agents, servants and employees.

Pathologic Analysis and Disposition of Tissue

The pathologist is hereby authorized to use his or her discretion in the disposing of any member, organ or other tissue

removed from you/the patients person during the procedure/surgery set forth above.

Anesthesia

Modern anesthesia is safe and usually well tolerated. However, even in experienced and competent hands, complications can occur. Minor problems include nausea and vomiting, headache and injury to vocal cords, teeth or dental work. Serious complications include nerve injury, damage to one or more vital organs, even major disability or death. Other complications not here listed can also occur. Although major complications of anesthesia are fortunately rare in healthy people, some types of health problems increase the risk of such occurrences. Prior to surgery, a physician will talk to you. During this preoperative visit, you are encouraged to discuss to your satisfaction the recommended anesthesia, possible alternatives, as well as a more detailed discussion of the risks of anesthesia mentioned above. Please ask as many questions as you feel necessary in order to assist you in making an informed decision.

Your Physician

You have the right to meet and question the physician or physicians who will be responsible for your care. Information regarding their certification, qualification and expertise is available upon request from the business office.

Other Professionals in Attendance

To protect your privacy, only those individuals designated by your physician as being essential and necessary to insure a safe successful outcome will be in attendance during the course of your procedure/surgery. Your physician and the staff of the Surgery Center are committed to education in the pursuit of excellence; therefore, additional health care professionals may be present for the explicit purpose of education. Upon your admission to the Surgery Center and prior to your procedure/surgery, your attending physician will advise you if additional health care professionals may be present.

Photographic Documentation

Photographic documentation related to your procedure/surgery may be obtained as deemed necessary and appropriate by your attending physician. Such photographic documentation remains a part of your medical record and is intended to assist your physician in your continuing care.

Confidentiality and Privacy

To insure your privacy, the Surgery Center adheres to a strict policy of confidentiality as outlined in the Riverside Medical Clinic brochure "Notice of Privacy Practices" which is contained in your admissions packet or available upon request from the business office.

Staff and Physician Safety

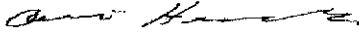
In the event of an injury to an employee of the Surgery Center or Physician which results in the potential exposure to or contamination of bodily fluids (cut or needle stick), the signing of this consent authorizes the Surgery Center to draw blood for the expressed purpose of testing for potentially infectious disease agents (hepatitis, HIV, etc.). The results of such testing will be forwarded to your primary care physician and will be made available to you.

Your signature below constitutes your acknowledgement; (1) that you have read and agree to the foregoing; (2) that the procedure or surgery set forth above has been adequately explained to you by the above named physician; (3) that you authorize and consent to the performance of the procedure or surgery under the conditions and terms set forth above; (4) that you authorize and consent the administration of anesthesia for the said procedure or surgery.

PATIENT/RESPONSIBLE PARTY

WITNESS/RN

Patient/Responsible Party



~~Mon Aug 2022 08/01/22 06:38:40~~

Signature captured by Alberto Hernandez at 8/1/2022 06:38 AM

Witness/RN



~~Mon Aug 2022 08/01/22 06:38:54~~

Signature captured at 8/1/2022 06:38 AM

Patient Belongings Form

I hereby acknowledge that I (or my designee) am in possession of all personal property and release Riverside Medical Clinic of any liability for lost or misplaced items, I have been informed that all personal property should be left at home prior to admittance.

PATIENT/RESPONSIBLE PARTY

WITNESS/RN

I leave the following items of personal property in the care, control and custody of the Riverside Medical Clinic and I acknowledge that the items shown below have been put in a container, marked with my name, and that this has been done in my presence.

ITEMS
Dentures:
Vision:
Hearing Aids:
Jewelry: Ring
Clothing:
Other: Wallet;Money (Comment) (\$159 cash)

PATIENT/RESPONSIBLE PARTY

WITNESS/RN

Patient/Responsible Party



~~Mon Aug 2022 08/01/22 06:39:14~~
 Signature captured by Alberto Hernandez at 8/1/2022 06:39 AM

Witness/RN



~~Mon Aug 2022 08/01/22 06:39:27~~
 Signature captured at 8/1/2022 06:39 AM

By signing below, I hereby acknowledge that all personal property deposited with the clinic above has been returned to me.

PATIENT/RESPONSIBLE PARTY

WITNESS/RN

HERNANDEZ, ALBERTO

ID: 1015723

27-SEP-2022 10:24:16

Riverside Medical Clinic-MNC AR ROUTINE RETRIEVAL

10-OCT-1964 (57 yr)
Male Other

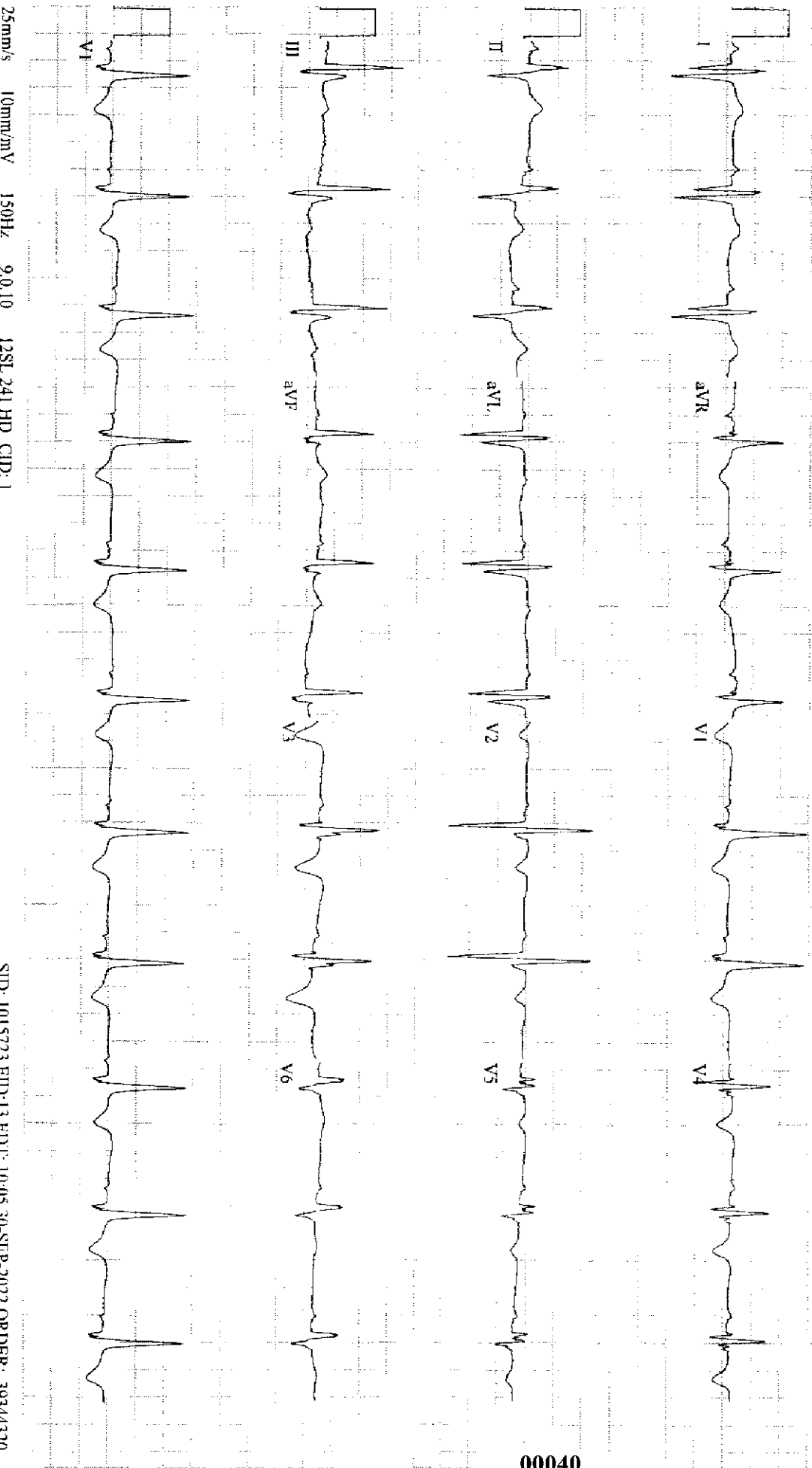
Vent. rate 65 BPM
PR interval 164 ms
QRS duration 142 ms
QT/QTc 440/457 ms
P-R-T axes 30 142 31

Technician: Juliana Ramirez-Jordan
Test Ind: Atherosclerotic heart disease of native coronary artery without-

Normal sinus rhythm
Right bundle branch block
Septal infarct (cited on or before 30-MAR-2022)
Lateral infarct (cited on or before 30-MAR-2022)
Abnormal ECG
When compared with ECG of 28-JUN-2022 14:22,
Questionable change in initial forces of Anterolateral leads
Confirmed by Quan, Joseph (13) on 9/30/2022 10:05:14 AM

Referred by: JOSEPH QUAN

Confirmed By: Joseph Quan



00040

25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 1

SID: 1015723 BID: 13 EDT: 10:05 30-SEP-2022 ORDER: 39344320

HERRANDEZ, ALBERTO

ID:1015723

28-JUN-2022 14:22:10

Riverside Medical Clinic-MNCAR ROUTINE RETRIEVAL

10-OCT-1964 (57 yr)
Male Other

Vent rate 76 BPM
PR interval 152 ms
QRS duration 132 ms
QT/QTc 404/454 ms
P-R-T axes 40 97 54

Normal sinus rhythm
Right bundle branch block
Anteroseptal infarct (cited on or before 30-MAR-2022)
Abnormal ECG
When compared with ECG of 17-JUN-2022 09:04,
Questionable change in initial forces of Anterolateral leads
Confirmed by Quan, Joseph (13) on 6/28/2022 4:30:57 PM

Technician: Brianna Matkins
Test ind: Atherosclerotic heart disease of native coronary artery without...

Referred by: JOSEPH QUAN

Confirmed By: Joseph Quan



25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 1

SID: 1015723 EID:13 EDT: 16:30 28-JUN-2022 ORDER: 38941698

00041



RIVERSIDE MEDICAL CLINIC

Legendary Care™

7117 Brockton Ave. Riverside, CA 92506
(951)782-3736 Fax: (951)784-3267

Name: **HERNANDEZ, ALBERTO**
DOB: 10/10/1964 (57 years) male
MRN: 1015723
Height: 165.1 cm
Weight: 63.5029318
BP: /

Exam Date: 6/24/2022
Indication: I25.10-Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.2-Old myocardial infarction
I50.22-Chronic systolic (congestive) heart failure

Reason for test: CAD multiple vessel, old MI, chronic systolic HF
Sonographer: Isaac, Fieby
Reading MD: Joseph Quan MD, FACC
Referred By: JOSEPH QUAN

Transthoracic Echocardiography

Indication I25.10-Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.2-Old myocardial infarction
I50.22-Chronic systolic (congestive) heart failure

Reason for test: CAD multiple vessel, old MI, chronic systolic HF

Procedure/ Study Quality A transthoracic study was performed including 2D, M-mode, spectral, color-flow and Tissue Doppler imaging. View: The image quality was good

Physical Exam Data Height 165 cm, 5 ft 5 in. Weight 64 kg, 140 lb. BMI 23.30 kg/m². BSA 1.70 m².

