



Med-Legal, LLC.

7 offices in California

(800) 244-3495 www.GetRecords.com

Records Excerpt & Outline

(List of injuries, diseases and symptoms)

HIPAA COMPLIANT

The following Records Excerpt has been prepared by Med-Legal, LLC. This excerpt is not part of the records that were produced by the medical facility. It is limited to injuries, diseases and symptoms that may be in the produced records.

Use this Excerpt & Outline to spot **apportionment issues** and also to reduce or **eliminate the review charges** incurred by treating and reviewing doctors.

All records ordered through Med-Legal also include a CD-ROM with the records in *searchable* (OCR) PDF format.

DISCLAIMER: Med-Legal, LLC. assumes no responsibility for any omissions, inclusions, misinterpretation or any other errors, either intentional or unintentional, in the attached Records Excerpt and Outline. Med-Legal, LLC. is not responsible for the accuracy or completeness of the attached records excerpt. This excerpt should not be relied upon for any medical or legal conclusion or opinion. The actual records should be used for all purposes.

Control No: 22-5383-1

Medical Record Excerpt & Outline

Patient Name : Benetia Young
WCAB # : SIF12213522, SIF12620825
Social Security No. : 547-08-0936
Date of Birth : 01/08/65
Employer : STAR VIEW ADOLESCENT CENTER
Records of : SCPMG/KFH
RANCHO CUCAMONGA, CA
Date of Injury : 04/18/2019

[View records in Zing](#)

Date of Service	Page No.	Provider	Excerpt
03/21/19	12- 14 , 62- 68	Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Progress Notes CC: Shingles: Possible per patient. HPI: Patient c/o possible shingles onset 2 days. Pain on rash on neck and chest. Patient not sure if drug eruption from Nabumetone prescribed by WC physician. BP: 127/78. Wt: 180 lbs. Exam: Skin: Rash noted. Rash is vesicular (erythema groups of vesicular rash on left neck and upper chest). Assessment: 1) Vaccination for diphtheria, tetanus and acellular pertussis. Tx plan: Vaccination TDAP. Valacyclovir 1 gm. Prednisone 20 mg. I order anti viral medicine Valtrex for shingles. I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone. Off work form done. F/u as needed.
06/03/19	69- 74	Lee, Robert, F., RPH/Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Call Documentation Message from Lee, Robert F RPH 06/03/19 2:01 PM: Patient is new and has been taking Atenolol 50 mg daily, from the neighborhood clinic. She has an appointment to see you in about a month, but is almost out of medicine. Can patient be given #30 until her appointment. Message from Chu, Kenneath Kamfat M.D. 06/03/19 5:25 PM: I believe you have verified with outside pharmacy. 30 pills ordered.
08/12/19	15- 20 , 77- 81	Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Office Visit Patient presents for physical examination and headache. Patient is here for physical. Exercise none. Patient has been diagnosis with HTN on Atenolol outside KP 1 year. Patient

			said without Pap for a while. PMH: Hypertension. Meds: Atenolol 50 mg. ROS: Respiratory: Positive for shortness of breath (sometimes with walking). Neurological: Positive for headaches (tightness in back of neck, admit to stress). Psychiatric/Behavioral: Patient has insomnia. Exam: Neck: Muscular tenderness present. Assessment: Routine adult health check up exam. HTN. Insomnia. Tension headache. Overweight. Tx plan: Patient wants to change Atenolol to different BP medicine. Titrate to stop Atenolol, patient only had 1 pill left. Start Norvasc. Nurse clinic BP check in 2 weeks. Encourage start exercise. Provide and encourage patient to enroll with weight program to loose weight regard obesity. Order Trazodone as needed insomnia. Order Motrin as needed headache/neck pain, relate to stress. Health screen lab order. Patient said prefer to call back and schedule Pap/breast exam with PA/NP. Lab studies ordered. Trazodone 50 mg. Amlodipine 2.5 mg. Ibuprofen 600 mg.
08/12/19	54- 57	Kaiser	Laboratory Rept HgbA1c%, Cholesterol, LDL Calculated, Cholesterol/HDL: High.
08/13/19	21- 26	Chu, Kenneath Kamfat, M.D./Jimenez, Eva, A., M.A.-Kaiser Permanente	Call Documentation Message from Chu, Kenneath Kamfat M.D. 08/13/19 4:21 PM: Please call patient and inform schedule TAV appointment to discuss recent lab, inform cholesterol very high, also pro diabetes. Inform TAV schedule time only 5-10 minutes but free. Message from Jimenez, Eva A M.A. 08/14/19 1:15 PM: Left message for patient to return call to Dr. Chu office. Message from Jimenez, Eva A M.A. 08/16/19 02:00 PM: Patient aware and booked.
09/06/19	82- 84	Huerta, Brenda Areli,M.A -Kaiser	Message Unable to reach this patient by phone. Multiple attempts. A certified letter is being sent.
09/17/19	32- 37	Chu, Kenneath Kamfat, M.D./Jimenez, Eva, A., M.A.-Kaiser Permanente	Call Documentation Message from Chu, Kenneath Kamfat, M.D. 09/17/19 4:52 PM: Please call patient, noted her mammogram in August not normal, need additional testing. Mammogram department tried to call patient several times and mail certified letter. Advise patient schedule test with mammogram department. If unable to find patient after 3 tries, send letter to patient as well. Message from Jimenez, Eva A M.A. 09/25/19 8:46 AM: Unable to reach Patient mailed letter.
10/29/19	38- 44, 85- 88	Ross, Katherine Gloria, O.D.-Kaiser Permanente	Progress Notes Patient presents for eye examination, distance and near blur without glasses. LEE few years. Exam: Bilateral eye exam was performed. Slit lamp exam: Lens: 1+ nuclear sclerosis, both eyes. Fundus exam: Right eye: Lamina cribosa visible.

			Assessment/Plan: 1) Disorder of refraction. 2) Bilateral glaucoma suspect. 3) Bilateral age related cataract. Plan: Released spectacle prescription, patient has had PAL in past, would like PAL again. Normotensive pressures right eye/left eye. Suspicious nerve right eye more than left eye. Refer to ophthalmology for glaucoma evaluation. Not visually significant; monitor. Results of today's exam discussed with patient. Patient states understanding.
02/15/20	45	Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Call Documentation Message from Chu, Kenneath K., M.D. 02/15/20 2:25 PM: Please call patient, she had abnormal mammogram in August, we and mammogram department tried to call and send certified letter for patient to schedule additional testing. Patient has not response. If able find patient, patient need to call mammogram department. If unable to find patient, mail letter again. Message from Jimenez, Eva, A., M.A. 02/18/20 11:41 AM: Patient is aware but does not have Kaiser coverage anymore.
05/08/20	46-48	Menzies, Jeannine T., R.N./Alcobendas, Mia, L.V.N./Chu, Kenneath K., M.D./Giron, Anissa D., M.D.-Kaiser Permanente	Call Documentation Reason for call: Appointment. Chu, Kenneath K., M.D. at 05/08/20 02:35 PM: Please call patient and inform schedule TAV appointment with me to review her HTN medicine. I have refilled her medicine request, but review refill better questionable compliance with medicine. Last visit with me we change her BP medicine to a different class medicine. Menzies, Jeannine T., R.N. at 05/08/20 02:49 PM: I have attempted to contact this patient by phone with the following results: I will continue to try later and mailbox is full and unable to leave a message. Plan: Give Dr Chu, Kenneath K (M.D.) message and book TAV. Alcobendas, Mia, L.V.N. at 05/11/20 03:04 PM: Called and spoke with patient regarding MDs message. Patient does not have Kaiser coverage now. Willing to pay out of pocket for medication. Does patient still need TAV? Please advice. Chu, Kenneath K., M.D. at 05/11/20 03:55 PM: If patient no longer has KP insurance, I don't think we can schedule TAV appointment. Patient to schedule f/u with new Insurance PCP. Giron, Anissa D., M.D. at 05/12/20 09:36 AM: Mailbox is full.
08/07/20	49-50	Chu, Kenneath K., M.D./Villegas, Elizabeth, M.A./Jimenez, Eva A., M.A.-Kaiser Permanente	Call Documentation Reason for call: Appointment. Chu, Kenneath K., M.D. at 08/07/20 01:37 PM: Please call patient and inform due f/u appointment for HTN and check up. Offer schedule face-to-face appointment with me or any provider within 1 month. Patient to come 4-5 hours fast, plan to order lab to be done same day as appointment. Jimenez, Eva A., M.A. at 08/10/20 01:30 PM: Left Message for Patient to return call to Dr. Chu

			office. Villegas, Elizabeth, M.A. at 08/12/20 12/26 PM: Mailbox is full. Jimenez, Eva A., M.A. At 08/13/20 08:22 AM: Unable to reach left letter.
09/10/20	51-52	Lavin, Susana, M.A./Chu, Kenneath K., M.D.-Kaiser Permanente	<p>Call Documentation</p> <p>Reason for call: Appointment. Chu, Kenneath K., M.D. at 09/10/20 08:10 AM: Please call patient and inform due f/u appointment for HTN and check up. Offer schedule face-to-face appointment with me or any provider within 1 month. Inform patient to come 4 hour fast so can order lab to be done same day as appointment. Lavin, Susana, M.A. at 09/10/20 09:50 AM: Dr. Chu, as of 10/31/19 patient is no longer covered through Kaiser. Member effective dates: 03/01/19 to 10/31/19. Chu, Kenneath K., M.D. at 09/10/20 11:34 AM: Please advice patient, since no longer has KP insurance, patient to schedule appointment with new physician at new insurance for f/u HTN.</p>

RECORDS

Applicant/Plaintiff	Benetia Young
Case No.	SIF12213522, SIF12620825
Defendant	STAR VIEW ADOLESCENT CENTER
Date of Injury	04/18/2019
File/Claim Num	Date Published 4/14/2021
Records of Location Copied	SCPMG/KFH 10740 4TH ST FL 2 RANCHO CUCAMONGA, CA 91730
Type of Records	Medical records

Records delivered to:

Control Num 22-5383-1 (105) C1

1 Customer

Natalia Foley, Esq
Workers Defenders Law Group
5753 E Santa Ana Cyn Rd Ste G #616
Anaheim, CA 92807
Attn: Natalia Foley, Esq.

Med-Legal, LLC

955 Overland Ct, Suite 200, San Dimas, CA 91773 (800) 244-3495



Med-Legal, LLC.

7 offices in California

(800) 244-3495 www.GetRecords.com

Records Excerpt & Outline

(List of injuries, diseases and symptoms)

HIPAA COMPLIANT

The following Records Excerpt has been prepared by Med-Legal, LLC. This excerpt is not part of the records that were produced by the medical facility. It is limited to injuries, diseases and symptoms that may be in the produced records.

Use this Excerpt & Outline to spot **apportionment issues** and also to reduce or **eliminate the review charges** incurred by treating and reviewing doctors.

All records ordered through Med-Legal also include a CD-ROM with the records in *searchable* (OCR) PDF format.

DISCLAIMER: Med-Legal, LLC. assumes no responsibility for any omissions, inclusions, misinterpretation or any other errors, either intentional or unintentional, in the attached Records Excerpt and Outline. Med-Legal, LLC. is not responsible for the accuracy or completeness of the attached records excerpt. This excerpt should not be relied upon for any medical or legal conclusion or opinion. The actual records should be used for all purposes.

Control No: 22-5383-1

Medical Record Excerpt & Outline

Patient Name : Benetia Young
WCAB # : SIF12213522, SIF12620825
Social Security No. : 547-08-0936
Date of Birth : 01/08/65
Employer : STAR VIEW ADOLESCENT CENTER
Records of : SCPMG/KFH
RANCHO CUCAMONGA, CA
Date of Injury : 04/18/2019

Date of Service	Page No.	Provider	Excerpt
03/21/19	12- 14, 62- 68	Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Progress Notes CC: Shingles: Possible per patient. HPI: Patient c/o possible shingles onset 2 days. Pain on rash on neck and chest. Patient not sure if drug eruption from Nabumetone prescribed by WC physician. BP: 127/78. Wt: 180 lbs. Exam: Skin: Rash noted. Rash is vesicular (erythema groups of vesicular rash on left neck and upper chest). Assessment: 1) Vaccination for diphtheria, tetanus and acellular pertussis. Tx plan: Vaccination TDAP. Valacyclovir 1 gm. Prednisone 20 mg. I order anti viral medicine Valtrex for shingles. I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone. Off work form done. F/u as needed.
06/03/19	69- 74	Lee, Robert, F., RPH/Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Call Documentation Message from Lee, Robert F RPH 06/03/19 2:01 PM: Patient is new and has been taking Atenolol 50 mg daily, from the neighborhood clinic. She has an appointment to see you in about a month, but is almost out of medicine. Can patient be given #30 until her appointment. Message from Chu, Kenneath Kamfat M.D. 06/03/19 5:25 PM: I believe you have verified with outside pharmacy. 30 pills ordered.
08/12/19	15- 20, 77- 81	Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Office Visit Patient presents for physical examination and headache. Patient is here for physical. Exercise none. Patient has been diagnosis with HTN on Atenolol outside KP 1 year. Patient