Measure	M mode	2D mode				
	TAPSE	2.6 cm				
		(2.1-3.1)				
	IVSd	0.7 cm	LVDs Major (A4C)	7.1 cm	LVEF (MOD A2C)	64 %
	LVIDd	5.1 cm	LVDs Major (A2C)	6.6 cm		(43-76)
		(4.2-5.8)	LVEDV (MOD A4C)	70.8 ml	LVEDV (MOD BIP)	73.9 ml
	LVIDd Index	2.99 cm/m ²		(63.0-100.0)		(62.0-150.5)
		(2.3-4.5)	LVEDV (MOD A2C)	77.4 ml	LVEDVI (MOD BIP)	43 ml/m ²
	LVIDs	3.8 cm		(33.0-41.4)		(14-14)
		(2.5-4.8)	LVEDVI (MOD A4C)	42 ml/m ²	LVESV (MOD BIP)	34.1 ml
	LVIDs Index	2.21 cm/m ²		(21-49)	LVESVI (MOD BIP)	(11.0-41.5)
		(1.3-2.1)	LVEDVI (MOD A2C)	46 ml/m ²		20 ml/m ²
	LVFS	26 %		(11-50)		(11-41)
	LVPWd	0.7 cm	LVESV (MOD A4C)	39.3 ml	LVEF (MOD BIP)	54 %
	LVEDV (Teich)	122.9 ml		(10-78)		(50-100)
	LVEDVI (Teich)	72 ml/m ²	LVESV (MOD A2C)	28.1 ml	LAAAs (A4C)	15.2 cm ²
	LVFSV (Teich)	60.1 ml		(17-77)	LALs (A4C)	4.7 cm
	LVSVI (Teich)	35 ml/m ²	LVSVI (MOD A4C)	23 ml/m ²	LAESV (A-L A4C)	41.7 ml
	LVSV (Teich)	62.7 ml		(10)	LAESV (A-L A2C)	58.5 ml
	LVSVI (Teich)	36.9 ml/m ²	LVSVI (MOD A2C)	17 ml/m ²	LAESV (MOD A4C)	41.0 ml
	LVEF (Teich)	51 %		(17)	LAESV (A-L BIP)	51.3 ml
	LVDd Major (A4C)	7.7 cm	LVSV (MOD A4C)	31.5 ml	LAESV (MOD A2C)	54.7 ml
	LVDd Major (A2C)	7.7 cm	LVSV (MOD A2C)	49.3 ml	LVOT Diam	2.0 cm
			LVSVI (MOD A4C)	18.6 ml/m ²	Ao Asc Diam	3.8 cm
			LVSVI (MOD A2C)	29.0 ml/m ²		(2.6-3.4)
			LVEF (MOD A4C) ↓	45 %		

Doppler

MV E Velocity	0.58 m/s	LVOT max PG	5.95 mmHg	TR max PG	9.25 mmHg
MV A Velocity	0.89 m/s	AV Vmax	1.38 m/s	RAP	10.00 mmHg
MV E / A	0.65	Dimensionless Index	0.88	RVSP	19.25 mmHg
MV Dec. Time	199 ms	AV max PG	7.64 mmHg	PV Vmax	1.01 m/s
	[147 - 200]	AVA (Vmax)	2.7 cm ²	PV max PG	4.06 mmHg
MV Dec. Slope	2.91 m/s ²	TR Vmax	1.52 m/s		
LVOT Vmax	1.22 m/s				

TDI

MV E' Sept	6 cm/s	MV E' Lat	9 cm/s	MV E' Avg	7 cm/s
	[8 - 12]		[12 - 17]	MV E' / E' Avg	7.8
MV E' / E' Sept	9.4	MV E' / E' Lat	6.6		

- Left Ventricle** Left ventricular cavity size is normal.
Global systolic function:
Overall left ventricular systolic function is mild-moderately impaired with an estimated ejection fraction of 40 - 45% .
Regional systolic function:
Wall motion: Anteroapical akinesis noted.
Diastolic function:
Diastolic dysfunction grade I.
- Right Ventricle** The right ventricular size is normal. Right ventricular systolic function is normal.
- Left Atrium** The left atrial size is normal. The left atrial volume is normal.
- Right Atrium** The right atrial size is normal.
- Mitral Valve** The mitral valve is structurally normal. No evidence of mitral stenosis is seen. There is trace mitral regurgitation present.
- Aortic Valve** The aortic valve is trileaflet and structurally normal. No evidence of valvular aortic stenosis. There is trace aortic insufficiency by color and spectral Doppler.
- Tricuspid Valve** The tricuspid valve is structurally normal. There is no evidence of tricuspid valve stenosis. There is trace tricuspid regurgitation present.
Tricuspid regurgitation peak velocity measured 1.52 m/s with a RVSP of 19.25 mmHg .
- Pulmonic Valve** Pulmonic valve appears structurally normal. No evidence of pulmonic stenosis. Trace pulmonic regurgitation.
- Pericardium** There is no pericardial effusion present.
- Conclusion**
 1. Global systolic function: Overall left ventricular systolic function is mild-moderately impaired with an estimated ejection fraction of 40 - 45% .
 2. Regional systolic function: Wall motion: Anteroapical akinesis noted.
 3. Right ventricular systolic function is normal.
 4. There is trace mitral regurgitation present.
 5. No evidence of valvular aortic stenosis. There is trace aortic insufficiency by color and spectral Doppler.
 6. There is trace tricuspid regurgitation present.
 7. There is no pericardial effusion present.

Joseph Quan MD, FACC
Reading physician

Isaac, Fieby
Sonographer

Electronically signed by Joseph Quan MD, FACC at 8:43 AM on
6/26/2022

Riverside Medical Clinic
7117 Brockton Ave
Riverside, CA 92506

Ward
Telephone:

EXERCISE STRESS TEST REPORT

Patient Name: HERNANDEZ, ALBERTO
Patient ID: 1015723
Height: in
Weight: lb

DOB: 10-Oct-1964
Age: 57 yr
Gender: Male
Race: Other

Study Date: 17-Jun-2022
Test Type: Treadmill Stress Test
Protocol: BRUCE

Referring Physician: JOSEPH QUAN
Attending Physician: J. Quan, MD
Technician: J. Santiago

Medications:
asa,cozaar,losartan,metoprolol,n

Medical History:
dx: stemi 5/2021 s/p stent ,htn,hyperlipidemia
ischemic cardiomyopathy

Reason for Exercise Test:
Evaluation vent. Function

Exercise Test Summary

Phase Name	Stage Name	Time in Stage	Speed (mph)	Grade (%)	HR (bpm)	BP (mmHg)	Comment
PRETEST	SUPINE	44:09	0.0	0.0	83	110/70	
Exercise	STAGE 1	03:00	1.7	10.0	88	120/80	
	STAGE 2	03:00	2.5	12.0	96	130/80	
	STAGE 3	03:00	3.4	14.0	110	130/80	
	STAGE 4	02:01	4.2	16.0	122		
Recovery		02:11	0.0	0.0	93		

The patient exercised according to the BRUCE for 11:01 min:s, achieving a work level of Max. METS: 13.4. The resting heart rate of 62 bpm rose to a maximal heart rate of 122 bpm. This value represents 74 % of the maximal, age-predicted heart rate. The resting blood pressure of 110/70 mmHg, rose to a maximum blood pressure of 130/80 mmHg. The exercise test was stopped due to Fatigue.

Interpretation

Summary: Resting ECG: see 12SL interpretation.
Functional Capacity: Normal.
HR Response to Exercise: sub-optimal secondary to other.
BP Response to Exercise: normal resting BP - appropriate response.
Chest Pain: none.
Arrhythmias: none.
ST Changes: none.
Overall Impression: Inconclusive, submaximal stress test.

Conclusions

10-OCT-1964 (57 yr) Other
Wt: Ht:
Med: asa.cozaar.losartan.metoprolol.n

Male

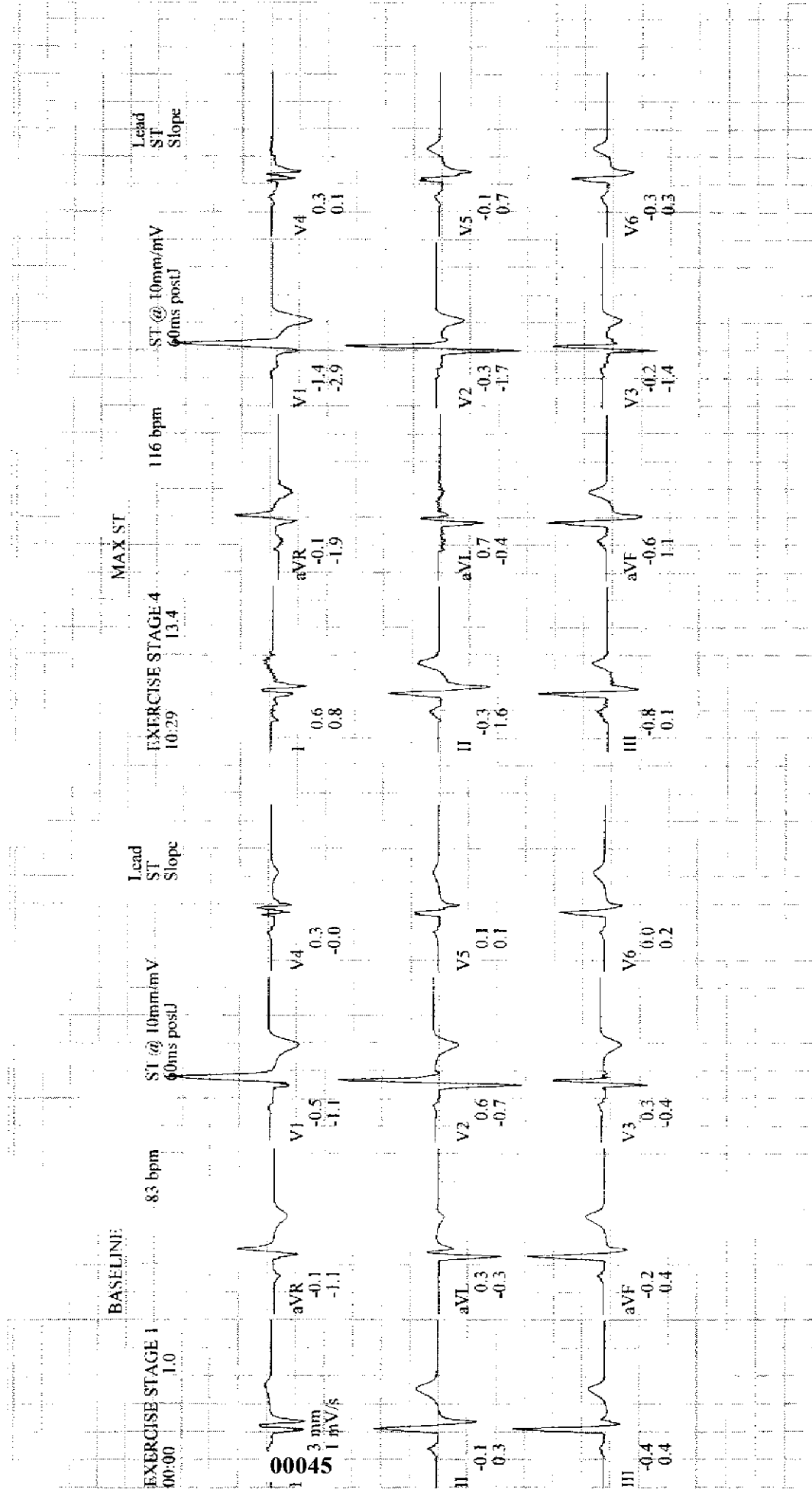
BRUCE
Max HR: 122 bpm 74% of Max Predicted 163 bpm
Max BP: 130/80
Maximum Workload: 13.4

25mm/s
10mm/mV
150Hz

Referred by: JOSEPH QUAN
Technician: J. Santiago
Test ind: Evaluation vent. Function
Test type: Treadmill Stress Test

No chest pain at this level of exercise.
Appears to have chronotropic incompetence.

Confirmed by Quan, Joseph (13) on 6/17/2022 5:11:34 PM



Confirmed By: Joseph Quan

Date: 17-JUN-2022

TABULAR SUMMARY REPORT

10-OCT-1964 (57 yr) Other
Wt: Ill:
Med: asa.cozaar.losartan.meto.prolol.n

Male

BRUCE
Total Exercise Time: 11:01
Max HR: 122 bpm 74% of Max Predicted 163 bpm
Max BP: 130/80
Maximum Workload: 13.4

No chest pain at this level of exercise.
Appears to have chronotropic incompetence.

Referred by: JOSEPH QUAN
Technician: J. Santiago

Test ind: Evaluation vent. Function
Test type: Treadmill Stress Test

Confirmed by Quan, Joseph (13) on 6/17/2022 5:11:34 PM

Phase	Stage	Time in Stage	Speed mph	Grade %	METS	IIR bpm	BP mmHg	RPP	PVC VE/min
PRETEST	SUPINE	44:09	0.0	0.0	1.0	83	110/70	91	0
EXERCISE	STAGE 1	3:00	1.7	10.0	4.6	88	120/80	105	0
	STAGE 2	3:00	2.5	12.0	7.0	96	130/80	124	0
	STAGE 3	3:00	3.4	14.0	10.1	110	130/80	143	0
	STAGE 4	2:01	4.2	16.0	13.4	122			0
1 00046	OVERLY	2:11	0.0	0.0	1.0	93			0

Confirmed By: Joseph Quan

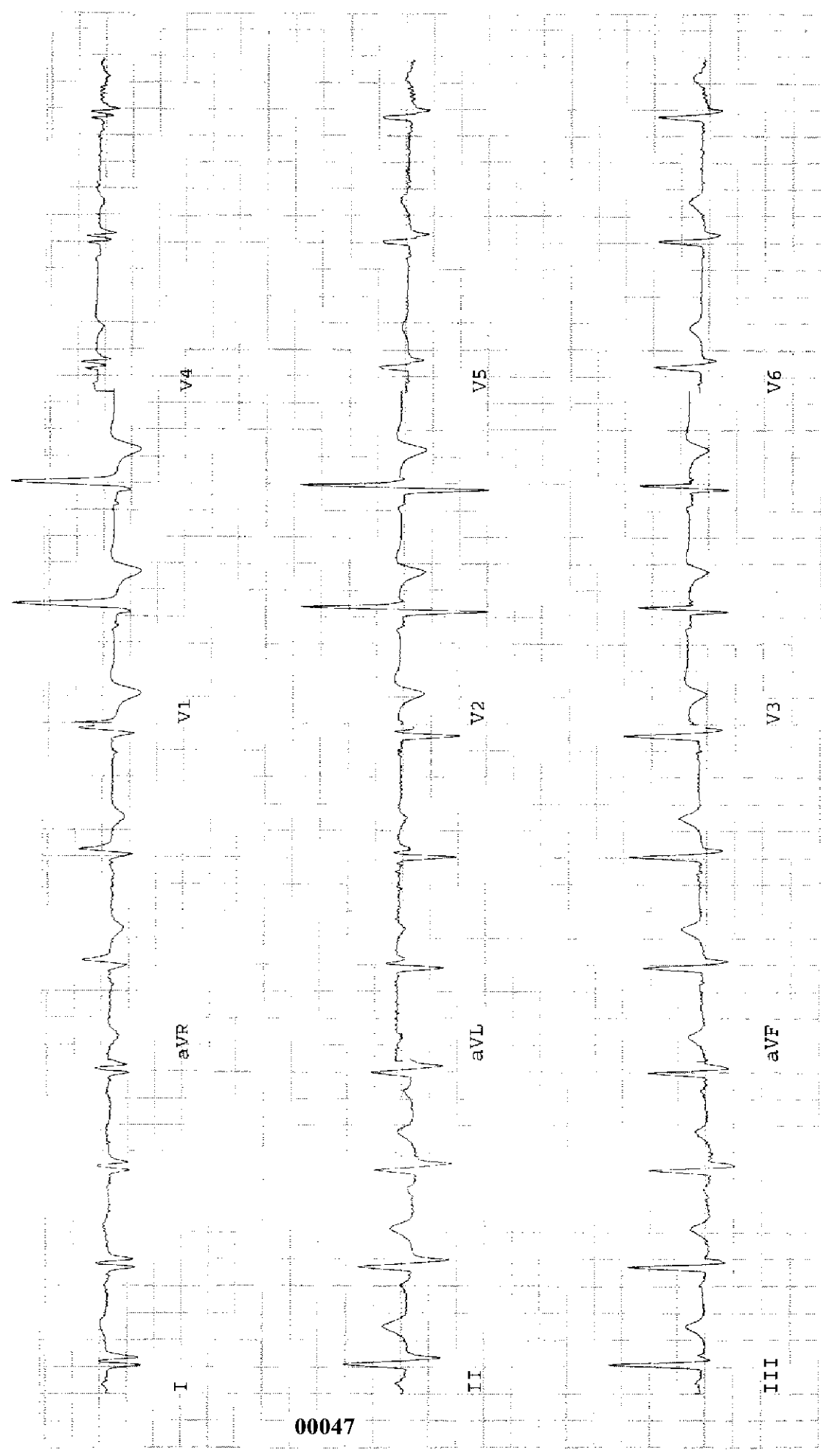
Date: 17-JUN-2022

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:49:02am

12-Lead Report
PRETEST
SUPINE
44:09

83 bpm
110/70 mmHg

BRUCE
0.0 mph
0.0 %



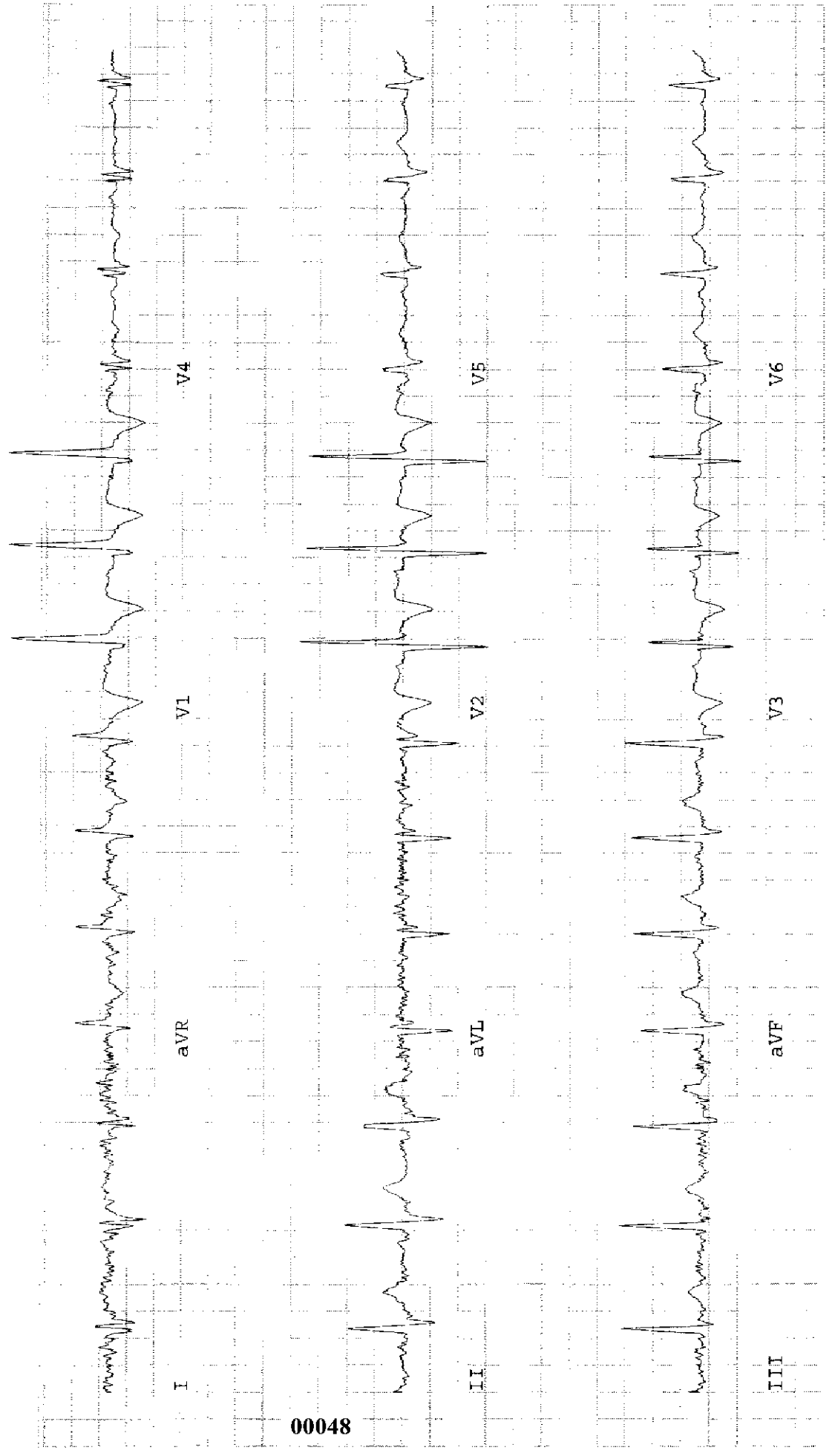
00047