			<p>said without Pap for a while. PMH: Hypertension. Meds: Atenolol 50 mg. ROS: Respiratory: Positive for shortness of breath (sometimes with walking). Neurological: Positive for headaches (tightness in back of neck, admit to stress). Psychiatric/Behavioral: Patient has insomnia. Exam: Neck: Muscular tenderness present. Assessment: Routine adult health check up exam. HTN. Insomnia. Tension headache. Overweight. Tx plan: Patient wants to change Atenolol to different BP medicine. Titrate to stop Atenolol, patient only had 1 pill left. Start Norvasc. Nurse clinic BP check in 2 weeks. Encourage start exercise. Provide and encourage patient to enroll with weight program to loose weight regard obesity. Order Trazodone as needed insomnia. Order Motrin as needed headache/neck pain, relate to stress. Health screen lab order. Patient said prefer to call back and schedule Pap/breast exam with PA/NP. Lab studies ordered. Trazodone 50 mg. Amlodipine 2.5 mg. Ibuprofen 600 mg.</p>
08/12/19	54- 57	Kaiser	<p>Laboratory Rept HgbA1c%, Cholesterol, LDL Calculated, Cholesterol/HDL: High.</p>
08/13/19	21- 26	Chu, Kenneath Kamfat, M.D./Jimenez, Eva, A., M.A.-Kaiser Permanente	<p>Call Documentation Message from Chu, Kenneath Kamfat M.D. 08/13/19 4:21 PM: Please call patient and inform schedule TAV appointment to discuss recent lab, inform cholesterol very high, also pro diabetes. Inform TAV schedule time only 5-10 minutes but free. Message from Jimenez, Eva A M.A. 08/14/19 1:15 PM: Left message for patient to return call to Dr. Chu office. Message from Jimenez, Eva A M.A. 08/16/19 02:00 PM: Patient aware and booked.</p>
09/06/19	82- 84	Huerta, Brenda Areli,M.A -Kaiser	<p>Message Unable to reach this patient by phone. Multiple attempts. A certified letter is being sent.</p>
09/17/19	32- 37	Chu, Kenneath Kamfat, M.D./Jimenez, Eva, A., M.A.-Kaiser Permanente	<p>Call Documentation Message from Chu, Kenneath Kamfat, M.D. 09/17/19 4:52 PM: Please call patient, noted her mammogram in August not normal, need additional testing. Mammogram department tried to call patient several times and mail certified letter. Advise patient schedule test with mammogram department. If unable to find patient after 3 tries, send letter to patient as well. Message from Jimenez, Eva A M.A. 09/25/19 8:46 AM: Unable to reach Patient mailed letter.</p>
10/29/19	38- 44, 85- 88	Ross, Katherine Gloria, O.D.-Kaiser Permanente	<p>Progress Notes Patient presents for eye examination, distance and near blur without glasses. LEE few years. Exam: Bilateral eye exam was performed. Slit lamp exam: Lens: 1+ nuclear sclerosis, both eyes. Fundus exam: Right eye: Lamina cribosa visible.</p>

			Assessment/Plan: 1) Disorder of refraction. 2) Bilateral glaucoma suspect. 3) Bilateral age related cataract. Plan: Released spectacle prescription, patient has had PAL in past, would like PAL again. Normotensive pressures right eye/left eye. Suspicious nerve right eye more than left eye. Refer to ophthalmology for glaucoma evaluation. Not visually significant; monitor. Results of today's exam discussed with patient. Patient states understanding.
02/15/20	45	Chu, Kenneath Kamfat, M.D.-Kaiser Permanente	Call Documentation Message from Chu, Kenneath K., M.D. 02/15/20 2:25 PM: Please call patient, she had abnormal mammogram in August, we and mammogram department tried to call and send certified letter for patient to schedule additional testing. Patient has not response. If able find patient, patient need to call mammogram department. If unable to find patient, mail letter again. Message from Jimenez, Eva, A., M.A. 02/18/20 11:41 AM: Patient is aware but does not have Kaiser coverage anymore.
05/08/20	46-48	Menzies, Jeannine T., R.N./Alcobendas, Mia, L.V.N./Chu, Kenneath K., M.D./Giron, Anissa D., M.D.-Kaiser Permanente	Call Documentation Reason for call: Appointment. Chu, Kenneath K., M.D. at 05/08/20 02:35 PM: Please call patient and inform schedule TAV appointment with me to review her HTN medicine. I have refilled her medicine request, but review refill better questionable compliance with medicine. Last visit with me we change her BP medicine to a different class medicine. Menzies, Jeannine T., R.N. at 05/08/20 02:49 PM: I have attempted to contact this patient by phone with the following results: I will continue to try later and mailbox is full and unable to leave a message. Plan: Give Dr Chu, Kenneath K (M.D.) message and book TAV. Alcobendas, Mia, L.V.N. at 05/11/20 03:04 PM: Called and spoke with patient regarding MDs message. Patient does not have Kaiser coverage now. Willing to pay out of pocket for medication. Does patient still need TAV? Please advice. Chu, Kenneath K., M.D. at 05/11/20 03:55 PM: If patient no longer has KP insurance, I don't think we can schedule TAV appointment. Patient to schedule f/u with new Insurance PCP. Giron, Anissa D., M.D. at 05/12/20 09:36 AM: Mailbox is full.
08/07/20	49-50	Chu, Kenneath K., M.D./Villegas, Elizabeth, M.A./Jimenez, Eva A., M.A.-Kaiser Permanente	Call Documentation Reason for call: Appointment. Chu, Kenneath K., M.D. at 08/07/20 01:37 PM: Please call patient and inform due f/u appointment for HTN and check up. Offer schedule face-to-face appointment with me or any provider within 1 month. Patient to come 4-5 hours fast, plan to order lab to be done same day as appointment. Jimenez, Eva A., M.A. at 08/10/20 01:30 PM: Left Message for Patient to return call to Dr. Chu

			office. Villegas, Elizabeth, M.A. at 08/12/20 12/26 PM: Mailbox is full. Jimenez, Eva A., M.A. At 08/13/20 08:22 AM: Unable to reach left letter.
09/10/20	51-52	Lavin, Susana, M.A./Chu, Kenneath K., M.D.-Kaiser Permanente	<p>Call Documentation</p> <p>Reason for call: Appointment. Chu, Kenneath K., M.D. at 09/10/20 08:10 AM: Please call patient and inform due f/u appointment for HTN and check up. Offer schedule face-to-face appointment with me or any provider within 1 month. Inform patient to come 4 hour fast so can order lab to be done same day as appointment. Lavin, Susana, M.A. at 09/10/20 09:50 AM: Dr. Chu, as of 10/31/19 patient is no longer covered through Kaiser. Member effective dates: 03/01/19 to 10/31/19. Chu, Kenneath K., M.D. at 09/10/20 11:34 AM: Please advice patient, since no longer has KP insurance, patient to schedule appointment with new physician at new insurance for f/u HTN.</p>

Records Categories

Copy Service Paperwork	1
Start of Records	10
Doctor's Notes	11
Laboratory	53
General/Med	58
General/Admin	91

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

WORKERS' COMPENSATION APPEALS BOARD

Benetia Young
DOB: 01/08/65
AKA:
File:

Claimant/Applicant,

vs.

STAR VIEW ADOLESCENT CENTER

Employer/Insurance Carrier/Defendant.

Case No. SIF12213522, SIF12620825

(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 instructions below.*

The People of the State of California Send Greetings to: SCPMG/KFH

WE COMMAND YOU to appear before A Deposition Officer – Med-Legal, LLC

at 955 Overland Ct, Suite 200, San Dimas, CA 91773, Phone 800-244-3495

on the 04/12/21 day of _____, at 10:00 o'clock AM., to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records.

See Attachment for a list of records to be produced subject to this subpoena, to make available for inspection and copying or transmit/transfer electronically.


(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 03/23/21

WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA



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.

DWC WCAB 32 (Side 1) (REV. 06/18)

HIPAA Compliant Request

Control #: 22-5383-1

Do not appear! Simply call (800) 244-3495 and somebody will copy the records for you at your office.

SCP000002

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF12213522, SIF12620825

STATE OF CALIFORNIA, County of Los Angeles

The undersigned states: That Med-Legal, LLC has been authorized to obtain records by

Natalia Foley, Esq Workers Defenders Law Group

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 SCPMG/KFH

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:

Based on the information and belief to resolve any dispute in the above referenced case.

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

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

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

Executed on 03/23/21, at San Dimas, California.

Handwritten signature of Victor Landero

955 Overland Court, Suite 200, San Dimas, CA 91773

(626) 653-5160

Signature

Address

Telephone

Victor Landero, Operations

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los Angeles

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, personally, at the date and place set forth opposite each name.

Table with 3 columns: Name of Person Served, Date, Place. Multiple rows for listing served parties.

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

Executed on _____, at _____, California.

Signature

Attachment

Re:

Patient/Applicant: Benetia Young
AKA:

Social Security #: 547-08-0936
D.O.B.: 01/08/65

Ordered By:

Natalia Foley, Esq
Workers Defenders Law Group
5753 E Santa Ana Cyn Rd Ste G #616
Anaheim, CA 92807

Records to produce:

Deponent's file #:
Exclusions (if any):

Date Range (if any):

For each injury alleged by the Applicant named on the Subpoena, produce the following:

A signed "Declaration of Custodian of Records" must accompany the records.

Record Copy Request – Medical File(s)

The **entire contents** of **all** files in your possession or under your control, for all dates of injuries or illness or for any purpose, whether industrial or non-industrial, including but not limited to all:

- All documents completed by the applicant to include intake sheets and pain diagrams
- Files
- Charts,
- Reports (which have not been previously served upon the requesting party)
- Notes, writings, and diagrams,
- Forms,
- Printouts,
- Test results,
- Lab results,
- All correspondence and telephone conversation notes (including printouts of all Email and computer notes) regarding this injured person to and from all sources, including but not limited to other medical facilities and doctors, and to and from any representative of any insurance company, employer, investigator and attorneys.
- All documents where "documents" is defined by Evidence Code Section 250 and includes any electronic recording.

Notice: For Subpoenas of claim files, you are to send the claim file directly to Med-Legal only. Sending the claim file to other than Med-Legal will be considered to be in non-compliance of the subpoena.

If any of the documents described above that are in your possession or control are not being produced then a detailed list of each withheld document must be included with the records production or listed on your declaration.

Where used, the terms "writing", "record", "document" and other words of similar meaning include (but are not limited to) electronically maintained image files, documents, notes, faxes, emails and other similar types of electronically held information. If the subpoenaed records exist in paper they are to be provided for inspection and copying. If the subpoenaed records exist electronically then they are to be provided either electronically through our Internet portal at upload.getrecords.com or on CD.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Natalia Foley, Esq
 Workers Defenders Law Group
 5753 E Santa Ana Cyn Rd Ste G #616
 Anaheim, CA 92807

TELEPHONE NO.: 310-707-8098

FAX NO.: 310-626-9632

ATTORNEY FOR (Name):

NAME OF COURT: Workers' Compensation Board

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/ PETITIONER: Benetia Young

CASE NUMBER:

SIF12213522, SIF12620825

DEFENDANT/ RESPONDENT: STAR VIEW ADOLESCENT CENTER

NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

(Code Civ. Proc., §§ 1985.3, 1985.6)

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): Benetia Young

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Natalia Foley, Esq SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date) 04/12/21

The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought)**.SCPMG/KFH. A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:

a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.

b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should not be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR**

3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 03/23/21

Prepared by Victor Landero, Operations for

Natalia Foley, Esq

(TYPE OR PRINT NAME)



(SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. I object to the production of all of my records specified in the subpoena.

2. I object only to the production of the following specified records:

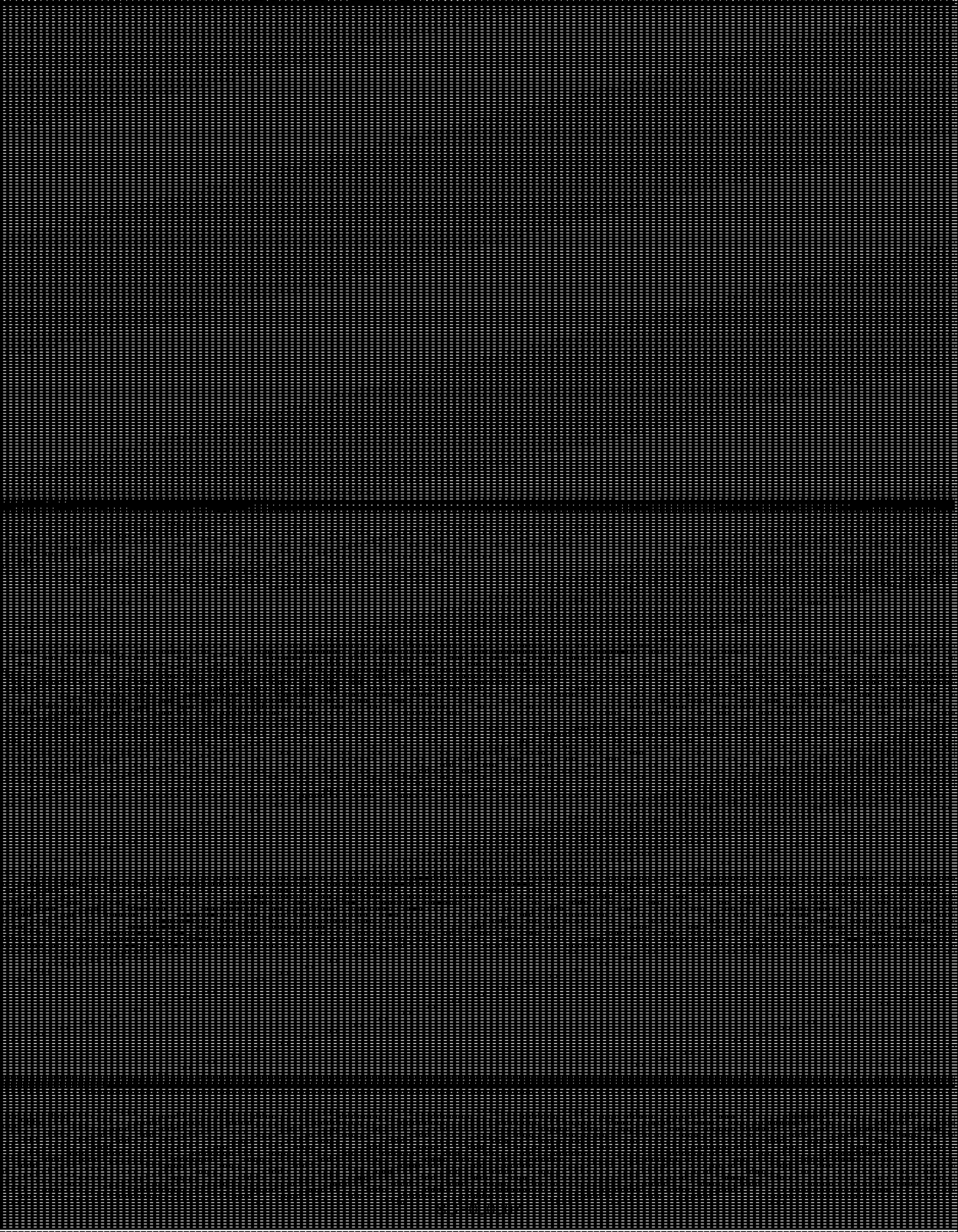
3. The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