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:50:17am

12-Lead Report
EXERCISE
STAGE 1
01:15

BRUCE
1.7 mph
10.0 %

84 bpm



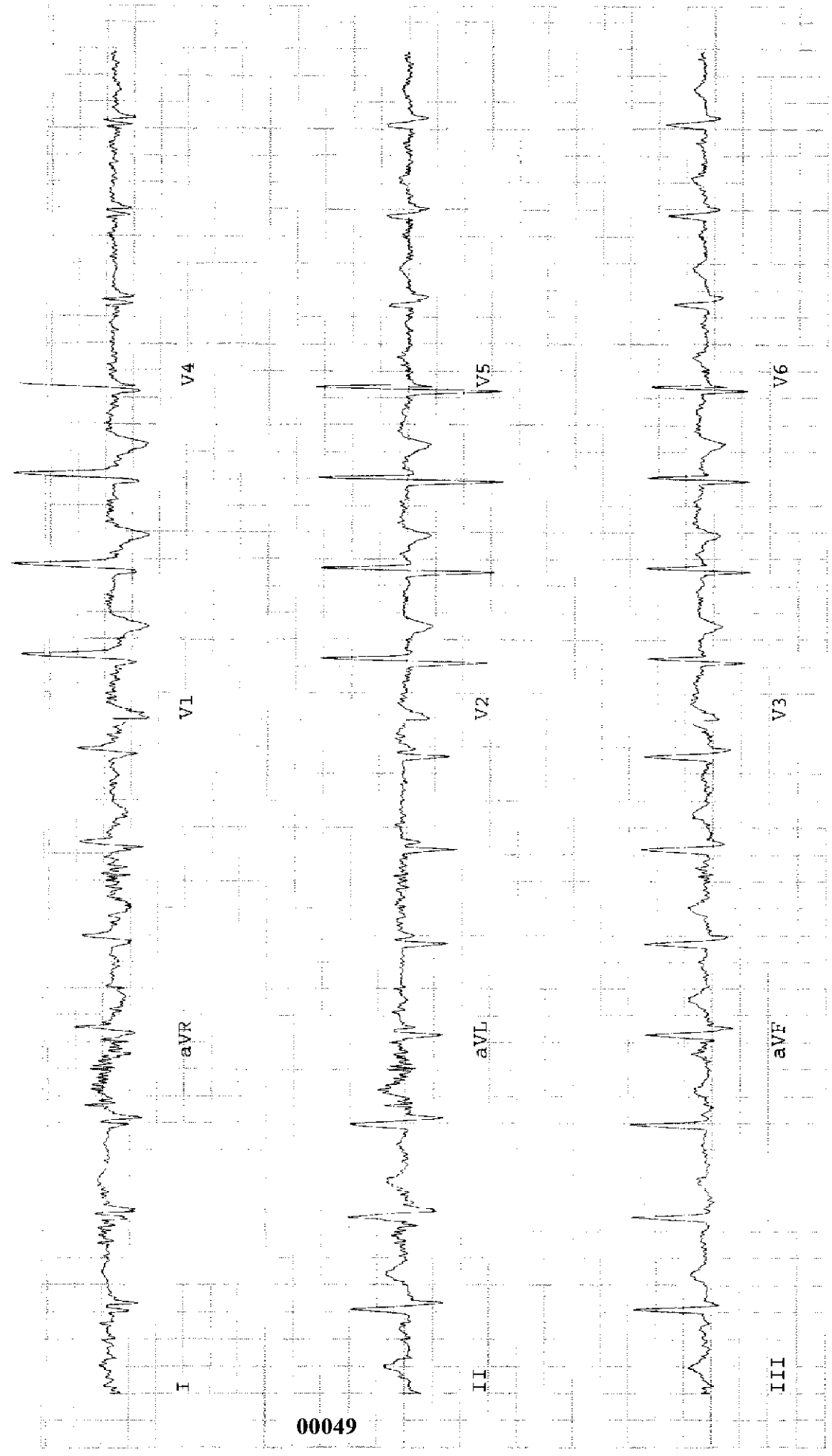
00048

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:50:57am

12-Lead Report
EXERCISE
STAGE 1
01:55

BRUCE
1.7 mph
10.0 %

87 bpm



00049

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:51:37am

12-Lead Report
EXERCISE
STAGE 1
02:35

88 bpm
120/80 mmHg
BRUCE
1.7 mph
10.0 %

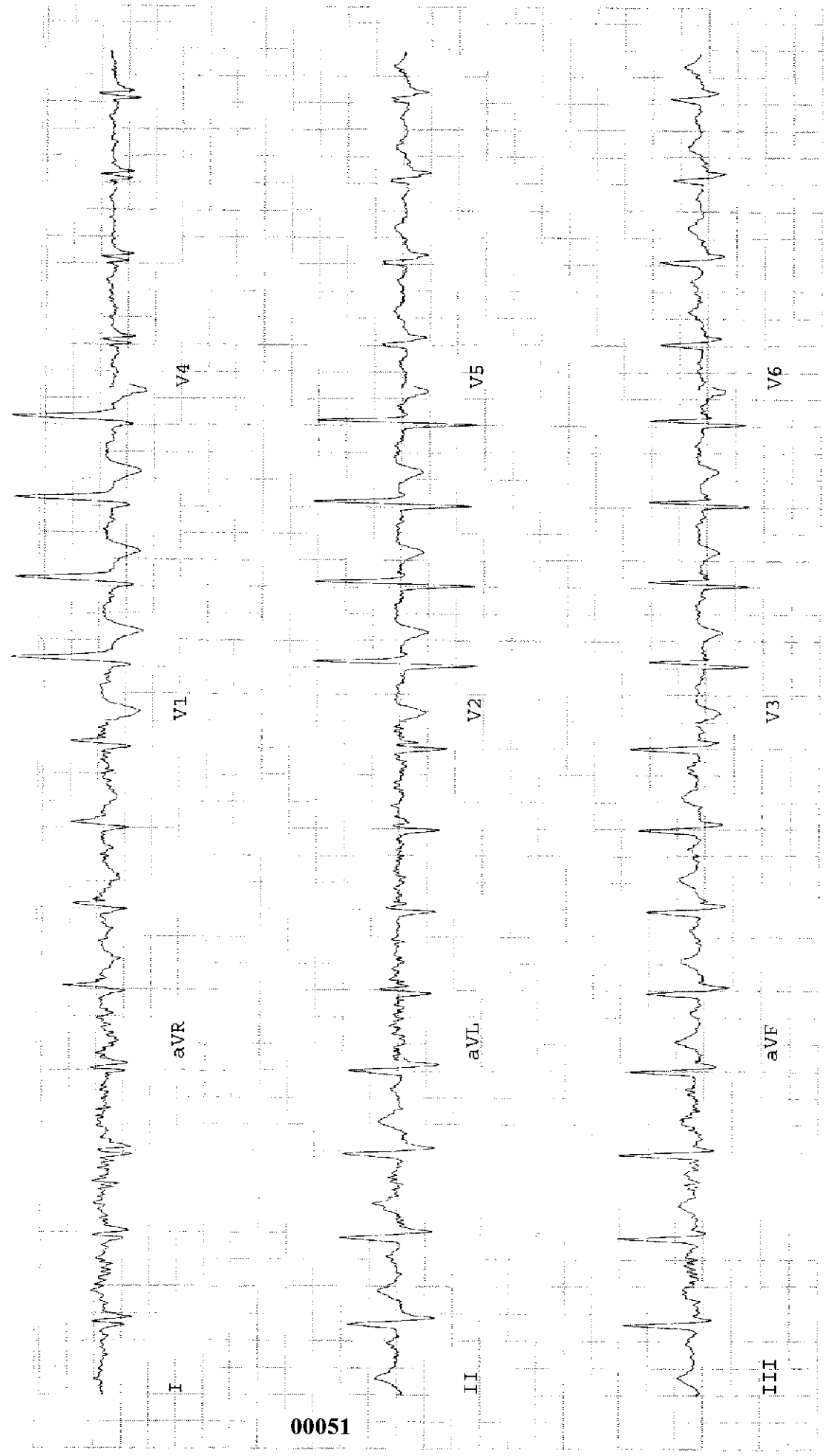


HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:53:02am

12-Lead Report
EXERCISE
STAGE 2
04:00

95 bpm

BRUCE
2.5 mph
12.0 %

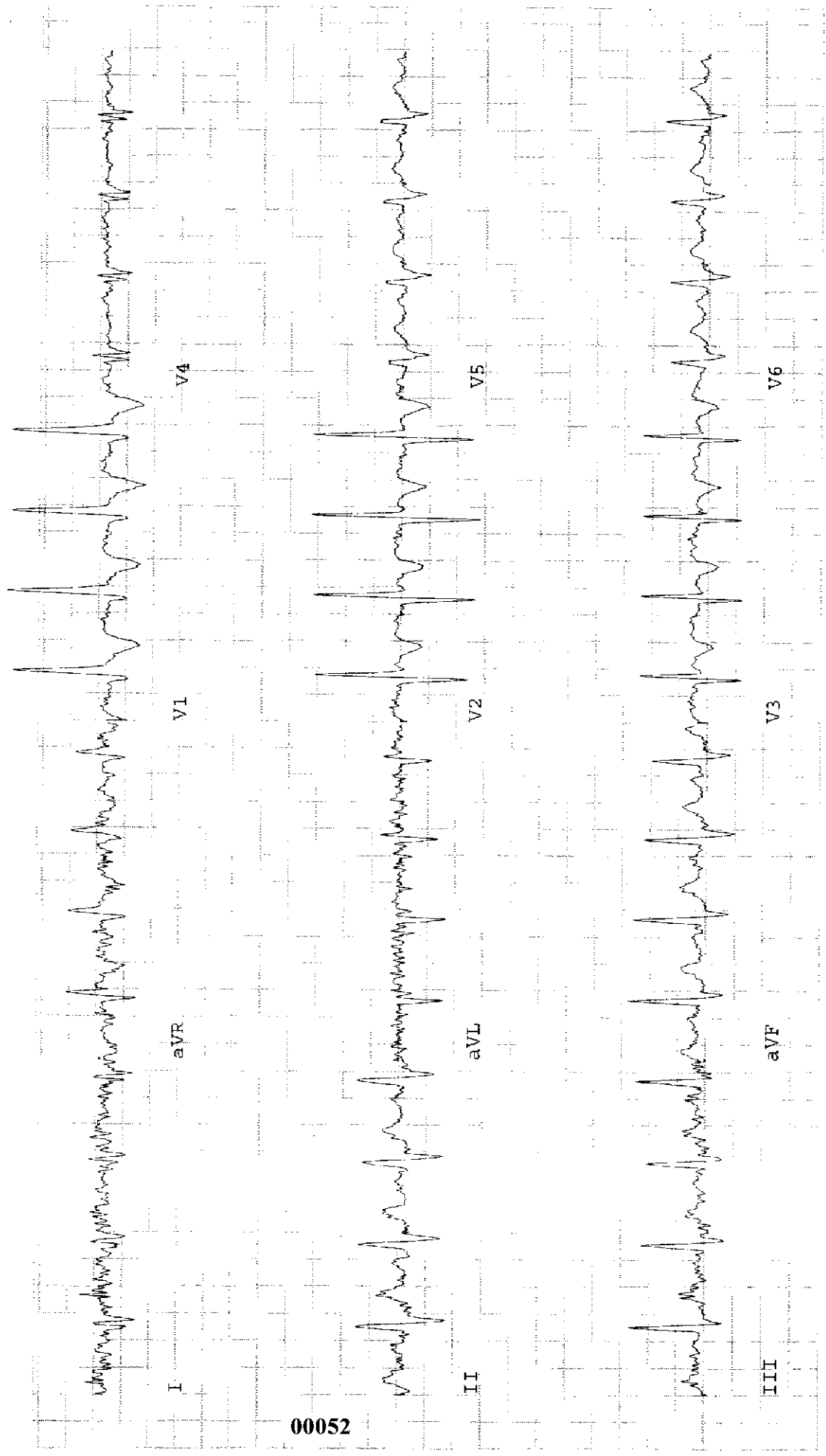


00051

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:53:47am

12-Lead Report
EXERCISE
STAGE 2
04:45

BRUCE
2.5 mph
12.0 %



00052

HERNANDEZ, ALBERTO

Patient ID: 1015723

06/17/2022

9:54:32am

12-Lead Report

96 bpm

130/80 mmHg

EXERCISE

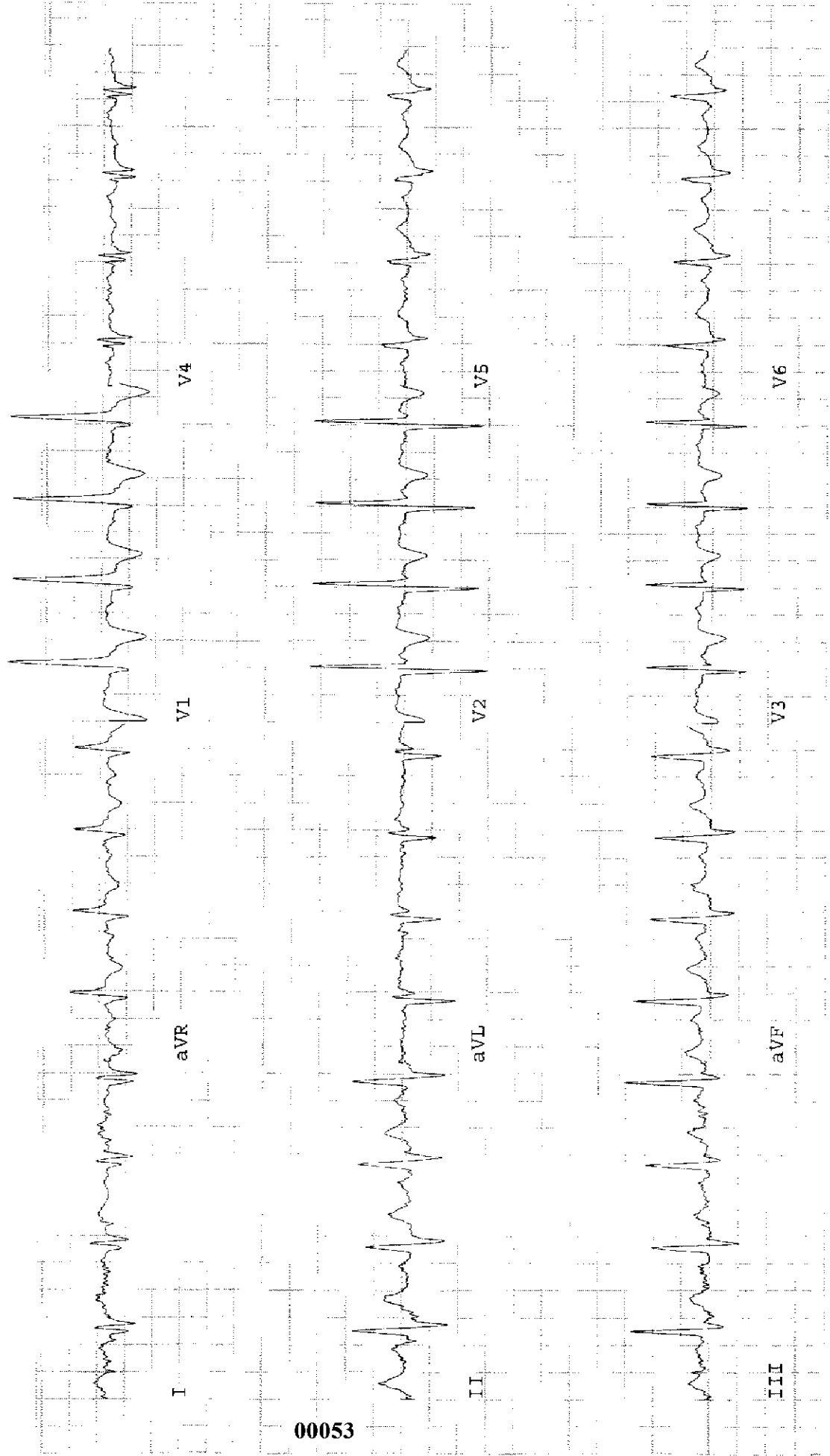
STAGE 2

05:30

BRUCE

2.5 mph

12.0 %



GE

CASE V6.73

25mm/s 10mm/mV 60Hz

0.01-40Hz FRF-

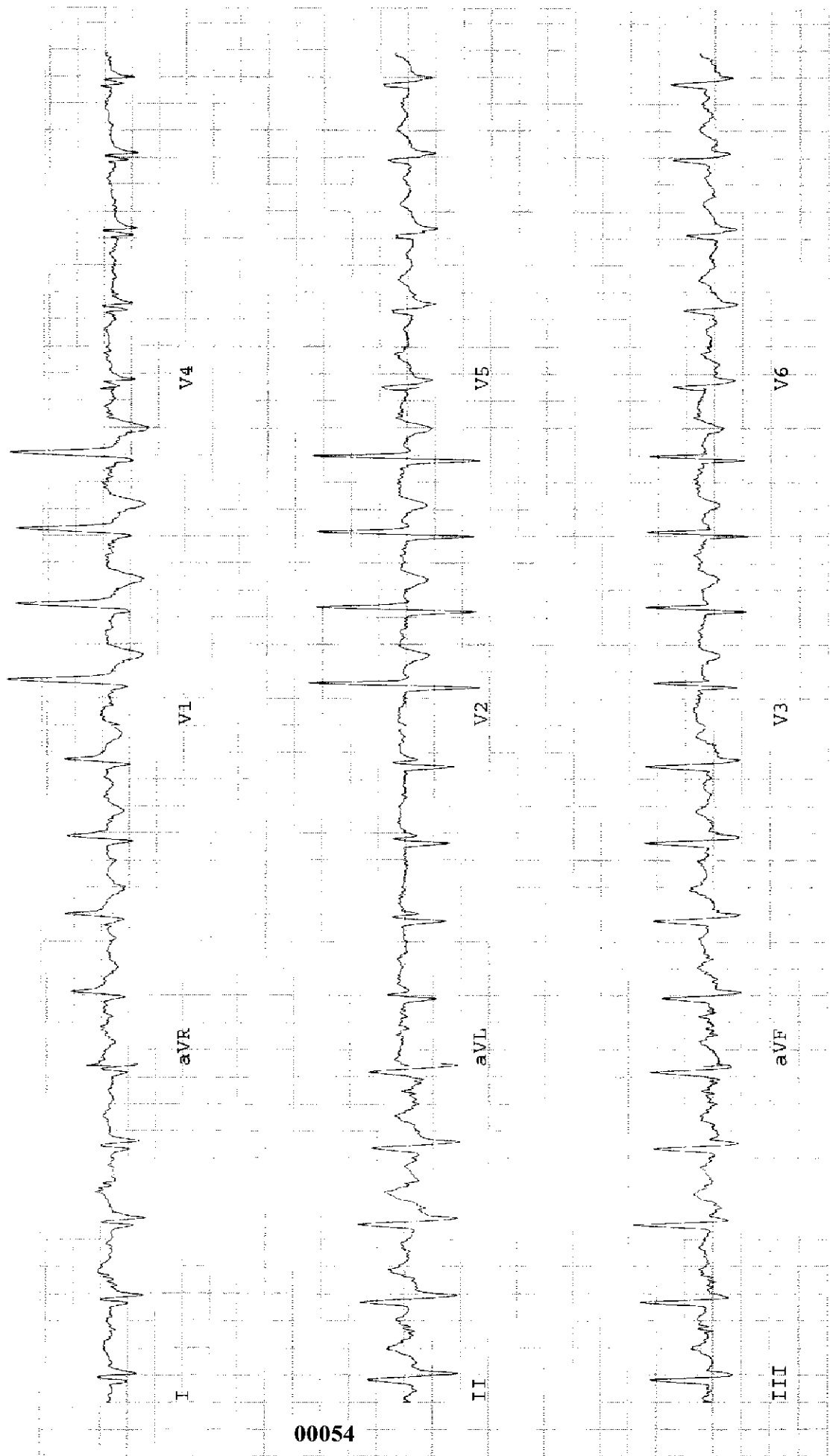
HEART V5.4 HR (V2, II)

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:56:02am

12-Lead Report
EXERCISE
STAGE 3
07:00

BRUCE
3.4 mph
14.0 %

106 bpm



00054

GE

CASE V6.73

25mm/s 10mm/mV 60Hz

0.01-40Hz FRF-

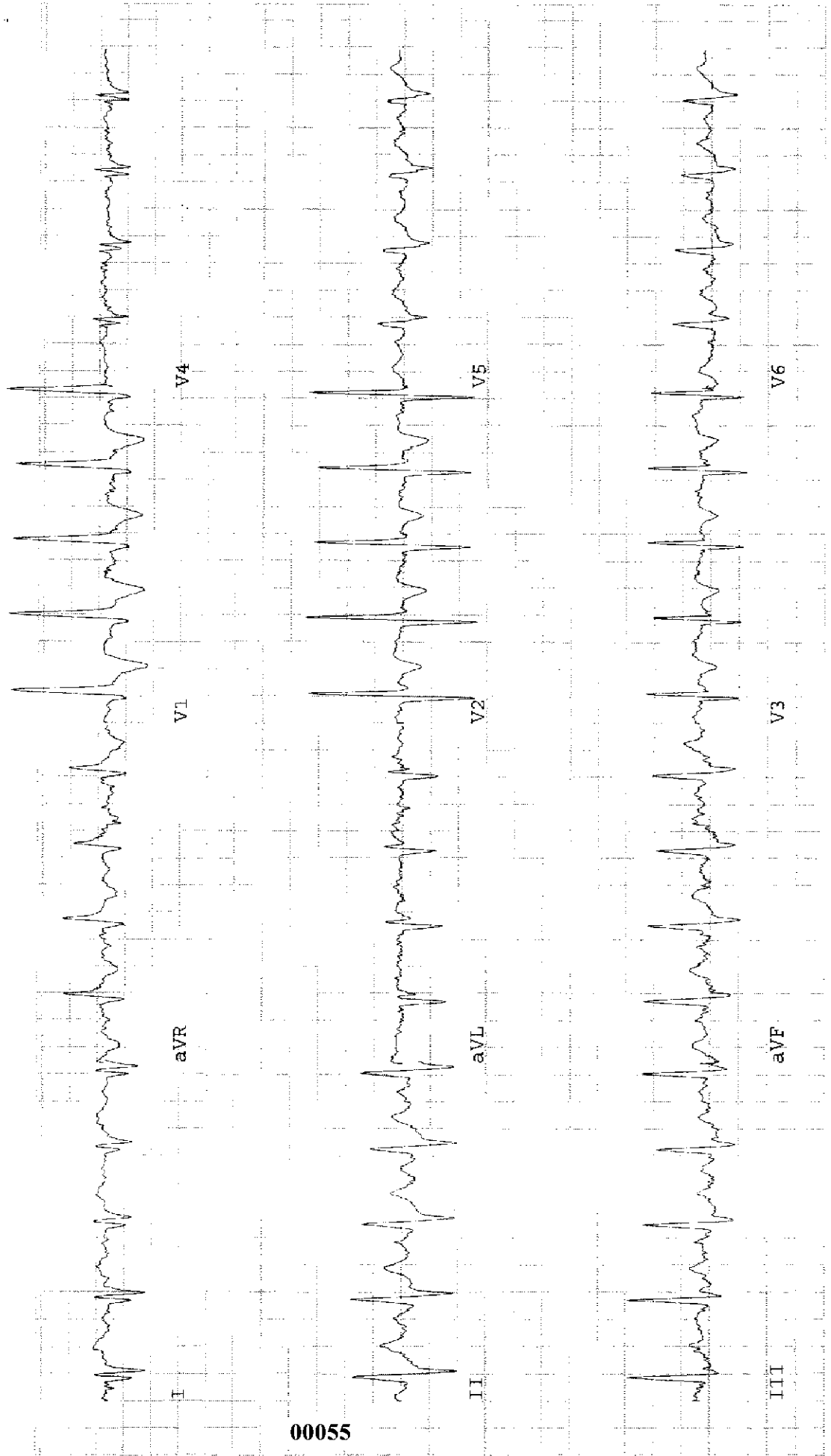
HEART V5.4 HR (V2, II)

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:56:47am

12-Lead Report
EXERCISE
STAGE 3
07:45

106 bpm

BRUCE
3.4 mph
14.0 %



00055

GE

CASE V6.73

25mm/s 10mm/mV 60Hz

0.01-40Hz FRF- HEART V5.4 HR (V2,II)