(Proof of service on reverse)



Records Order Form

03/23/21

Notice of Copying to:

OD LEGAL LOS ANGELES
355 S Grand Ave Ste 1800
LOS ANGELES, CA 90071

Case Information

Applicant: Benetia Young
Employer: STAR VIEW ADOLESCENT CENTER
Case #: SIF12213522, SIF12620825
DOI: 04/18/19 **SS#:** 547-08-0936
Claim #: Not Supplied by Carrier
Ordering party: Natalia Foley, Esq

Record Location:

SCPMG/KFH

Records of the Injured Worker are being produced at the above record location and delivered to the opposing party. You may receive copies of the records by selecting one of the following:

Title 8, CCR § 9982 Allowable Services. (A)... services for records relevant to an injured worker's claim, except services under a contract between the employer and the copy service provider.

Electronic Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

CD Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

Send records:

Same as above

E-mail addresses required for the electronic sets:

@

@

Bill to My Office (Invoice will be sent to the address on this notice.)

Bill to the Insurance Carrier

(Print your name)

(Sign your name) Control #: 22-5383-1

(Signature required)

Med-Legal, LLC

Photocopy Reg #/County x-423/Los Angeles
Tax ID # 45-4424177

955 Overland Court, Suite 200, San Dimas, CA 91773, (800) 244-3495 FAX (800) 962-4896

There was no violation of California Labor Code Section 139.32 with respect to the services described herein.

SCP00008

Records Order Form

03/23/21

Notice of Copying to:

ATHENS ADMINISTRATORS
IRVINE
PO BOX 696
CONCORD, CA 94522

Case Information

Applicant: Benetia Young
Employer: STAR VIEW ADOLESCENT CENTER
Case #: SIF12213522, SIF12620825
DOI: 04/18/19 **SS#:** 547-08-0936
Claim #: Not Supplied by Carrier
Ordering party: Natalia Foley, Esq

Record Location:

SCPMG/KFH

Records of the Injured Worker are being produced at the above record location and delivered to the opposing party. You may receive copies of the records by selecting one of the following:

Title 8, CCR § 9982 Allowable Services. (A)... services for records relevant to an injured worker's claim, except services under a contract between the employer and the copy service provider.

Electronic Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

CD Set per Billing Codes WC026 or WC027
Fees set by § 9983 Fees for Copy and Related Services (f)(2)
Number of Sets _____

Send records:

Same as above

E-mail addresses required for the electronic sets:

@

@

Bill to My Office (Invoice will be sent to the address on this notice.)

Bill to the Insurance Carrier

_____ (Print your name)

_____ (Sign your name) Control #: 22-5383-1

(Signature required)

Med-Legal, LLC

Photocopy Reg #/County x-423/Los Angeles
Tax ID # 45-4424177

955 Overland Court, Suite 200, San Dimas, CA 91773, (800) 244-3495 FAX (800) 962-4896

There was no violation of California Labor Code Section 139.32 with respect to the services described herein.

SCP00009

Start of Records
SCP000010

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Office Visit

3/21/2019

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
3/21/2019 2:00 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	893239398

Reason for Call/Visit

SHINGLES possible per pt

Call Documentation

No notes of this type exist for this encounter.

Vitals

Most recent update: 3/21/2019 2:13 PM

BP	Pulse	Temp	Ht	Wt
127/78	70	98 °F (36.7 °C)	5' 9" (1.753 m)	180 lb (81.6 kg)

LMP
(LMP Unknown)

Nursing Notes**Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:27 PM**

Status: Signed

I verified TDAP im for medical assistant Eva Jimenez.

Jimenez, Eva A (M.A.), M.A. at 3/21/2019 2:37 PM

Status: Signed

tdap given im rd per md order

Progress Notes**Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:12 PM**

Author Type: Physician

Status: Signed

History:

Patient presents with:
SHINGLES: possible per pt

PCP Gulati, Neil (M.D.)

Patient complain of possible shingles onset 2 days.
Pain on rash on neck and chest.
Patient not sure if drug eruption from Nabumetone prescribed by workman's comp physician.

Smoking status: Never Smoker

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:12 PM (continued)

Smokeless tobacco: Never Used
Alcohol use: No**History Reviewed:**

I have reviewed the Social history as displayed in HealthConnect on the date of the encounter or the portion(s) as noted in the progress note.

Review of Systems

Constitutional: Negative for fever.

Physical Exam

Constitutional: No distress.

Eyes: Conjunctivae are normal.

Neck: No edema present.

Musculoskeletal:

Left shoulder: She exhibits no swelling.

Left upper arm: She exhibits no swelling.

Skin: Rash noted. Rash is vesicular (**erythema groups of vesicular rash on L neck and upper chest**).

Vitals reviewed.

ASSESSMENT:

- 1. HERPES ZOSTER**
- 2. VACCINATION FOR DIPHTHERIA, TETANUS AND ACCELLULAR PERTUSSIS**

ICD-10-CM
B02.9
Z23**PLAN:**

Medicine order as below.

Off work form done.

Follow up as needed.

Orders Placed This Encounter

- VACC Tdap [90715C]
- valACYclovir (VALTREX) 1 gram Oral Tab
- predniSONE (DELTASONE) 20 mg Oral Tab

Patient Instructions

I order anti viral medicine Valtrex for shingles.

I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:12 PM (continued)

Nursing Notes

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:27 PM

Status: Signed

I verified TDAP im for medical assistant Eva Jimenez.

Jimenez, Eva A (M.A.), M.A. at 3/21/2019 2:37 PM

Status: Signed

tdap given im rd per md order

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

	Codes	Comments
HERPES ZOSTER - Primary	B02.9	
VACCINATION FOR DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS	Z23	

Imaging - All Orders and Results**MAMMO BILAT SCREENING SEQUENTIAL W OR WO COMPUTER AIDED DETECTION ANALYSIS [1316804157]**

Electronically signed by: **Jimenez, Eva A (M.A.), M.A. on 03/21/19 1408** Status: **Cancel Pend**
 Ordering user: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408 Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.
 Frequency: Routine 03/21/19 - Pended by: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408
 Canceled by: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1424
 Order comments: Reason: Screening Radiologist: Follow Sequential Breast Imaging Orders Policy and Procedures.

Immunization/Injection - All Orders and Results**VACC TDAP (ADACEL) [1316804156]**

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 03/21/19 1425** Status: **Completed**
 Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1425 Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.
 Ordering mode: Standard Released by: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1425
 Frequency: Routine 03/21/19 -
 Diagnoses
 VACCINATION FOR DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS
 Order comments: Adacel (Tdap) vaccine, 0.5mL intramuscular (IM). For age 10+ yrs.

Lab - All Orders and Results**GLOBIN, FECAL [1316804155]**

Electronically signed by: **Jimenez, Eva A (M.A.), M.A. on 03/21/19 1408** Status: **Cancel Pend**
 Ordering user: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408 Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Office Visit

8/12/2019

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
8/12/2019 2:00 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	929214571

Reason for Call/Visit

PHYSICAL EXAMINATION
HEADACHE

Call Documentation

No notes of this type exist for this encounter.

Vitals

Most recent update: 8/12/2019 2:19 PM

BP	Pulse	Temp	Ht	Wt
129/89	74	98.2 °F (36.8 °C)	5' 9" (1.753 m)	200 lb (90.7 kg)

Nursing Notes

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM

Status: Signed

Back Office Intake Note

Confirmed patient identification using two patient identifiers: yes

Proactive Office Encounter Actions:

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: Mammogram ordered today (staged)

Patient declines Pap Test today

Health Maintenance procedures due:**Health Maintenance Due**

Topic	Date Due
• MAMMOGRAM SCREENING	01/08/2015
• CERVICAL CA SCREENING	01/08/1995

Confirmed Preferred Pharmacy: yes

In clinic forms to be filled out by provider: no

Nursing Notes (continued)

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM (continued)

BP Readings from Last 3 Encounters:

03/21/19 127/78

BP Elevated: No

Progress Notes

Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM

Author Type: Physician

Status: Signed

Chief Complaint

Patient presents with

- PHYSICAL EXAMINATION
- HEADACHE

Patient here for physical.

Exercise none.

Patient has been diagnosis with hypertension on atenolol outside KP 1 year.

Patient said without Pap for a while.

PMH: hypertension

Outpatient Medications Marked as Taking for the 8/12/19 encounter (Office Visit) with Chu, Kenneath Kamfat (M.D.), M.D.

Medication	Sig
------------	-----

- Atenolol (TENORMIN) 50 mg Take 1 tablet by mouth daily
Oral Tab

Review of Systems

Cardiovascular: Negative for chest pain.

Respiratory: Positive for shortness of breath (**sometimes w walking**).

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea and melena.

Genitourinary: Negative for dysuria.

Neurological: Positive for headaches (**tightness in back of neck, admit to stress**). Negative for dizziness.

Psychiatric/Behavioral: The patient has insomnia.

Physical Exam

Progress Notes (continued)**Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM (continued)****HENT:**

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Conjunctivae are normal.

Neck: Normal range of motion. Normal carotid pulses present. Muscular tenderness present. No spinous process tenderness present. Carotid bruit is not present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

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

Abdominal: Soft. She

exhibits no distension and no mass. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: She

exhibits no edema.

Lymphadenopathy:

She

has no cervical adenopathy.

Vitals reviewed.

Social History**Tobacco Use**

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No
- Drug use: No tobacco or alcohol history on file - go to History activity and update tobacco and alcohol use

ASSESSMENT:

1. ROUTINE ADULT HEALTH CHECK UP EXAM
2. HTN (HYPERTENSION)
3. INSOMNIA
4. TENSION HEADACHE

ICD-10-
CM
Z00.00
I10
G47.00
G44.209

Progress Notes (continued)**Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM (continued)****5. OVERWEIGHT**

E66.3

PLAN:

Patient wants to change atenolol to different blood pressure medicine.

Titrate to stop atenolol, patient only had 1 pill left.

Start Norvasc.

Nurse clinic blood pressure check in 2 weeks.

Encourage start exercise.

Provide and encourage patient to enroll with weight program to loose weight regard obesity.

Order Trazodone as needed insomnia.

Order Motrin as needed headache/neck pain, relate to stress.

Health screen lab order.

Patient said prefer to call back and schedule Pap/breast exam with PA/NP.

Orders Placed This Encounter

- CBC NO DIFFERENTIAL
- CREATININE
- GLUCOSE
- HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING
- LIPID PANEL
- TSH
- traZODone (DESYREL) 50 mg Oral Tab
- amLODIPine (NORVASC) 2.5 mg Oral Tab
- Ibuprofen (MOTRIN) 600 mg Oral Tab

Patient Instructions

Do lab work today.

If lab results acceptable, you will not be contacted. Otherwise, I will e-mail or have nurse call you.

Walk in mammogram today.

I order new blood pressure medicine Amlodipine 2.5 mg 1 pill daily. Start this medicine tomorrow.

Reduce your Atenolol 50 mg to 1/2 pill tomorrow and day after, then stop.

Nurse clinic blood pressure check in 2 weeks.

Start aerobic exercise such as walking/biking/swimming/jogging, start with 10 min, increase by 5 min per week, goal 30-45 min 4-5 times a week.

Work on diet to lose weight, consider calling weight control program kaiser offer (866) 862-4295.

Kaiser Permanente

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM (continued)

Consider weight watchers.

I order Trazodone as needed insomnia.

I order Motrin 600 mg as needed headache or pain.