HERNANDEZ, ALBERTO

Patient ID: 1015723

06/17/2022

9:57:32am

12-Lead Report

112 bpm

EXERCISE

BRUCE

STAGE 3

3.4 mph

08:30

14.0 %



00056

GE

CASE V6.73

25mm/s 10mm/mV 60Hz

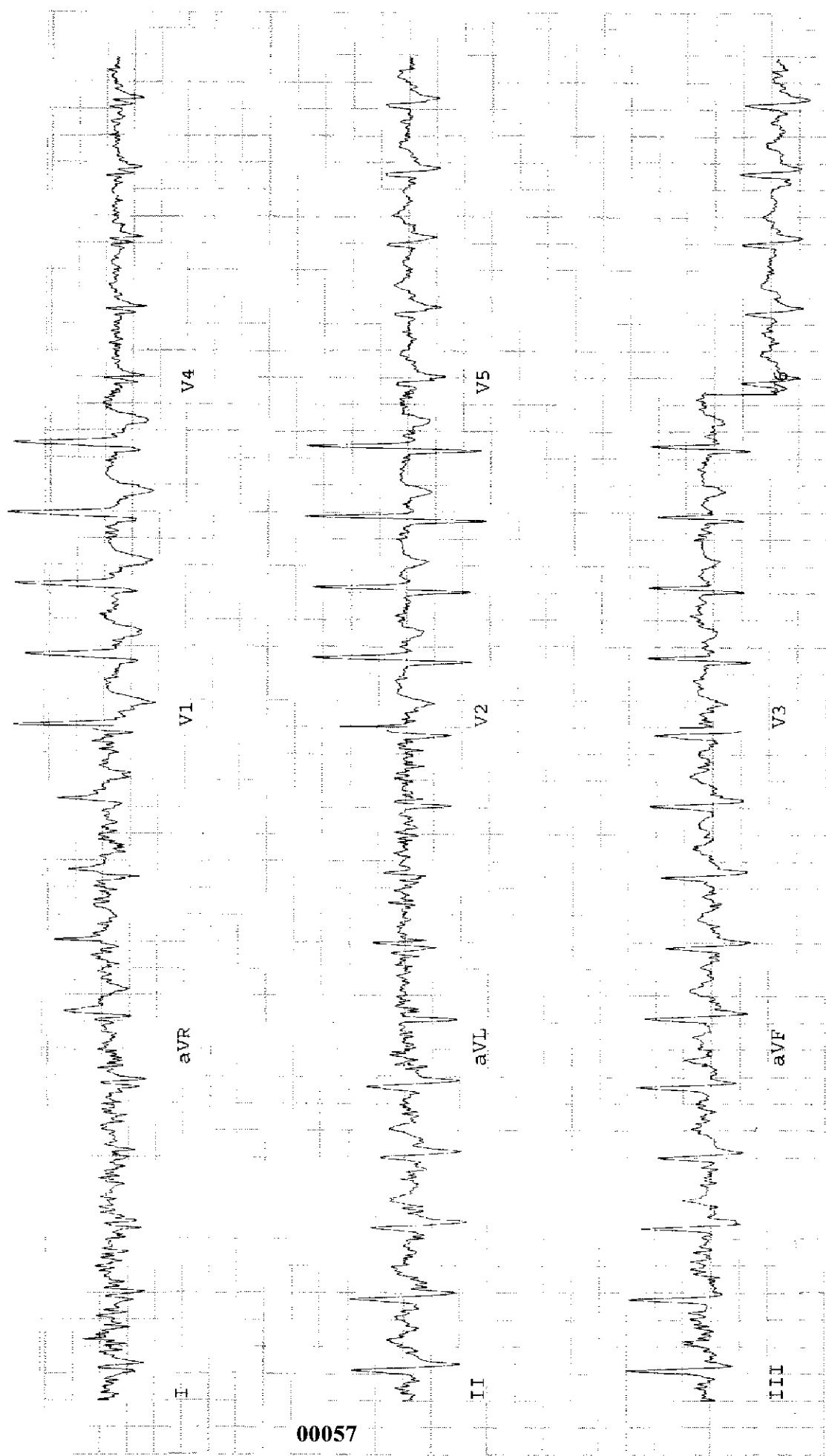
0.01-40Hz FRF-

HEART V5.4 HR (V2,II)

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:59:02am

12-Lead Report
EXERCISE
STAGE 4
10:00

116 bpm
BRUCE
4.2 mph
16.0 %

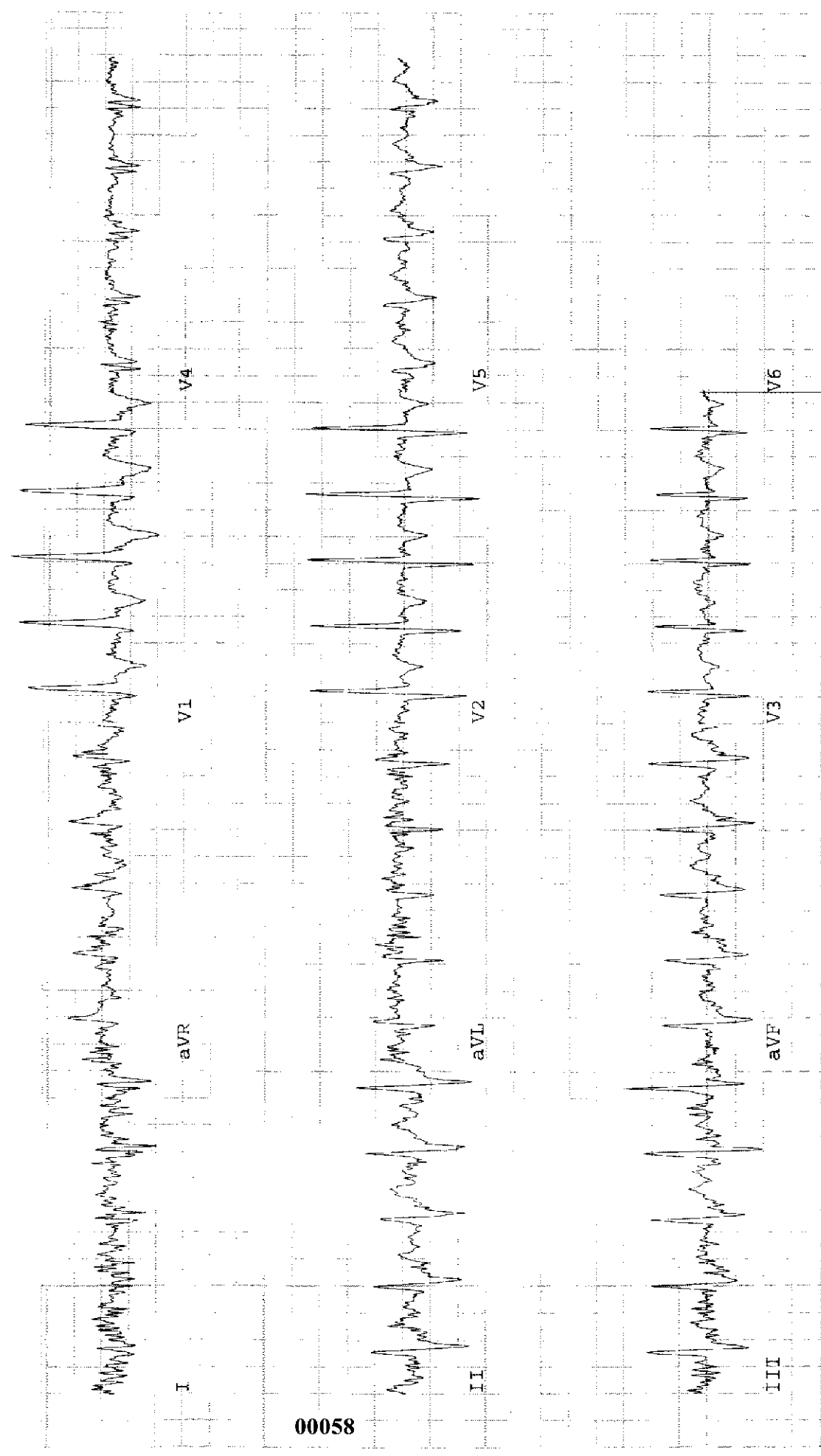


00057

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
9:59:47am

12-Lead Report
122 bpm
EXERCISE
STAGE 4
10:45

BRUCE
4.2 mph
16.0 %

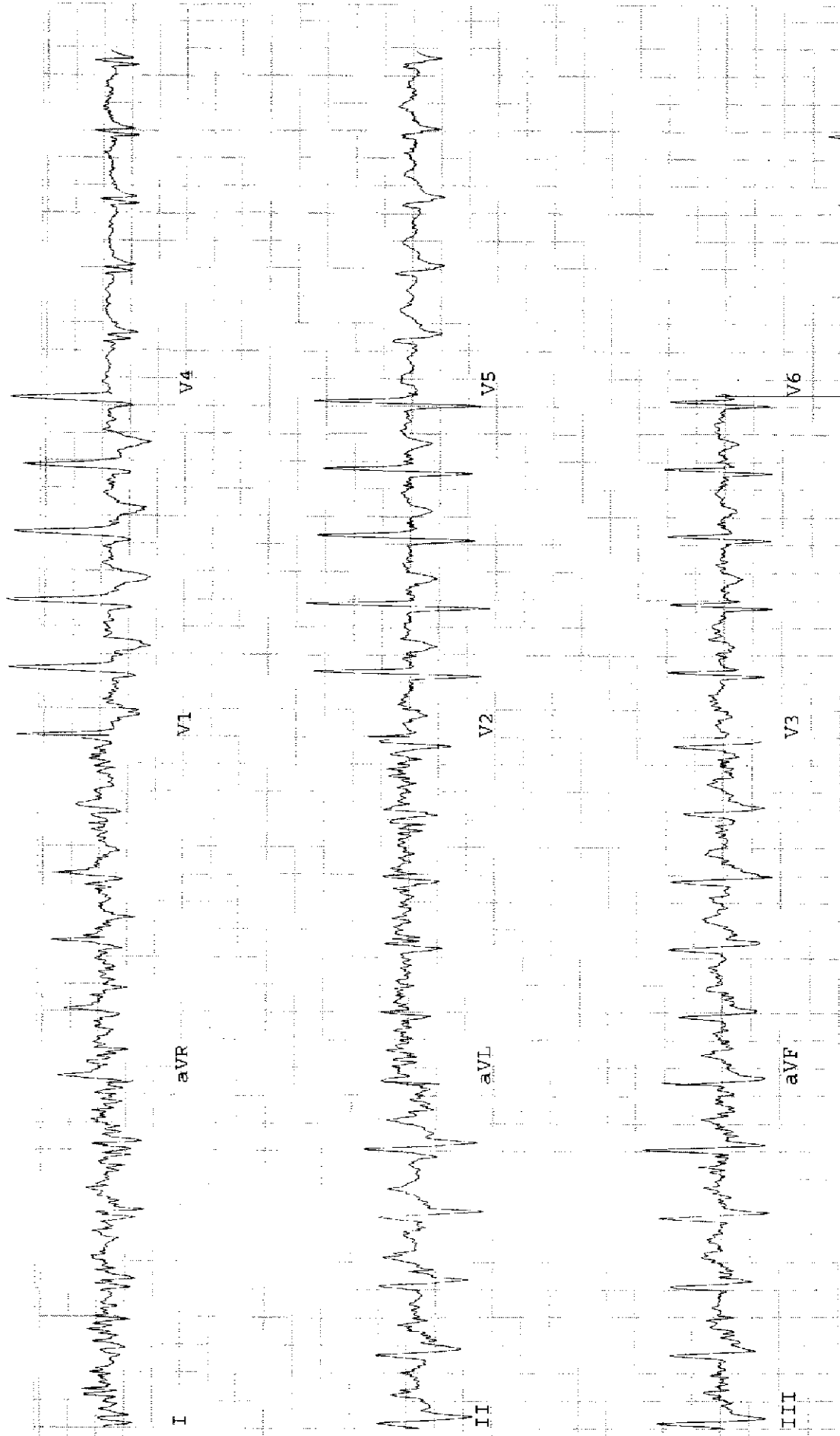


00058

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
10:00:03am

12-Lead Report (PEAK EXERCISE)
EXERCISE BRUCE
STAGE 4 4.2 mph
11:01 16.0 %

122 bpm



00059

GE CASE V6.73
25mm/s 10mm/mV 60Hz 0.01-40Hz
HEART V5.4 HR (V2, V1)

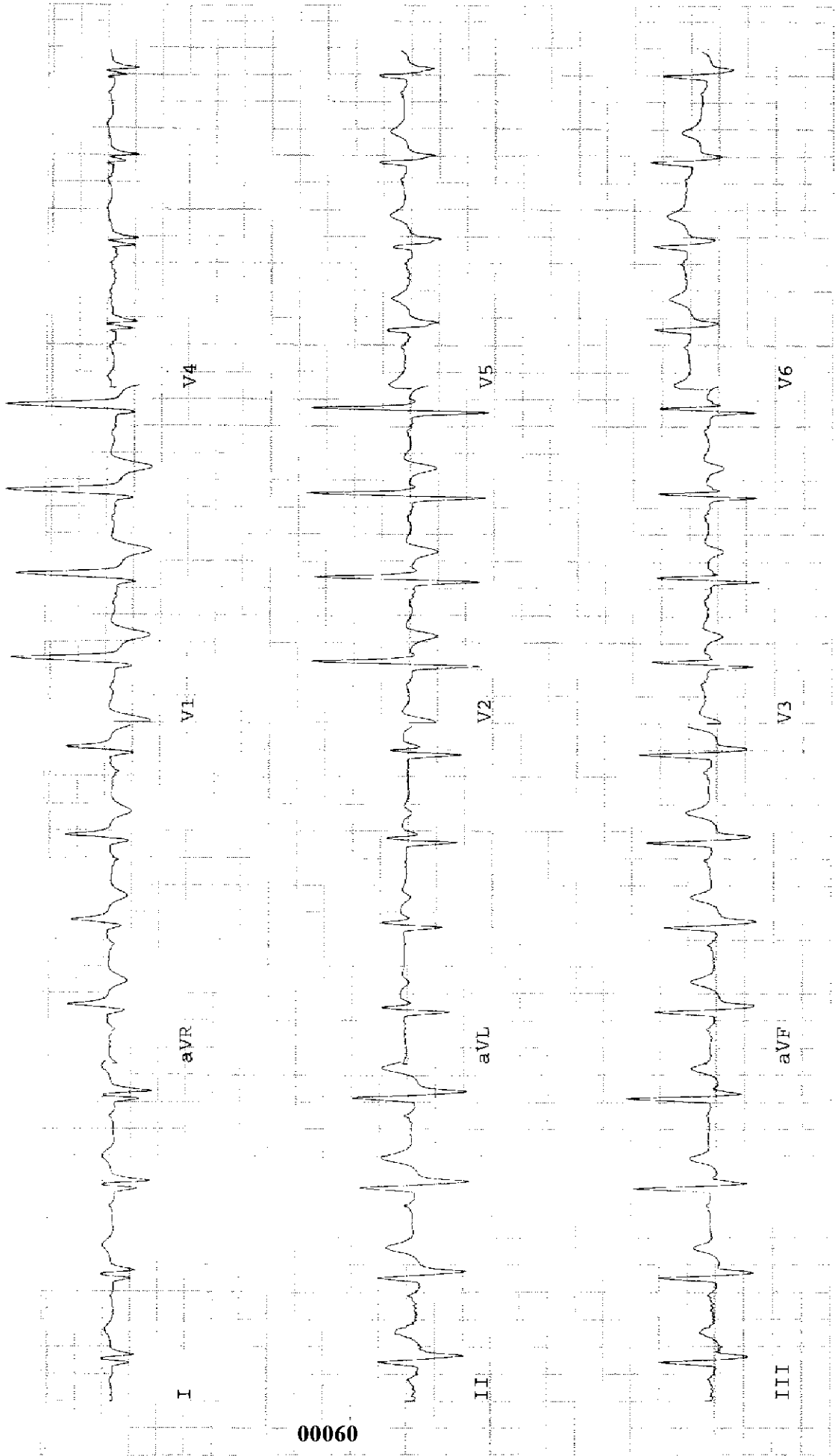
HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
10:00:53am

12-Lead Report
RECOVERY

94 bpm

BRUCE
0.0 mph
0.0 %

00:50



00060

GE

CASE V6.73

25mm/s 10mm/mV 60Hz

0.01-40Hz FRF-

HEART V5.4 HR (V2,II)

HERNANDEZ, ALBERTO
Patient ID: 1015723
06/17/2022
10:01:53am

12-Lead Report
RECOVERY

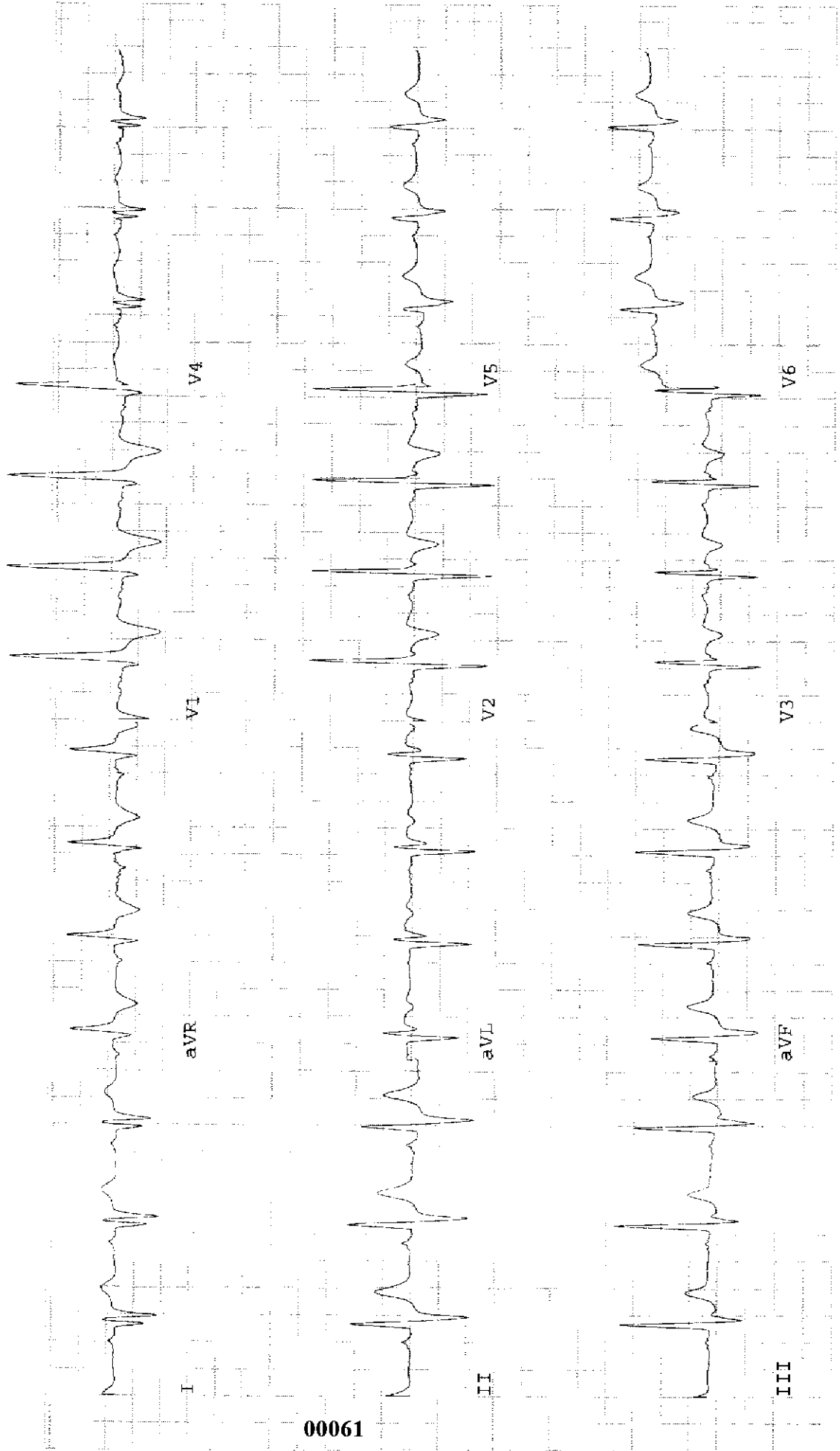
86 bpm

BRUCE

0.0 mph

0.0 %

01:50



00061

HERNANDEZ, ALBERTO

ID:1015723

17-JUN-2022 09:04:38

Riverside Medical Clinic-MNI:IT ROUTINE RETRIEVAL

10-OCT-1964 (57 yr)
Male Other

Vent. rate 64 BPM
PR interval 166 ms
QRS duration 136 ms
QT/QTc 432/445 ms
P-R-T axes 49 125 70

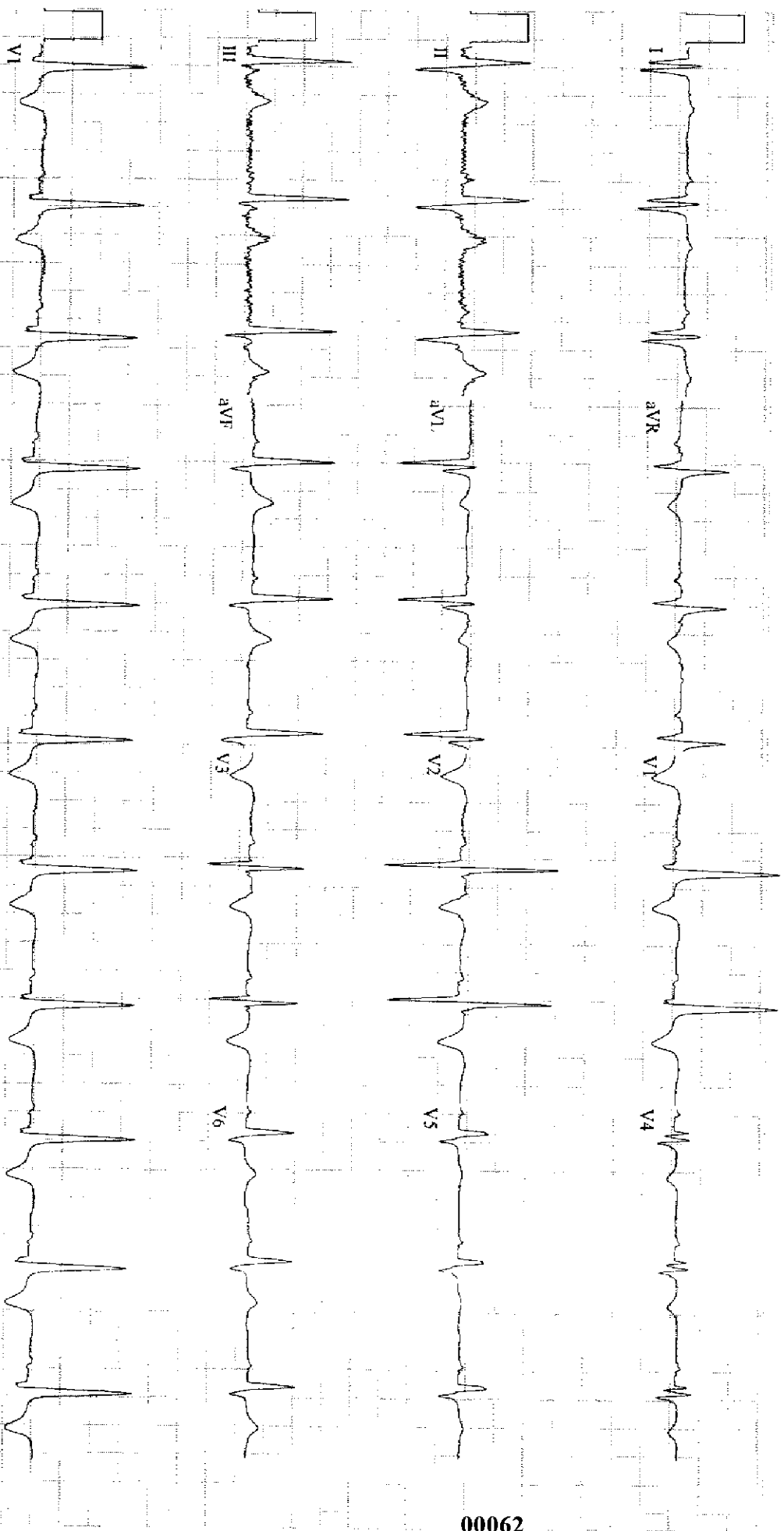
Normal sinus rhythm
Right bundle branch block, plus right ventricular hypertrophy
Septal infarct, age undetermined
Lateral infarct, age undetermined
Abnormal ECG

History dx: stemi S2021, sfp stem, htn, hyperlipidemia, ischemic cardiomyopathy
Technician: J. Santiago
Test Ind: Evaluation Vent. Function
Med: asa, cozaar, losartan, metoprolol, n