Follow up with me 6-7 month(s), schedule appointment one month(s) in advance

Nursing Notes

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM

Status: Signed

Back Office Intake Note

Confirmed patient identification using two patient identifiers: yes

Proactive Office Encounter Actions:

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: Mammogram ordered today (staged)
Patient declines Pap Test today

Health Maintenance procedures due:**Health Maintenance Due**

Topic

Date Due

- MAMMOGRAM SCREENING
- CERVICAL CA SCREENING

01/08/2015

01/08/1995

Confirmed Preferred Pharmacy: yes

In clinic forms to be filled out by provider: no

BP Readings from Last 3 Encounters:

Kaiser Permanente

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Nursing Notes (continued)

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM (continued)

03/21/19 127/78

BP Elevated: No

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

	Codes	Comments
ROUTINE ADULT HEALTH CHECK UP EXAM	Z00.00	
HTN (HYPERTENSION)	I10	
INSOMNIA	G47.00	
TENSION HEADACHE	G44.209	
OVERWEIGHT	E66.3	

Lab - All Orders and Results**CBC NO DIFFERENTIAL [1389697773]**

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436**

Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

INSOMNIA

TENSION HEADACHE

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

CBC NO DIFFERENTIAL [1389697773]

Resulted: 08/12/19 1726, Result status: Final result

Order status: Completed

Resulting lab: SOUTH BAY LABORATORY

Narrative:

RMS ACCN: 665389787

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
WBC'S AUTO	6.4	4.0 - 11.0 x1000/mcL	—
RBC, AUTO	4.65	4.20 - 5.40 Mill/mcL	—
HGB	13.3	12.0 - 16.0 g/dL	—
HCT, AUTO	41.6	37.0 - 47.0 %	—
MCV	89.5	81.0 - 99.0 fL	—
MCH	28.6	27.0 - 35.0 pg/cell	—

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

Telephone

8/13/2019

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
8/13/2019 4:21 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	943472287

Reason for Call/Visit

APPOINTMENT TAV

Call Documentation

Jimenez, Eva A (M.A.), M.A. at 8/16/2019 2:00 PM

Status: Signed

Patient aware and booked

Jimenez, Eva A (M.A.), M.A. at 8/14/2019 1:15 PM

Status: Signed

Left Message for Patient to return call to 562-986-2218 Dr. Chu Office

Chu, Kenneath Kamfat (M.D.), M.D. at 8/13/2019 4:21 PM

Status: Signed

Please call patient and inform schedule TAV appointment to discuss recent lab, inform cholesterol very high, also pre diabetes.

Inform TAV schedule time only 5-10 min but free.

Progress Notes

Jimenez, Eva A (M.A.), M.A. at 8/16/2019 2:00 PM

Author Type: MEDICAL ASSISTANT

Status: Signed

Patient aware and booked

Jimenez, Eva A (M.A.), M.A. at 8/14/2019 1:15 PM

Author Type: MEDICAL ASSISTANT

Status: Signed

Left Message for Patient to return call to 562-986-2218 Dr. Chu Office

Chu, Kenneath Kamfat (M.D.), M.D. at 8/13/2019 4:21 PM

Author Type: Physician

Status: Signed

Please call patient and inform schedule TAV appointment to discuss recent lab, inform cholesterol very high, also pre diabetes.

Inform TAV schedule time only 5-10 min but free.

Kaiser Permanente

Page 42

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

Progress Notes (continued)

Chu, Kenneth Kamfat (M.D.), M.D. at 8/13/2019 4:21 PM (continued)

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 8/13/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 08/13/2019:

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

8/13/2019 INTERNAL MEDICINE 2ND FLOOR

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Tuesday August 13, 2019.

What's Next

AUG 22 2019 Telephone Visit with KENNEATH KAMFAT CHU MD, M.D.
Thursday August 22 11:20 AM

INTERNAL MEDICINE 2ND FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230

Medications

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/13/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

General Information

SKIP THE TRIP. Have our pharmacy come to you!
New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

Encounter-Level Documents - 08/13/2019: (continued)

4 ways to receive prescriptions by mail:

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at
[800-464-4000](tel:8004644000) or TTY 711
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours
Open 7 days a week
24 hours a day
Closed holidays

Medicare members
[800-443-0815](tel:8004430815) or TTY 711

Hours
Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Encounter-Level Documents - 08/13/2019: (continued)

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-35BDE. Activation code expires 11/10/2019.

Order-Level Documents:

There are no order-level documents.

```
{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/22/2019

Telephone Appointment Visit

8/22/2019

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
8/22/2019 11:20 AM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	944448913

Reason for Call/Visit

MISSED APPOINTMENT

Call Documentation

No notes of this type exist for this encounter.

Progress Notes**Chu, Kenneath Kamfat (M.D.), M.D. at 8/22/2019 12:47 PM**

Author Type: Physician

Status: Signed

MISSED APPOINTMENT NOTE

Benetia A James is a 54 year old female who did not keep appointment on this encounter date. Since there was no face to face visit, Medication Reconciliation/Review was not done. The Reviewed button was clicked solely to fulfill workflow requirements to close the chart.

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

	Codes	Comments
NO SHOW	ADMIN CODE	

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 8/22/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 08/22/2019:

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

8/22/2019 11:20 AM INTERNAL MEDICINE 2ND FLOOR

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Thursday August 22, 2019.

What's Next

You currently have no upcoming appointments scheduled.

Medications

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/22/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

Encounter-Level Documents - 08/22/2019: (continued)

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at
[800-464-4000](tel:8004644000) or TTY 711
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours
Open 7 days a week
24 hours a day
Closed holidays

Medicare members
[800-443-0815](tel:8004430815) or TTY 711

Hours
Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Encounter-Level Documents - 08/22/2019: (continued)

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-35BDE. Activation code expires 11/10/2019.

Order-Level Documents:

There are no order-level documents.

```
{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/22/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

Telephone

9/17/2019

Benetia A James**MRN: 000011467795****Visit Information**

Date & Time	Provider	Department	Dept. Phone	Encounter #
9/17/2019 4:52 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	953339510

Reason for Call/Visit**MAMMOGRAM ABNORMAL****Call Documentation****Jimenez, Eva A (M.A.), M.A. at 9/25/2019 8:46 AM**

Status: Signed

Unable to reach Patient mailed letter

Jimenez, Eva A (M.A.), M.A. at 9/19/2019 1:39 PM

Status: Signed

Voice mail full will try back at a later time

Chu, Kenneath Kamfat (M.D.), M.D. at 9/17/2019 4:52 PM

Status: Signed

Please call patient, noted her mammogram in Aug not normal, need additional testing.
Mammogram dept tried to call patient several times and mail certified letter.
Advise patient schedule test with mammogram dept.
If unable to find patient after 3 tries, send letter to patient as well.

Progress Notes**Jimenez, Eva A (M.A.), M.A. at 9/25/2019 8:46 AM**

Author Type: MEDICAL ASSISTANT

Status: Signed

Unable to reach Patient mailed letter

Jimenez, Eva A (M.A.), M.A. at 9/19/2019 1:39 PM

Author Type: MEDICAL ASSISTANT

Status: Signed

Voice mail full will try back at a later time

Chu, Kenneath Kamfat (M.D.), M.D. at 9/17/2019 4:52 PM

Author Type: Physician

Status: Signed

Please call patient, noted her mammogram in Aug not normal, need additional testing.
Mammogram dept tried to call patient several times and mail certified letter.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 9/17/2019 4:52 PM (continued)

Advise patient schedule test with mammogram dept.
If unable to find patient after 3 tries, send letter to patient as well.

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 9/17/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 09/17/2019:

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

9/17/2019 INTERNAL MEDICINE 2ND FLOOR

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Tuesday September 17, 2019.

What's Next

You currently have no upcoming appointments scheduled.

Medications

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 9/17/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	05/22/2001		

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

Encounter-Level Documents - 09/17/2019: (continued)

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at
[800-464-4000](tel:8004644000) or TTY 711
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours
Open 7 days a week
24 hours a day
Closed holidays

Medicare members
[800-443-0815](tel:8004430815) or TTY 711

Hours
Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Encounter-Level Documents - 09/17/2019: (continued)

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-35BDE. Activation code expires 11/10/2019.

Order-Level Documents:

There are no order-level documents.

```
{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```


KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

Office Visit

10/29/2019

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
10/29/2019 12:15 PM	Ross, Katherine Gloria (O.D.), O.D.	OPTOMETRY 1ST FLOOR	833-574-2273	968099838

Reason for Call/Visit

EYE EXAMINATION Distance and near blur without glasses

Call Documentation

No notes of this type exist for this encounter.

Progress Notes**Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM**

Author Type: OPTOMETRIST (O.D.) Status: Signed

Benetia A James is a 54 year old female who presents with the following:

CHIEF COMPLAINT:**Chief Complaint**

Patient presents with

- **EYE EXAMINATION**
Distance and near blur without glasses

(-) double vision, (-) flashes, (-) new onset floaters

LEE few years

Occupation: Data Unavailable

PMedHx:

HGBA1C 5.9 08/12/2019

No results found for this basename: FBS

BP Readings from Last 3 Encounters:

08/12/19 129/89
03/21/19 127/78

POHx:

1. None

Ocular meds: None

Progress Notes (continued)

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM (continued)

FOHx:

- (-) glaucoma
- (-) age related macular degeneration
- (-) other

GENERAL:

Patient appears alert and well-oriented.
The patient's allergies have been reviewed.

Medications relevant to my specialty have been reviewed as appropriate, per Health Connect procedure.
Patient to continue follow up with his PCP and other providers for ongoing medication reconciliation/review.

Refraction Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist sc	20/25+1	20/20

Manifest Refraction (Auto)

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+1.00	-0.50	132	20/25	
Left	+0.75	-0.25	58		

Pupillary Distance: 64.0

Manifest Refraction #2

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Spectacle Final Rx

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Expiration Date: 10/29/2021

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Base Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist sc	20/25+1	20/20

Tonometry (Non-contact air puff, 12:47 PM)

	Right	Left
Pressure	14	13

Progress Notes (continued)

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM (continued)

Pupils

	Pupils	APD
Right	PERRL	neg
Left	PERRL	neg

Visual Fields (Counting fingers)

	Right	Left
	Full	Full

Extraocular Movement

	Right	Left
	Full	Full

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Main Exam

External Exam

	Right	Left
External	Normal	Normal

Slit Lamp Exam

	Right	Left
Lids/Lashes	no lesions, normal configuration	no lesions, normal configuration
Conjunctiva/Sclera	clear	clear
Cornea	clear	clear
Anterior Chamber	no cell or flare, deep	no cell or flare, deep
Iris	round pupil, normal stroma	round pupil, normal stroma
Lens	1+ Nuclear sclerosis	1+ Nuclear sclerosis
Vitreous	clear	clear

Fundus Exam

	Right	Left
Disc	no pallor, margin distinct, sup notch, Lamina cribrosa visible	no pallor, margin distinct, Lamina cribrosa visible
C/D Ratio	0.70	0.70
Macula	no RPE changes, no retinopathy	no RPE changes, no retinopathy
Vessels	normal caliber	normal caliber
Periphery	undilated-Posterior Pole-no pathology noted	undilated-Posterior Pole-no pathology noted

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Progress Notes (continued)

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM (continued)

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Assessment/Plan:

1. **DISORDER OF REFRACTION**
2. **BILAT GLAUCOMA SUSPECT**
3. **BILAT AGE RELATED CATARACT**
 1. Released spectacle prescription, patient has had PAL in past, would like PAL again
 2. Normotensive pressures OD/OS. Suspicious nerve OD>OS. No family history of glaucoma. **Refer to ophthalmology for glaucoma evaluation.**
 3. Not visually significant; monitor

Results of today's exam discussed with patient. Patient states understanding.

RTC: 1-2 year(s) or sooner with any new ocular/visual complaints.

Patient understands it's his/her responsibility to call the optometry clinic to schedule next appointment or to call with any new concerns.

Katherine G. Ross, OD
Kaiser Permanente South Bay Medical Center
Department of Optometry
10/29/2019

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

	Codes	Comments
DISORDER OF REFRACTION - Primary	H52.7	
BILAT GLAUCOMA SUSPECT	H40.003	
BILAT AGE RELATED CATARACT	H25.9	

Procedures - All Orders and Results

REFRACTION ASSESSMENT [1428581759]

Procedures - All Orders and Results (continued)

REFRACTION ASSESSMENT [1428581759] (continued)

Electronically signed by: **Ross, Katherine Gloria (O.D.), O.D. on 10/29/19 1251**

Status: **Active**

Ordering user: Ross, Katherine Gloria (O.D.), O.D. 10/29/19 1251

Authorized by: Ross, Katherine Gloria (O.D.), O.D.

Ordering mode: Standard

Frequency: Routine 10/29/19 -

Diagnoses

DISORDER OF REFRACTION

Base Exam

Visual Acuity (Snellen - Linear)			Pupils		
	Right	Left	Right	Left	APD
Dist sc	20/25+1	20/20	PERRL	PERRL	neg
Tonometry (Non-contact air puff, 12:47 PM)					
	Right	Left	Visual Fields (Counting fingers)		
Pressure	14	13	Right	Left	
			Full	Full	
Extraocular Movement					
	Right	Left			
	Full	Full			
Neuro/Psych					
Oriented x3: Yes					
Mood/Affect: Normal					

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Main Exam

External Exam		
	Right	Left
External	Normal	Normal
Slit Lamp Exam		
	Right	Left
Lids/Lashes	no lesions, normal configuration	no lesions, normal configuration
Conjunctiva/Sclera	clear	clear
Cornea	clear	clear
Anterior Chamber	no cell or flare, deep	no cell or flare, deep
Iris	round pupil, normal stroma	round pupil, normal stroma
Lens	1+ Nuclear sclerosis	1+ Nuclear sclerosis
Vitreous	clear	clear
Fundus Exam		
	Right	Left
Disc	no pallor, margin distinct, sup notch, Lamina cribrosa visible	no pallor, margin distinct, Lamina cribrosa visible
C/D Ratio	0.70	0.70
Macula	no RPE changes, no retinopathy	no RPE changes, no retinopathy
Vessels	normal caliber	normal caliber
Periphery	undilated-Posterior Pole-no pathology noted	undilated-Posterior Pole-no pathology noted

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Refraction Exam

Visual Acuity (Snellen - Linear)

Refraction Exam (continued)

	Right	Left
Dist sc	20/25+1	20/20

Manifest Refraction (Auto)

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+1.00	-0.50	132	20/25	
Left	+0.75	-0.25	58		
Pupillary Distance: 64.0					

Manifest Refraction #2

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Spectacle Final Rx

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Expiration Date: 10/29/2021

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Audit Trail for Eye Care Forms

Social Documentation as of 10/29/2019

No social documentation on file.

Patient Instructions

Patient Education

Your Kaiser Permanente Care Instructions**Open-Angle Glaucoma: Care Instructions****Your Care Instructions**

Glaucoma is an eye problem related to high pressure in the eye. This pressure can damage the eye. The result can be a slow, permanent loss of vision. In some cases, both eyes are affected. Other times, one eye is more damaged than the other.

Your doctor may have told you that you are a glaucoma suspect. That usually means you have pressure in your eye, but it hasn't done damage. If you see your doctor regularly and follow your treatment plan, you may be able to prevent vision loss.

If you have glaucoma, your doctor will want to watch you closely. You will probably use medicated eyedrops every day. Your doctor may also recommend surgery. Treatment for glaucoma cannot give you back any lost vision. But it can prevent more vision loss.

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?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine. You will get more details on the specific medicines your doctor prescribes.
- Use eyedrops exactly as directed by your doctor. Use the colored caps to help you remember when to use them.
- Use eyedrops as follows:
 - Bend your head back. Look up toward your eyebrows. With one finger, gently pull the lower lid down. This will make a small pocket.
 - Drop the medicine into the pocket. (Do not touch the dropper against the eyelid or anything else.) Close your eyes for 2 minutes. This gives your eye time to absorb the medicine. Try not to blink.
 - While your eyes are closed, press your finger gently against the area between the inner corner of your eye and your nose. This will prevent the drops from getting into your nose. This is important to do because if the drops get into your nose, they can cause side effects.
 - If you are using more than one kind of eyedrops, wait at least 5 minutes before you use another kind.
- Make sure your other doctors know that you have glaucoma. You may need to change or stop taking other medicines.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have new or worse eye pain.

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

- You have vision changes.

Where can you learn more?

Go to <http://kp.org/health>

Enter **N715** in the search box to learn more about "**Open-Angle Glaucoma: Care Instructions.**"

Current as of: July 17, 2018

Content Version: 12.0

© 2006-2019 Healthwise, Incorporated. Care instructions adapted under license by your healthcare professional. 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.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 2/15/2020

Telephone

2/15/2020

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
2/15/2020 2:25 PM	Chu, Kenneath K (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	1003566386

Reason for Call/Visit

MAMMOGRAM ABNORMAL

Call Documentation**Jimenez, Eva A (M.A.), M.A. at 2/18/2020 11:41 AM**

Status: Signed

Patient is aware but does not have kaiser coverage anymore

Chu, Kenneath K (M.D.), M.D. at 2/15/2020 2:25 PM

Status: Signed

Please call patient, she had abnormal mammogram in Aug, we and mammogram dept tried to call and send certified letter for patient to schedule additional testing.

Patient has not response.

If able find patient, patient need to call mammogram dept.

If unable to find patient, mail letter again.

Progress Notes**Jimenez, Eva A (M.A.), M.A. at 2/18/2020 11:41 AM**

Author Type: MEDICAL ASSISTANT

Status: Signed

Patient is aware but does not have kaiser coverage anymore

Chu, Kenneath K (M.D.), M.D. at 2/15/2020 2:25 PM

Author Type: Physician

Status: Signed

Please call patient, she had abnormal mammogram in Aug, we and mammogram dept tried to call and send certified letter for patient to schedule additional testing.

Patient has not response.

If able find patient, patient need to call mammogram dept.

If unable to find patient, mail letter again.

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

Kaiser Permanente

Page 79

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/8/2020

Call Documentation (continued)**Chu, Kenneath K (M.D.), M.D. at 5/8/2020 2:35 PM (continued)**

Status: Signed

Please call patient and inform schedule TAV appointment with me to review her hypertension medicine. I have refilled her medicine request, but review refill better questionable compliance with medicine. Last visit with me we change her blood pressure medicine to a different class medicine.

Progress Notes**Giron, Anissa D (M.A.), M.A. at 5/12/2020 9:36 AM**

Author Type: MEDICAL ASSISTANT

Status: Signed

Mailbox is full

Chu, Kenneath K (M.D.), M.D. at 5/11/2020 3:55 PM

Author Type: Physician

Status: Signed

If patient no longer has KP insurance, I don't think we can schedule TAV appointment. Patient to schedule follow up with new Insurance PCP.

Alcobendas, Mia (L.V.N.), L.V.N. at 5/11/2020 3:04 PMAuthor Type: LICENSED VOCATIONAL
NURSE

Status: Signed

Called and spoke with patient regarding MD's message below.

Patient does not have Kaiser coverage now.

Willing to pay out of pocket for medication.

Does patient still need TAV? Please advise

Menzies, Jeannine T (R.N.), R.N. at 5/8/2020 2:49 PM

Author Type: REGISTERED NURSE

Status: Signed

I have attempted to contact this patient by phone with the following results: I will continue to try later and mailbox is full and unable to leave a message

PLAN: give Dr Chu, Kenneath K (M.D.) message and book TAV .

J. Menzies RN MSN

Long Beach Medical Offices

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/8/2020

Progress Notes (continued)**Menzies, Jeannine T (R.N.), R.N. at 5/8/2020 2:49 PM (continued)***Pace/Telehealth Department*

Chu, Kenneth K (M.D.), M.D. at 5/8/2020 2:35 PM

Author Type: Physician

Status: Signed

Please call patient and inform schedule TAV appointment with me to review her hypertension medicine. I have refilled her medicine request, but review refill better questionable compliance with medicine. Last visit with me we change her blood pressure medicine to a different class medicine.

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 5/8/2020

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/7/2020

Telephone

8/7/2020

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
8/7/2020 1:37 PM	Chu, Kenneath K (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	1055559589

Reason for Call/Visit

APPOINTMENT

Call Documentation**Jimenez, Eva A (M.A.), M.A. at 8/13/2020 8:22 AM**

Status: Signed

Unable to reach left letter

Villegas, Elizabeth (M.A.), M.A. at 8/12/2020 12:26 PM

Status: Signed

Mailbox is full .Elizabeth Villegas MA,

Jimenez, Eva A (M.A.), M.A. at 8/10/2020 1:30 PM

Status: Signed

Left Message for Patient to return call to 562-986-2218 Dr. Chu Office**Chu, Kenneath K (M.D.), M.D. at 8/7/2020 1:37 PM**

Status: Signed

Please call patient and inform due follow up appointment for hypertension and check up.
Offer schedule F2F appointment with me or any provider within 1 month(s).
Patient to come 4-5 hour(s) fast, plan to order lab to be done same day as appointment.

Progress Notes**Jimenez, Eva A (M.A.), M.A. at 8/13/2020 8:22 AM**

Author Type: MEDICAL ASSISTANT

Status: Signed

Unable to reach left letter

Villegas, Elizabeth (M.A.), M.A. at 8/12/2020 12:26 PM

Author Type: MEDICAL ASSISTANT

Status: Signed

Mailbox is full .Elizabeth Villegas MA,

Progress Notes (continued)

Villegas, Elizabeth (M.A.), M.A. at 8/12/2020 12:26 PM (continued)

Jimenez, Eva A (M.A.), M.A. at 8/10/2020 1:30 PM

Author Type: MEDICAL ASSISTANT

Status: Signed

Left Message for Patient to return call to 562-986-2218 Dr. Chu Office

Chu, Kenneth K (M.D.), M.D. at 8/7/2020 1:37 PM

Author Type: Physician

Status: Signed

Please call patient and inform due follow up appointment for hypertension and check up.
Offer schedule F2F appointment with me or any provider within 1 month(s).
Patient to come 4-5 hour(s) fast, plan to order lab to be done same day as appointment.

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 8/7/2020

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/10/2020

Telephone

9/10/2020

Benetia A James

MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
9/10/2020 8:10 AM	Chu, Kenneath K (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	1066219182

Reason for Call/Visit

APPOINTMENT

Call Documentation**Chu, Kenneath K (M.D.), M.D. at 9/10/2020 11:34 AM**

Status: Signed

Please advise patient, since no longer has KP insurance, patient to schedule appointment with new physician at new insurance for follow up hypertension.

Lavin, Susana (M.A.), M.A. at 9/10/2020 9:50 AM

Status: Signed

Dr.Chu

As of 10/31/2019 patient is no longer covered through Kaiser.

Coverage**information:**

Subscriber:	xxxxxxxxxxxxx JAMES,BENETIA A
Rel to sub:	01 - Self
Member ID:	xxxxxxxxxxxxx
Plan group:	586147-STARS BEHAVIORAL HEALTH GROUP (SCR) STAR V* Ph: 925-926-*
Payor:	1000-KFHP 1000
Benefit plan:	4219681-HMOX HMO(E) PLAN 4219681
Member effective dates:	03/01/19 to 10/31/19

Chu, Kenneath K (M.D.), M.D. at 9/10/2020 8:10 AM

Status: Signed

Please call patient and inform due follow up appointment for hypertension and check up.
Offer schedule F2F appointment with me or any provider within 1 month(s).

Inform patient to come 4 hour(s) fast so can order lab to be done same day as appointment.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/10/2020

Call Documentation (continued)

Chu, Kenneth K (M.D.), M.D. at 9/10/2020 8:10 AM (continued)

Progress Notes

Chu, Kenneth K (M.D.), M.D. at 9/10/2020 11:34 AM

Author Type: Physician Status: Signed

Please advise patient, since no longer has KP insurance, patient to schedule appointment with new physician at new insurance for follow up hypertension.

Lavin, Susana (M.A.), M.A. at 9/10/2020 9:50 AM

Author Type: MEDICAL ASSISTANT Status: Signed

Dr.Chu
As of 10/31/2019 patient is no longer covered through Kaiser.

Coverage information:

Subscriber:	xxxxxxxxxxxx JAMES,BENETIA A
Rel to sub:	01 - Self
Member ID:	xxxxxxxxxxxx
Plan group:	586147-STARS BEHAVIORAL HEALTH GROUP (SCR) STAR V* Ph: 925-926-*
Payor:	1000-KFHP 1000
Benefit plan:	4219681-HMOX HMO(E) PLAN 4219681
Member effective dates:	03/01/19 to 10/31/19

Chu, Kenneth K (M.D.), M.D. at 9/10/2020 8:10 AM

Author Type: Physician Status: Signed

Please call patient and inform due follow up appointment for hypertension and check up.
Offer schedule F2F appointment with me or any provider within 1 month(s).

Inform patient to come 4 hour(s) fast so can order lab to be done same day as appointment.

Encounter Messages

No messages in this encounter

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**GLUCOSE [1389697775] (continued)**

ROUTINE ADULT HEALTH CHECK UP EXAM
HTN (HYPERTENSION)

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

GLUCOSE [1389697775]

Resulted: 08/13/19 0418, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
GLUCOSE, RANDOM	97	70 - 140 mg/dL	—

HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [1389697776]Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436**

Status: Completed

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [1389697776]

Resulted: 08/13/19 0818, Result status: Final result

(Abnormal)

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7825	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
HGBA1C%	5.9	4.6 - 5.6 %	H ▲

Comment:

A repeatable HbA1c > or = 6.5% is diagnostic of diabetes. A single HbA1c > or = 6.5% can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random plasma glucose > or = 200 mg/dL, or a 2 hour oral glucose tolerance test result > or = 200 mg/dL. Patients with HbA1c of 5.7-6.4% are at increased risk for future diabetes.

LIPID PANEL [1389697777]Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436**

Status: Completed

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**LIPID PANEL [1389697777] (continued)**

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

Specimen Information

Type	Source	Collected By
—	BLOOD	Huynh, Lang T 08/12/19 1506

LIPID PANEL [1389697777] (Abnormal)

Resulted: 08/13/19 0418, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT. FASTING? YES

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
CHOLESTEROL	262	<=199 mg/dL	H ▲
TRIGLYCERIDE	111	<=149 mg/dL	—
Comment: Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid.			
HDL	46	>=40 mg/dL	—
LDL CALCULATED	194	<=99 mg/dL	H ▲
CHOLESTEROL/HIGH DENSITY LIPOPROTEIN	5.7	<=3.9	H ▲
Comment: See LabNet for more information.			
CHOLESTEROL, NON-HDL	216	mg/dL	—
Comment: NonHDL targets are 30 mg/dL higher than LDL targets.			

TSH [1389697778]

Electronically signed by: Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436

Status: Completed

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

INSOMNIA

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

TSH [1389697778]

Resulted: 08/13/19 0351, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7826	—	BLOOD	08/12/19 1506

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**TSH [1389697778] (continued)**

Components

Component	Value	Reference Range	Flag
TSH	1.33	0.35 - 4.00 mIU/mL	—

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
240 - 956	SHERMAN WAY REGIONAL LABORATORY	Steven McLaren, DO	11668 Sherman Way NORTH HOLLYWOOD CA 91605	03/28/19 2317 - Present
421 - 101	SOUTH BAY LABORATORY	Sony Wirio, M.D.	25825 S. Vermont Ave. HARBOR CITY CA 90710	06/01/12 1306 - Present

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

traZODone (DESYREL) 50 mg Oral Tab (Taking/Discontinued)
amLODIPine (NORVASC) 2.5 mg Oral Tab (Taking/Discontinued)
Ibuprofen (MOTRIN) 600 mg Oral Tab (Taking/Discontinued)
Atenolol (TENORMIN) 50 mg Oral Tab (Taking/Discontinued)

Medications Discontinued During This Encounter

Reason for Discontinue

☒ valACYclovir (VALTREX) 1 gram Oral Tab
☒ predniSONE (DELTASONE) 20 mg Oral Tab

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
traZODone (DESYREL) 50 mg Oral Tab (Discontinued) Sig: Take 1 to 2 tablets by mouth at bedtime as needed for insomnia Class: Fill Now Route: Oral Reason for Discontinue: Transferred to Outside Pharmacy	60	3/3	8/12/2019	5/6/2020
amLODIPine (NORVASC) 2.5 mg Oral Tab (Discontinued) Sig: Take 1 tablet by mouth daily Class: Fill Now Route: Oral Reason for Discontinue: Transferred to Outside Pharmacy	100	1/3	8/12/2019	5/6/2020
Ibuprofen (MOTRIN) 600 mg Oral Tab (Discontinued) Sig: Take 1 tablet by mouth every 8 hours as needed for pain or headache . Take with food Class: Fill Now Route: Oral Reason for Discontinue: Transferred to Outside Pharmacy	50	2/2	8/12/2019	5/6/2020

Social Documentation as of 8/12/2019

No social documentation on file.

Patient Instructions

Do lab work today.

If lab results acceptable, you will not be contacted. Otherwise, I will e-mail or have nurse call you.

Walk in mammogram today.

I order new blood pressure medicine Amlodipine 2.5 mg 1 pill daily. Start this medicine tomorrow.
Reduce your Atenolol 50 mg to 1/2 pill tomorrow and day after, then stop.
Nurse clinic blood pressure check in 2 weeks.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Start aerobic exercise such as walking/biking/swimming/jogging, start with 10 min, increase by 5 min per week, goal 30-45 min 4-5 times a week.

Work on diet to lose weight, consider calling weight control program kaiser offer (866) 862-4295.
Consider weight watchers.

I order Trazodone as needed insomnia.

I order Motrin 600 mg as needed headache or pain.

Follow up with me 6-7 month(s), schedule appointment one month(s) in advance

All Flowsheet Data (all recorded)**Encounter Vitals**

Row Name 08/12/19 1358

Enc Vitals

BP 129/89 -EJ

Pulse 74 -EJ

Temp 98.2 °F (36.8 °C) -EJ

Wt (gms) 200 lb (90.7 kg) -EJ

Height 5' 9" (1.753 m) -EJ

Custom Formula Data

Row Name 08/12/19 1358

OTHER

Ideal Body Weight

(calculated)

BSA 2.1 -EJ

(System
Calculated)

Body Mass Index

Index

Body Mass Index

Index

Birth Weight 0 -EJ

% Change from Birth Weight

Weight

Weight change from previous

(gm)

BSA (Dubois) 2.064 -EJ

BSA (Last Ht)

BSA (Last Ht) 2.1 -EJ

BMI (Last Ht)

BMI (Last Ht) 30 -EJ

Mean Arterial Pressure (MAP)

Mean Arterial Pressure (MAP) 102 -EJ

Exercise Vitals

Row Name 08/12/19 1413

08/12/19 1415

Patient Demographics

Patient Name	Legal Sex	DOB			
James, Benetia A (000011467795)	Female	1/8/1965			
<hr/>					
Date Of Birth	Gender Identity	Race	Ethnicity	Preferred Spoken Language	Preferred Written Language
01/08/1965	Female	Black/African American	American/United States	English	English

Patient Demographics

Address	Phone
20322 S AMANTHA AVE CARSON CA 90746	310-415-1029 (Home) *Preferred* 310-415-1029 (Mobile)

Emergency Contacts

No emergency contacts on file.

Social History

Tobacco History

Smoking Status
Never Smoker
Smokeless Tobacco Use
Never Used

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Lab - All Orders and Results (continued)**GLOBIN, FECAL [1316804155] (continued)**

Frequency: Routine 03/21/19 -

Pended by: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408

Canceled by: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1424

Specimen Information

Type	Source	Collected By
—	STOOL	—

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

valACYclovir (VALTREX) 1 gram Oral Tab (Taking/Discontinued)

predniSONE (DELTASONE) 20 mg Oral Tab (Taking/Discontinued)

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
valACYclovir (VALTREX) 1 gram Oral Tab (Discontinued) Sig: Take 1 tablet by mouth 3 times a day for 1 week for shingles treatment Class: Fill Now Route: Oral	21	0/0	3/21/2019	8/12/2019
predniSONE (DELTASONE) 20 mg Oral Tab (Discontinued) Sig: Take 1 tablet orally daily for 1 week for shingles pain Class: Fill Now Route: Oral	7	0/0	3/21/2019	8/12/2019

Social Documentation as of 3/21/2019

No social documentation on file.

Patient Instructions

I order anti viral medicine Valtrex for shingles.

I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

All Flowsheet Data (all recorded)**Encounter Vitals**

Row Name	03/21/19 1402	03/21/19 1412
Enc Vitals		
BP	(I) 140/93 -EJ	127/78 -EJ
Pulse	66 -EJ	70 -EJ
Temp	98 °F (36.7 °C) -EJ	—
Wt (gms)	180 lb (81.6 kg) -EJ	—
Height	5' 9" (1.753 m) -EJ	—

Enc Vitals

BP (I) 140/93 -EJ 127/78 -EJ

Pulse 66 -EJ 70 -EJ

Temp 98 °F (36.7 °C) -EJ —

Wt (gms) 180 lb (81.6 kg) -EJ —

Height 5' 9" (1.753 m) -EJ —

Custom Formula Data

Row Name	03/21/19 1402	03/21/19 1412
Vitals		
Pct Wt Change	0 % -EJ	—
OTHER		
BSA (System Calculated)	1.99 -EJ	—
Body Mass Index	20.87 -EJ	—
Body Mass Index	27 -EJ	—
Birth Weight	0 -EJ	—

Vitals

Pct Wt Change 0 % -EJ —

OTHER

BSA (System Calculated) 1.99 -EJ —

Body Mass Index 20.87 -EJ —

Body Mass Index 27 -EJ —

Birth Weight 0 -EJ —

All Flowsheet Data (all recorded) (continued)

Custom Formula Data (continued)

Row Name	03/21/19 1402	03/21/19 1412
% Change from Birth Weight	816494400 -EJ	—
Weight change from previous (gm)	0 -EJ	—
BSA (Dubois)	1.974 -EJ	—
Ideal Body Weight (calculated)	63.52 -EJ	—
BSA (Last Ht)	1.99 -EJ	—
BMI (Last Ht)	27 -EJ	—
Mean Arterial Pressure (MAP)	109 -EJ	94 -EJ

User Key

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

Initials	Name	Effective Dates	Provider Type	Discipline
EJ	Jimenez, Eva A (M.A.), M.A.	01/12/19 - 05/02/19	MEDICAL ASSISTANT	—

Encounter-Level Documents - 03/21/2019:

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

3/21/2019 2:00 PM INTERNAL MEDICINE 2ND FLOOR

Instructions from KENNEATH KAMFAT CHU MD, M.D.
Your personalized instructions can be found at the end of this document.

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Thursday March 21, 2019. The following issues were addressed:

- VACCINATION FOR DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS (DTAP)
- HERPES ZOSTER (SHINGLES)

What's Next

MAY 15 Office Visit with RACHEL D PARK NP, N.P.
2019 Wednesday May 15 9:40 AM

OB/GYN 3RD FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230

Blood Pressure 127/78	BMI 26.58
Weight 180 lb	Height 5' 9"
Temperature 98 °F	Pulse 70

Medications

NEW Medications

valACYclovir (VALTREX) 1 gram Oral Tab
predniSONE (DELTASONE) 20 mg Oral Tab

Visit Medication List

Patient

reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
valACYclovir (VALTREX) 1 gram Oral Tab (Taking)	1 pill three times daily for 1 week for shingles treatment
predniSONE (DELTASONE) 20 mg Oral Tab (Taking)	1 pill daily 1 week for shingles pain

New Orders

Normal Orders This Visit
VACC TDAP (ADACEL) [90715 CPT(R)]

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed

Encounter-Level Documents - 03/21/2019: (continued)

QHS = Every night at bedtime, AC = Before meals, PC = After meals, c =
With, s = Without

Allergies as of 3/21/2019

Reviewed On: 3/21/2019 By: Jimenez, Eva A (M.A.), M.A.

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

Encounter-Level Documents - 03/21/2019: (continued)

Instructions from KENNEATH KAMFAT CHU MD, M.D.

I order anti viral medicine Valtrex for shingles.

I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

General Information**Protect yourself from the flu. Get vaccinated.**

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Encounter-Level Documents - 03/21/2019: (continued)

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

3/21/2019 2:00 PM INTERNAL MEDICINE 2ND FLOOR

Instructions from KENNEATH KAMFAT CHU MD, M.D.

Your personalized instructions can be found at the end of this document.

What's Next

You currently have no upcoming appointments scheduled.

Medications

NEW Medications

valACYclovir (VALTREX) 1 gram Oral Tab
predniSONE (DELTASONE) 20 mg Oral Tab

Visit Medication List

Patient

reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
valACYclovir (VALTREX) 1 gram Oral Tab (Taking)	1 pill three times daily for 1 week for shingles treatment
predniSONE (DELTASONE) 20 mg Oral Tab (Taking)	1 pill daily 1 week for shingles pain

New Orders

Normal Orders This Visit
VACC TDAP (ADACEL) [90715 CPT(R)]

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Thursday March 21, 2019. The following issues were addressed:

- VACCINATION FOR DIPHTHERIA, TETANUS AND ACCELLULAR PERTUSSIS (DTAP)
- HERPES ZOSTER (SHINGLES)

Blood Pressure 127/78	BMI 26.58
Weight 180 lb	Height 5' 9"
Temperature 98 °F	Pulse 70

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Encounter-Level Documents - 03/21/2019: (continued)

Allergies as of 3/21/2019

Reviewed On: 3/21/2019 By: Jimenez, Eva A (M.A.), M.A.

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	05/22/2001		

Encounter-Level Documents - 03/21/2019: (continued)

Instructions from KENNEATH KAMFAT CHU MD, M.D.

Order anti viral medicine Valtrex for shingles.
Also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

General Information**Protect yourself from the flu. Get vaccinated.**

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

```
{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

DOWNEY MEDICAL
 CENTER L
 9333 E IMPERIAL HWY

James, Benetia A
 MRN: 000011467795, DOB: 1/8/1965, Sex: F
 Visit date: 6/3/2019

DOWNEY CA 90242-2812
 SCAL HIM ROI ALMR

Telephone
 6/3/2019

Benetia A James
 MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
6/3/2019 2:01 PM	Lee, Robert F (Rph), RPH	PHARMACY 1ST FLOOR 3355	562-461-4213	918676146

Reason for Call/Visit

PRESCRIPTION REFILL REQUESTED Pt is almost out of Atenolol 50mg

Call Documentation

Chu, Kenneath Kamfat (M.D.), M.D. at 6/3/2019 5:25 PM

Status: Signed

Robert
 I believe you have verified with outside pharmacy.
 30 pills ordered

Orders Placed This Encounter

- Atenolol (TENORMIN) 50 mg Oral Tab

Lee, Robert F (Rph), RPH at 6/3/2019 2:01 PM

Status: Signed

FROM: Robert Lee PharmD, KLBeach rx

To: Dr. Ken Chu, KLB

REQUEST: Pt is new and has been taking Atenolol 50mg 1t DAILY, from the neighborhood clinic. She has an appointment to see you in about a month, but is almost out of medicine. Can the Pt be given #30 until her appt?

Medication Atenolol 50mg

Strength -

Sig: 1T QD

Qty: 30

- If approved, document approval and "**REPLY TO SENDER**".
- Any changes to medication below should be entered and "**REPLY TO SENDER**".
- If you wish to substitute the medication below with another, write the full prescription details in your reply below or enter via order entry and "**REPLY TO SENDER**".

Call Documentation (continued)

Lee, Robert F (Rph), RPH at 6/3/2019 2:01 PM (continued)

- If denied, please route your response to your back office staff with instructions. Do not send back to pharmacy.

Electronically signed by:
ROBERT F LEE RPH
6/3/2019
2:01 PM

Progress Notes

Chu, Kenneth Kamfat (M.D.), M.D. at 6/3/2019 5:25 PM

Author Type: Physician Status: Signed

Robert
I believe you have verified with outside pharmacy.
30 pills ordered

Orders Placed This Encounter

- Atenolol (TENORMIN) 50 mg Oral Tab

Lee, Robert F (Rph), RPH at 6/3/2019 2:01 PM

Author Type: PHARMACIST Status: Signed

FROM: Robert Lee PharmD, KLBeach rx

To: Dr. Ken Chu, KLB

REQUEST: Pt is new and has been taking Atenolol 50mg 1t DAILY, from the neighborhood clinic. She has an appointment to see you in about a month, but is almost out of medicine. Can the Pt be given #30 until her appt?

Medication Atenolol 50mg

Strength -

Sig: 1T QD

Qty: 30

Progress Notes (continued)

Lee, Robert F (Rph), RPH at 6/3/2019 2:01 PM (continued)

- If approved, document approval and **"REPLY TO SENDER"**.
- Any changes to medication below should be entered and **"REPLY TO SENDER"**.
- If you wish to substitute the medication below with another, write the full prescription details in your reply below or enter via order entry and **"REPLY TO SENDER"**.
- If denied, please **route your response to your back office staff with instructions. Do not send back to pharmacy.**

Electronically signed by:
ROBERT F LEE RPH
6/3/2019
2:01 PM

Encounter Messages

No messages in this encounter

Questionnaires

No completed forms available for this encounter.