Confirmed by Quan, Joseph (13) on 6/17/2022 5:11:52 PM

Referred by: JOSEPH QUAN

Confirmed By: Joseph Quan



00062

25mm/s 10mm/mV 150Hz 9.0.10 12SL 12SL V21CID: 2

SID: 1015723 BID: 13 EDT: 17:11 17-JUN-2022 ORDER: 38784231

HERNANDEZ, ALBERTO

ID:1015723

15-JUN-2022 08:36:35

Riverside Medical Clinic-PRISOP ROUTINE RETRIEVAL

10-OCT-1964 (57 yr)
Male Other

Room: Loc:4
P-R-T axes

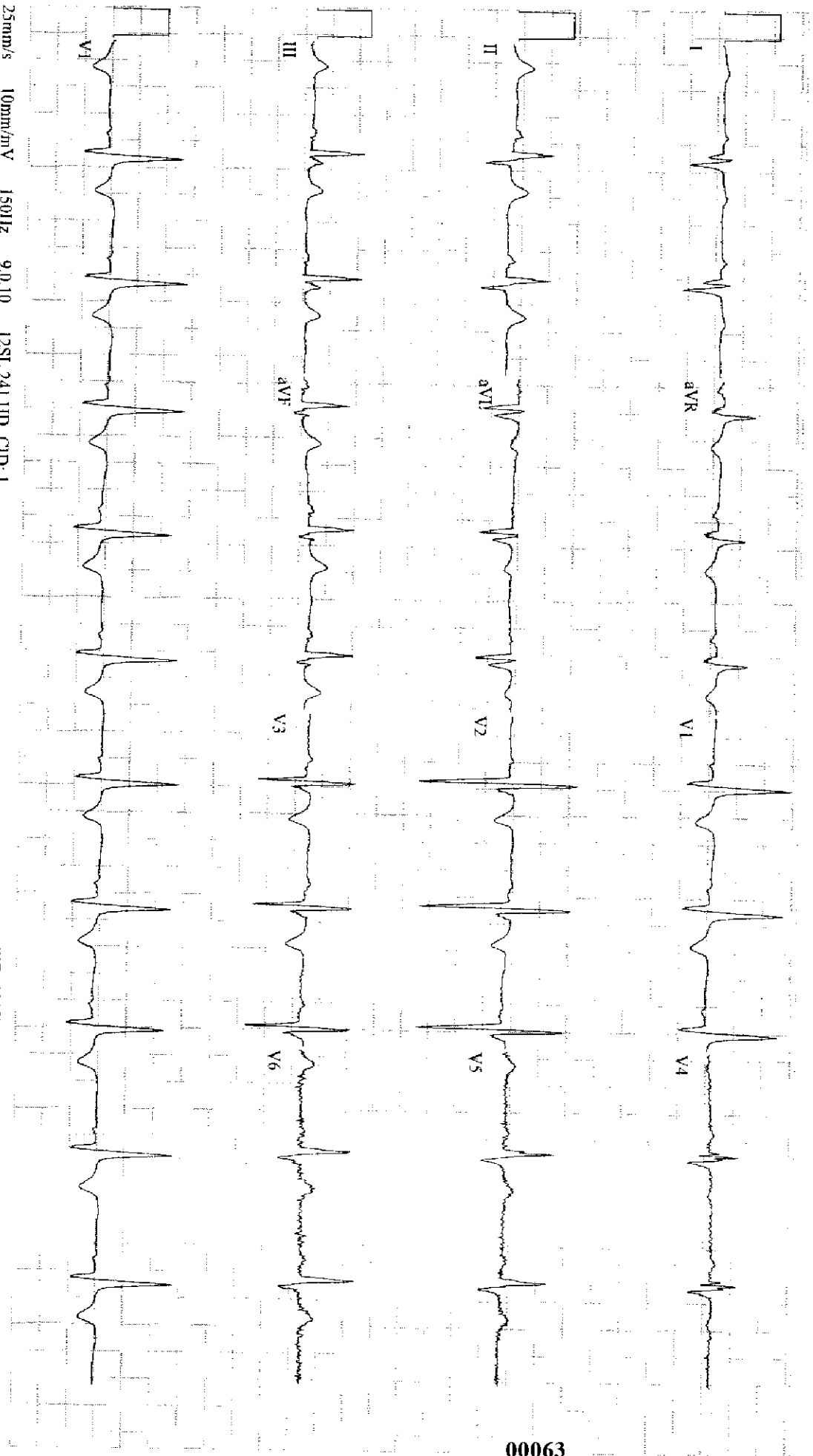
Vent. rate	65	BPM
PR interval	160	ms
QRS duration	132	ms
QT/QTc	414/430	ms
P-R-T axes	55 127	75

Normal sinus rhythm
 Right bundle branch block
 Anterolateral infarct (cited on or before 30-MAR-2022)
 Abnormal ECG
 Confirmed by Kim, Edward (21) on 6/16/2022 8:51:00 AM

Technician: Javier Santiago
Test Ind: preop

Referred by: SURBU NAGAPPAN

Confirmed By: Edward Kim



00063

25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 IID CID: 1

SID: 1015723 FID: 21 HDT: 08:51 16-JUN-2022 ORDER: 38784229

HERNANDEZ, ALBERTO

ID:1015723

30-MAR-2022 08:34:35

Riverside Medical Clinic-MNCAR ROUTINE RETRIEVAL

10-OCT-1964 (57 yr)
Male Other

Room: Loc:3
P-R-T axes

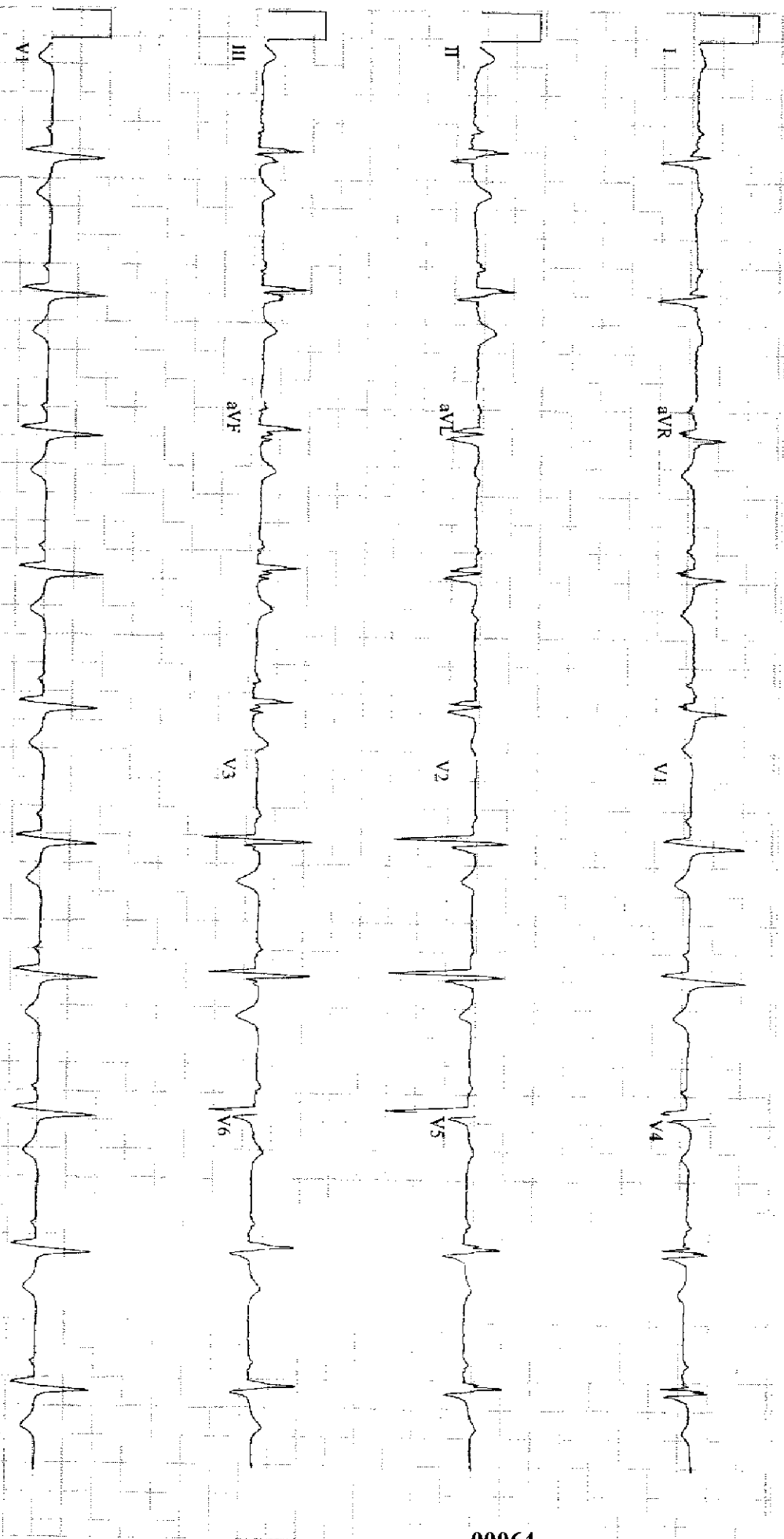
Vent. rate	63	BPM
PR interval	170	ms
QRS duration	138	ms
QT/QTc	436/446	ms
P-R-T axes	54 127	71

Normal sinus rhythm
 Right bundle branch block
 Anterolateral infarct, age undetermined
 Abnormal ECG
 No previous ECGs available
 Confirmed by Quan, Joseph (13) on 4/1/2022 4:35:33 PM

Technician:Javier Santiago
 Test Incl:Old myocardial infarction

Referred by: JOSEPH QUAN

Confirmed By: Joseph Quan



00064

25mm/s 10mm/mV 150Hz 9.0.10 12SL 241 HD CID: 1

SID: 1015723 EID:13 EDI: 16:35 01-APR-2022 ORDER: 37374794

COMPEX LEGAL SERVICES
AFFIDAVIT - (Pursuant to Cal Evidence Code 1561)

CA1123768-003

I hereby declare under penalty of perjury that the following statements are true to the best of my knowledge and belief. I am over the age of 18 and the duly authorized custodian of records for:

RIVERSIDE MEDICAL CLINIC, RIVERSIDE

7117 BROCKTON AVENUE, BASEMENT LEVEL, RIVERSIDE, CA 92506

and have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control, described and called for in the SUBPOENA/Authorization served with this declaration in the matter relating to said individual or thing pertaining to:

RECORDS OF: ALBERTO HERNANDEZ

AKA:

DATE OF BIRTH: 10/10/1964

SOCIAL SECURITY#: XXX-XX-2281

HOW ORIGINAL RECORDS WERE PREPARED

- | | |
|--|---|
| <input type="checkbox"/> HANDWRITTEN NOTES | <input type="checkbox"/> TYPED/DATA ENTERED |
| <input type="checkbox"/> TRANSCRIBED | <input type="checkbox"/> OTHER _____ |

TYPE OF RECORDS PRODUCED

- | | | | |
|---|----------------------------------|-------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> MEDICAL | <input type="checkbox"/> BILLING | <input type="checkbox"/> FILMS | <input type="checkbox"/> INSURANCE |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> PAYROLL | <input type="checkbox"/> SCHOLASTIC | |
| <input type="checkbox"/> OTHER _____ | | | |

Said records were prepared by personnel of the business in the ordinary course of business at or near the time of the act, condition, or event. I have delivered all of the records/items requested with the following exception(s):

CUSTODIAN NAME (PLEASE PRINT)

PHONE NUMBER

[Handwritten Signature]

4/17/2023

SIGNATURE OF CUSTODIAN

DATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

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

4/17/23

[Handwritten Signature]

HENRY S

DATE

SIGNATURE

PRINT NAME

PURSUANT TO BUSINESS & PROFESSIONS CODE SECTION 22462, I WILL MAINTAIN THE INTEGRITY & CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.