Diagnoses

	Codes	Comments
MEDICATION REFILL	Z76.0	

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

Atenolol (TENORMIN) 50 mg Oral Tab (Taking/Discontinued)

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
Atenolol (TENORMIN) 50 mg Oral Tab (Discontinued) Sig: Take 1 tablet by mouth daily Class: Fill Later Route: Oral Reason for Discontinue: Replaced by Pharmacy	30	0/0	6/3/2019	7/8/2019

Social Documentation as of 6/3/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

Kaiser Permanente

Encounter-Level Documents - 06/03/2019:

AFTER VISIT SUMMARY



Benetia A, James MRN: 000011467795

6/3/2019 PHARMACY 1ST FLOOR 3355

Today's Visit

You saw ROBERT F LEE RPH, RPH on Monday June 3, 2019.

What's Next

JUN 21 Office Visit with KIM ILENE IKEMOTO OD, O.D.
2019 Friday June 21 11:25 AM

OPTOMETRY 1ST FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
833-574-2273

JUN 27 Physical Exam with KENNEATH KAMFAT CHU MD, M.D.
2019 Thursday June 27 9:30 AM

INTERNAL MEDICINE 2ND FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230

Medications

NEW Medications

Atenolol (TENORMIN) 50 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit.
This may not reflect all medications the patient is taking.

	Dosage
Atenolol (TENORMIN) 50 mg Oral Tab (Taking)	Take 1 tablet by mouth daily

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 6/3/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 3/21/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

General Information

Encounter-Level Documents - 06/03/2019: (continued)

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

```
{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

DOWNEY MEDICAL
CENTER L
9333 E IMPERIAL HWY

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 6/3/2019

DOWNEY CA 90242-2812
SCAL HIM ROI ALMR

Encounter-Level E-Signatures: (continued)

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**CBC NO DIFFERENTIAL [1389697773] (continued)**

MCHC	32.0	32.0 - 37.0 g/dL	—
RDW, BLOOD	12.5	11.5 - 14.5 %	—
PLATELETS, AUTOMATED COUNT	278	130 - 400 x1000/mcL	—

CREATININE [1389697774]

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Frequency: Routine 08/12/19 -

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

CREATININE [1389697774]

Resulted: 08/13/19 0418, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
CREATININE	1.00	<=1.10 mg/dL	—
GLOMERULAR FILTRATION RATE	74	mL/min/BSA	—

Comment:

Estimated GFR (eGFR) is calculated by the CKD-Epi formula using serum creatinine, sex, age and race. Result is normalized to a standard body surface area (BSA, 1.73m²). This result is invalid if serum creatinine is not in steady state, if patient is receiving dialysis, or if muscle mass is significantly above or below population norm for age and gender.

-GFR Ranges-

GFR >89 Normal (or CKD1*)

60-89 Mildly reduced (CKD2*)

30-59 Moderately reduced (CKD3 if >3mos)

15-29 Severely reduced (CKD4 if >3mos)

GFR <15 Kidney failure (CKD5 if >3mos)

* GFR >60 is not diagnostic of CKD1 or 2

unless another marker of kidney damage is present

(e.g. excessive urine albumin or urine protein

on 2 occasions, or renal biopsy or imaging abnormality).

RACE	Black	—	—
------	-------	---	---

GLUCOSE [1389697775]

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Frequency: Routine 08/12/19 -

Diagnoses

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

All Flowsheet Data (all recorded) (continued)

Exercise Vitals (continued)

Row Name	08/12/19 1413	08/12/19 1415
Exercise Level of Effort		
Days per week of moderate to strenuous exercise (like a brisk walk)	0 -EJ	0 -EJ
On average, minutes per day of exercise at this level	0 -EJ	0 -EJ

User Key

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

Initials	Name	Effective Dates	Provider Type	Discipline
EJ	Jimenez, Eva A (M.A.), M.A.	05/22/19 - 12/07/19	MEDICAL ASSISTANT	—

Encounter-Level Documents - 08/12/2019:

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

8/12/2019 2:00 PM INTERNAL MEDICINE 2ND FLOOR

Instructions from KENNEATH KAMEAT CHU MD, M.D.
Your personalized instructions can be found at the end of this document.

What's Next

AUG 12 2019 Diagnostic Imaging
Monday August 12 2:45 PM

RADIOLOGY
3900 E PACIFIC COAST
HWY
LONG BEACH CA
90804-2013
310-517-2956

Medications

NEW Medications

traZODone (DESYREL) 50 mg Oral Tab
amLODIPine (NORVASC) 2.5 mg Oral Tab
Ibuprofen (MOTRIN) 600 mg Oral Tab

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Monday August 12, 2019. The following issues were addressed:
• HYPERTENSION (HIGH BLOOD PRESSURE)
• INSOMNIA
• TENSION TYPE HEADACHE
• OVERWEIGHT

Blood Pressure 129/89	BMI 29.53
Weight 200 lb	Height 5' 9"
Temperature 98.2 °F	Pulse 74

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
traZODone (DESYREL) 50 mg Oral Tab (Taking)	1-2 TAB PO DAILY AT BEDTIME as needed for insomnia
amLODIPine (NORVASC) 2.5 mg Oral Tab (Taking)	1 TAB PO DAILY
Ibuprofen (MOTRIN) 600 mg Oral Tab (Taking)	1 TAB PO Q8H WITH FOOD PRN PAIN or HEADACHE
Atenolol (TENORMIN) 50 mg Oral Tab (Taking)	Take 1 tablet by mouth daily

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/honline/> ie/, click "Sign Up Now", and enter your personal activation code: VKTRQ-35BDE. Activation code expires 11/10/2019.

Encounter-Level Documents - 08/12/2019: (continued)

New Orders

Normal Orders This Visit

- _____ CBC NO DIFFERENTIAL [85027 CPT(R)]
- _____ CREATININE [82565 CPT(R)]
- _____ GLUCOSE [82947 CPT(R)]
- _____ HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [83036 CPT(R)]
- _____ LIPID PANEL [250613 Custom]
- _____ TSH [84443 CPT(R)]

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/12/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

Encounter-Level Documents - 08/12/2019: (continued)

Instructions from KENNEATH KAMFAT CHU MD, M.D.

Do lab work today.

If lab results acceptable, you will not be contacted. Otherwise, I will e-mail or have nurse call you.

Walk in mammogram today.

I order new blood pressure medicine Amlodipine 2.5 mg 1 pill daily. Start this medicine tomorrow.

Reduce your Atenolol 50 mg to 1/2 pill tomorrow and day after, then stop.

Nurse clinic blood pressure check in 2 weeks.

Start aerobic exercise such as walking/biking/swimming/jogging, start with 10 min, increase by 5 min per week, goal 30-45 min 4-5 times a week.

Work on diet to lose weight, consider calling weight control program kaiser offer (866) 862-4295.

Consider weight watchers.

I order Trazodone as needed insomnia.

I order Motrin 600 mg as needed headache or pain.

Follow up with me 6-7 month(s), schedule appointment one month(s) in advance

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.

Encounter-Level Documents - 08/12/2019: (continued)

- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at

800-464-4000 or TTY 711
800-788-0616 (Spanish)
800-757-7585 (Chinese dialects)

Hours

Open 7 days a week
24 hours a day
Closed holidays

Medicare members

800-443-0815 or TTY 711

Hours

Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Encounter-Level Documents - 08/12/2019: (continued)

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

```
{^EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```

KAISER PERMANENTE

SOUTH BAY MEDICAL
 CENTER L
 25825 S VERMONT AVE
 HARBOR CITY CA 90710-
 3518
 SCAL HIM ROI ALMR

James, Benetia A
 MRN: 000011467795, DOB: 1/8/1965, Sex: F
 Visit date: 9/6/2019

Message
 9/6/2019

Benetia A James
 MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
9/6/2019 3:06 PM	Huerta, Brenda Areli (M.A.), M.A.	HOV RADIOLOGY	424-251-7750	950231557

Reason for Call/Visit

MAMMOGRAM ABNORMAL

Call Documentation

Huerta, Brenda Areli (M.A.), M.A. at 9/6/2019 3:06 PM

Status: Signed

Unable to reach this patient by phone.
 Multiple attempts. A certified letter is being sent.

Progress Notes

Huerta, Brenda Areli (M.A.), M.A. at 9/6/2019 3:06 PM

Author Type: MEDICAL ASSISTANT Status: Signed

Unable to reach this patient by phone.
 Multiple attempts. A certified letter is being sent.

Encounter Messages

No messages in this encounter.

Questionnaires

No completed forms available for this encounter.

Diagnoses

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 9/6/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

SOUTH BAY MEDICAL
CENTER L
25825 S VERMONT AVE
HARBOR CITY CA 90710-
3518
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/6/2019

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

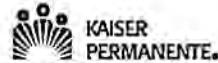
SOUTH BAY MEDICAL
CENTER L
25825 S VERMONT AVE
HARBOR CITY CA 90710-
3518
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/6/2019

END OF ENCOUNTER

Encounter-Level Documents - 10/29/2019:

AFTER VISIT SUMMARY



Benetia A. James MRN: 000011467795

10/29/2019 12:15 PM OPTOMETRY 1ST FLOOR

Instructions from KATHERINE GLORIA ROSS OD, O.D.

- Read the attached information
- Additional instructions from KATHERINE GLORIA ROSS OD, O.D.

Today's Visit

You saw KATHERINE GLORIA ROSS OD, O.D. on Tuesday October 29, 2019. The following issues were addressed:

- BILAT GLAUCOMA SUSPECT

What's Next

You currently have no upcoming appointments scheduled.

Medications

New Orders

Normal Orders This Visit
REFERRAL OPHTHALMOLOGY [200349 Custom]

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 10/29/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.
Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-35BDE. Activation code expires 11/10/2019.



Attached Information

Additional instructions from KATHERINE GLORIA ROSS OD, O.D.

Your Kaiser Permanente Care Instructions**Open-Angle Glaucoma: Care Instructions****Your Care Instructions**

Glaucoma is an eye problem related to high pressure in the eye. This pressure can damage the eye. The result can be a slow, permanent loss of vision. In some cases, both eyes are affected. Other times, one eye is more damaged than the other.

Your doctor may have told you that you are a glaucoma suspect. That usually means you have pressure in your eye, but it hasn't done damage. If you see your doctor regularly and follow your treatment plan, you may be able to prevent vision loss.

If you have glaucoma, your doctor will want to watch you closely. You will probably use medicated eyedrops every day. Your doctor may also recommend surgery. Treatment for glaucoma cannot give you back any lost vision. But it can prevent more vision loss.

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?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine. You will get more details on the specific medicines your doctor prescribes.
- Use eyedrops exactly as directed by your doctor. Use the colored caps to help you remember when to use them.
- Use eyedrops as follows:
 - Bend your head back. Look up toward your eyebrows. With one finger, gently pull the lower lid down. This will make a small pocket.
 - Drop the medicine into the pocket. (Do not touch the dropper against the eyelid or anything else.) Close your eyes for 2 minutes. This gives your eye time to absorb the medicine. Try not to blink.
 - While your eyes are closed, press your finger gently against the area between the inner corner of your eye and your nose. This will prevent the drops from getting into your nose. This is important to do because if the drops get into your nose, they can cause side effects.
 - If you are using more than one kind of eyedrops, wait at least 5 minutes before you use another kind.
- Make sure your other doctors know that you have glaucoma. You may need to change or stop taking other medicines.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have new or worse eye pain.

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

- You have vision changes.

Where can you learn more?

Go to <http://kp.org/health>

Enter **N715** in the search box to learn more about "Open-Angle Glaucoma: Care Instructions."

Encounter-Level Documents - 10/29/2019: (continued)

Current as of: July 17, 2018

Content Version: 12.0

© 2006-2019 Healthwise, Incorporated. Care instructions adapted under license by your healthcare professional. 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.

General Information**SKIP THE TRIP. Have our pharmacy come to you!**

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering online.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at

[800-464-4000](tel:8004644000) or TTY [711](tel:711)
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours

Open 7 days a week
24 hours a day
Closed holidays

Encounter-Level Documents - 10/29/2019: (continued)

Medicare members
[800-443-0815](tel:800-443-0815) or TTY [711](tel:711)

Hours
Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

```
{\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }
```

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 2/15/2020

Diagnoses (continued)

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 2/15/2020

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/10/2020

Questionnaires

No completed forms available for this encounter.

Diagnoses

None.

All Orders and Results

No orders and results found

Audit Trail for Eye Care Forms

Social Documentation as of 9/10/2020

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

DECLARATION OF CUSTODIAN OF MEDICAL RECORDS

Patient Name: James, Benetia A
Date of Birth: 01/08/1965 Kaiser Permanente Medical Record Number: 11467795
Plaintiff: James, Benetia A Defendant: STAR VIEW ADOLESCENT CENTER
Case or Reference Number: SIF12213522, SIF12620825

Says as follows (checked sections apply):

The declarant is the duly authorized Custodian of Medical Records for **Kaiser Foundation Hospital-Southern California and Southern California Permanente Medical Group**, and has the authority to certify said records.

The copy or original of the medical records attached to this declaration is a true copy of the records described in the subpoena duces tecum, court order, or other request, that are permitted to be disclosed by law, and include the following record types:

Electronic: Medical office Hospital Mental health Addiction medicine Pharmacy

Paper: Medical office Hospital Mental health Addiction medicine

These records are:

Limited to the dates, or date range of: ANY AND ALL

Limited to specific provider(s) or department type: _____

Paper records have been ordered to be retrieved from storage and are pending.

The following requested records that are permitted to be disclosed by law do not exist; have been destroyed;

could not be located after an exhaustive search:

Electronic Records: Medical office Hospital Mental health Addiction medicine Pharmacy

Paper: Medical office Hospital Mental health Addiction medicine

Paper records may exist. The following paper records that were requested, and are permitted to be disclosed by law may exist but were not produced:

Paper: Medical office Hospital Mental health Addiction medicine

A new request is not needed to obtain these paper records. **Just send an email to address shown above within 30 days of the date of this declaration**, and provide the specific date range of the required paper records. If you wait more than 30 days after the date of this declaration to request any paper records, you must submit a new request with a \$15 payment.

The records were prepared by the personnel of the hospital, staff physicians, or persons acting under the control of either, in the ordinary course of business at or near the time of the act, condition, or event.

Pursuant to state and federal law, records which contain information pertaining to the treatment of inpatient psychiatric, chemical dependency, and HIV testing are subject to strict confidentiality and may not be disclosed in response to a routine subpoena. Such material may be obtained only upon a special court order or specific written authorization that meets federal or state guidelines.

I, Liz Valenzuela, declare under penalty of perjury that the foregoing is true and correct.

Liz Valenzuela Digitally signed by Liz Valenzuela
Date: 2021.04.12 09:30:36 -07'00'

Date: 04/12/2021

Signature of Declarant

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

END OF ENCOUNTER

KAISER PERMANENTE

DOWNEY MEDICAL
CENTER L
9333 E IMPERIAL HWY

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 6/3/2019

DOWNEY CA 90242-2812
SCAL HIM ROI ALMR

No documentation.

KAISER PERMANENTE

DOWNEY MEDICAL
CENTER L
9333 E IMPERIAL HWY

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 6/3/2019

DOWNEY CA 90242-2812
SCAL HIM ROI ALMR

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/22/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 2/15/2020

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 2/15/2020

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/8/2020

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/8/2020

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/7/2020

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/7/2020

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/10/2020

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/10/2020

END OF ENCOUNTER

END OF REPORT



Please note:

This file may contain sensitive information that we are not legally authorized to redact per *California Business and Professions Code § 22458*.

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.

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

Case No: ADJ12213522

BENETIA JAMES-YOUNG

AKA:
DOB: 01/08/1965
SSN: 547-08-0936

VS.

BENETIA JAMES-YOUNG , ATHENS ADMINISTRATORS - CONCORD

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above Case No. or attaching copy of the subpoena.)

NO PERSONAL APPEARANCE NECESSARY

Please refer to the In Bold summary description found below to identify the documents requested by this Subpoena

*The People of the State of California Sends Greetings to: **Custodian Of Records***

KFH/ SCPMG - ELECTRONIC

WE COMMAND YOU to appear before A NOTARY PUBLIC

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

On the 11th day of December, 2019, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and produce the following described documents:

PLEASE PROVIDE ANY AND ALL ELECTRONIC MEDICAL RECORDS.

(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 11/19/2019



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

Workers Compensation Judge

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

CC: NATALIA FOLEY ESQ.

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]

Order Ref #: 1618491

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena. This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by notice from this Board that deposit of witness fee has been made in accordance with Government Code 68097.2 et seq.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ12213522

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:
That he / she is (one of) the representative(s) for the defendant in the action captioned on the reverse hereof.

That KFH/ SCPMG - ELECTRONIC has in his / her possession or under his / her control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reason:
To determine present and/or past physical condition; nature, extent and duration of sickness; injury, disability and/or necessity of further treatment.

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

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

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

Executed on 11/19/2019, at Temecula, California

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

ONTELLUS FOR: STANDER REUBENS, ET AL. - LOS ANGELES
THE DEFENSE ATTORNEY: BETHE BARKLEY
/s/ 200 N PACIFIC COAST HIGHWAY STE 1550
EL SEGUNDO, CA 90245
(310) 649-4911

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of:

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

Name of Person Served: [Blank] Date: November, 20 2019 Place: 10740 4TH ST 2ND FL

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

Executed on November, 20 2019 at RANCHO CUCAMONGA, California

Signature

BENETIA JAMES-YOUNG, KFH/ SCPMG - ELECTRONIC



Order Ref #: 1618491

DECLARATION OF CUSTODIAN OF MEDICAL RECORDS

Patient Name: Benetia A. James
Date of Birth: 01/08/1965 **Kaiser Permanente Medical Record Number:** 11467795
Plaintiff: BENETIA JAMES-YOUNG **Defendant:** ATHENS ADMINISTRATORS
Case or Reference Number: ADJ12213522

Says as follows (checked sections apply):

The declarant is the duly authorized Custodian of Medical Records for **Kaiser Foundation Hospital-Southern California and Southern California Permanente Medical Group**, and has the authority to certify said records.

The copy or original of the medical records attached to this declaration is a true copy of the records described in the subpoena duces tecum, court order, or other request, that are permitted to be disclosed by law, and include the following record types:

Electronic: Medical office Hospital Mental health Addiction medicine Pharmacy

Paper: Medical office Hospital Mental health Addiction medicine

These records are:

Limited to the dates, or date range of: 01/08/1965 - PRESENT

Limited to specific provider(s) or department type: _____

Paper records have been ordered to be retrieved from storage and are pending.

The following requested records that are permitted to be disclosed by law do not exist; have been destroyed;

could not be located after an exhaustive search:

Electronic Records: Medical office Hospital Mental health Addiction medicine Pharmacy

Paper: Medical office Hospital Mental health Addiction medicine

Paper records may exist. The following paper records that were requested, and are permitted to be disclosed by law may exist but were not produced:

Paper: Medical office Hospital Mental health Addiction medicine

A new request is not needed to obtain these paper records. Just **send an email to address shown above within 30 days of the date of this declaration**, and provide the specific date range of the required paper records. If you wait more than 30 days after the date of this declaration to request any paper records, you must submit a new request with a \$15 payment.

The records were prepared by the personnel of the hospital, staff physicians, or persons acting under the control of either, in the ordinary course of business at or near the time of the act, condition, or event.

Pursuant to state and federal law, records which contain information pertaining to the treatment of inpatient psychiatric, chemical dependency, and HIV testing are subject to strict confidentiality and may not be disclosed in response to a routine subpoena. Such material may be obtained only upon a special court order or specific written authorization that meets federal or state guidelines.

I, JOYALIN OZONOH, declare under penalty of perjury that the foregoing is true and correct.

 Signature of Declarant Date: 12/11/2019

Patient Demographics

Patient Name	Sex	DOB
James, Benetia A (000011467795)	Female	1/8/1965

--

Date Of Birth	Gender Identity	Race	Ethnicity	Preferred Spoken Language	Preferred Written Language
01/08/1965	Female	Black/African American	American/United States	English	English

Patient Demographics

Address	Phone
20322 S AMANTHA AVE CARSON CA 90746-3144	310-415-1029 (Home) *Preferred* 310-719-9399 (Work) 310-415-1029 (Mobile)

Emergency Contacts

No emergency contacts on file.

Social History

Tobacco History

Smoking Status
Never Smoker
Smokeless Tobacco Use
Never Used

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Office Visit
3/21/2019

Benetia A James
MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
3/21/2019 2:00 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	893239398

Reason for Call/Visit

SHINGLES possible per pt

Call Documentation

No notes of this type exist for this encounter.

Vitals

Most recent update: 3/21/2019 2:13 PM

BP	Pulse	Temp	Ht	Wt
127/78	70	98 °F (36.7 °C)	5' 9" (1.753 m)	180 lb (81.6 kg)

LMP
(LMP Unknown)

Nursing Notes

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:27 PM

Status: Signed

I verified TDAP im for medical assistant Eva Jimenez.

Jimenez, Eva A (M.A.), M.A. at 3/21/2019 2:37 PM

Status: Signed

tdap given im rd per md order

Progress Notes

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:12 PM

Author Type: Physician Status: Signed

History:

Patient presents with:
SHINGLES: possible per pt

PCP Gulati, Neil (M.D.)

Patient complain of possible shingles onset 2 days.
Pain on rash on neck and chest.
Patient not sure if drug eruption from Nabumetone prescribed by workman's comp physician.

Smoking status: Never Smoker

Progress Notes (continued)**Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:12 PM (continued)**Smokeless tobacco: Never Used
Alcohol use: NoHistory Reviewed:

I have reviewed the Social history as displayed in HealthConnect on the date of the encounter or the portion(s) as noted in the progress note.

Review of Systems

Constitutional: Negative for fever.

Physical Exam

Constitutional: No distress.

Eyes: Conjunctivae are normal.

Neck: No edema present.

Musculoskeletal:

Left shoulder: She exhibits no swelling.

Left upper arm: She exhibits no swelling.

Skin: Rash noted. Rash is vesicular (**erythema groups of vesicular rash on L neck and upper chest**).

Vitals reviewed.

ASSESSMENT:

1. **HERPES ZOSTER**
2. **VACCINATION FOR DIPHTHERIA, TETANUS AND ACCELLULAR PERTUSSIS**

ICD-10-CM
B02.9
Z23

PLAN:

Medicine order as below.

Off work form done.

Follow up as needed.

Orders Placed This Encounter

- VACC Tdap [90715C]
- valACYclovir (VALTREX) 1 gram Oral Tab
- predniSONE (DELTASONE) 20 mg Oral Tab

Patient Instructions

I order anti viral medicine Valtrex for shingles.

I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:12 PM (continued)

Nursing Notes

Chu, Kenneath Kamfat (M.D.), M.D. at 3/21/2019 2:27 PM

Status: Signed

I verified TDAP im for medical assistant Eva Jimenez.

Jimenez, Eva A (M.A.), M.A. at 3/21/2019 2:37 PM

Status: Signed

tdap given im rd per md order

Encounter Messages

No messages in this encounter

Diagnoses

	Codes	Comments
HERPES ZOSTER - Primary	B02.9	
VACCINATION FOR DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS	Z23	

Imaging - All Orders and Results**MAMMO BILAT SCREENING SEQUENTIAL W OR WO COMPUTER AIDED DETECTION ANALYSIS [1316804157]**

Electronically signed by: **Jimenez, Eva A (M.A.), M.A. on 03/21/19 1408** Status: **Cancel Pend**
 Ordering user: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408 Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.
 Frequency: Routine 03/21/19 - Pended by: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408
 Canceled by: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1424
 Order comments: Reason: Screening Radiologist: Follow Sequential Breast Imaging Orders Policy and Procedures.

Immunization/Injection - All Orders and Results**VACC TDAP (ADACEL) [1316804156]**

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 03/21/19 1425** Status: **Completed**
 Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1425 Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.
 Ordering mode: Standard
 Frequency: Routine 03/21/19 - Released by: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1425
 Diagnoses
 VACCINATION FOR DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS
 Order comments: Adacel (Tdap) vaccine, 0.5mL intramuscular (IM). For age 10+yrs.

Lab - All Orders and Results**GLOBIN, FECAL [1316804155]**

Electronically signed by: **Jimenez, Eva A (M.A.), M.A. on 03/21/19 1408** Status: **Cancel Pend**
 Ordering user: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408 Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.
 Frequency: Routine 03/21/19 - Pended by: Jimenez, Eva A (M.A.), M.A. 03/21/19 1408
 Canceled by: Chu, Kenneath Kamfat (M.D.), M.D. 03/21/19 1424
 Specimen Information

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Lab - All Orders and Results (continued)**GLOBIN, FECAL [1316804155] (continued)**

Type	Source	Collected By
—	STOOL	—

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

valACYclovir (VALTREX) 1 gram Oral Tab (Taking/Discontinued)
predniSONE (DELTASONE) 20 mg Oral Tab (Taking/Discontinued)

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
valACYclovir (VALTREX) 1 gram Oral Tab (Discontinued) Sig: Take 1 tablet by mouth 3 times a day for 1 week for shingles treatment Class: Fill Now Route: Oral	21	0/0	3/21/2019	8/12/2019
predniSONE (DELTASONE) 20 mg Oral Tab (Discontinued) Sig: Take 1 tablet orally daily for 1 week for shingles pain Class: Fill Now Route: Oral	7	0/0	3/21/2019	8/12/2019

Social Documentation as of 3/21/2019

No social documentation on file.

Patient Instructions

I order anti viral medicine Valtrex for shingles.
I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

All Flowsheet Data (all recorded)**Encounter Vitals**

Row Name	03/21/19 1402	03/21/19 1412
Enc Vitals		
BP	(I) 140/93 -EJ	127/78 -EJ
Pulse	66 -EJ	70 -EJ
Temp	98 °F (36.7 °C) -EJ	—
Wt (gms)	180 lb (81.6 kg) -EJ	—
Height	5' 9" (1.753 m) -EJ	—

Custom Formula Data

Row Name	03/21/19 1402	03/21/19 1412
Vitals		
Pct Wt Change	0 % -EJ	—
OTHER		
BSA (System Calculated)	1.99 -EJ	—
Body Mass	20.87 -EJ	—

All Flowsheet Data (all recorded) (continued)

Custom Formula Data (continued)

Row Name	03/21/19 1402	03/21/19 1412
Index		
Body Mass Index	27 -EJ	—
Birth Weight	0 -EJ	—
% Change from Birth Weight	816494400 -EJ	—
Weight change from previous (gm)	0 -EJ	—
BSA (Dubois)	1.974 -EJ	—
Ideal Body Weight (calculated)	63.52 -EJ	—
BSA (Last Ht)	1.99 -EJ	—
BMI (Last Ht)	27 -EJ	—
Mean Arterial Pressure (MAP)	109 -EJ	94 -EJ

User Key

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

Initials	Name	Effective Dates	Provider Type	Discipline
EJ	Jimenez, Eva A (M.A.), M.A.	01/12/19 - 05/02/19	MEDICAL ASSISTANT	—

Encounter-Level Documents - 03/21/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795

3/21/2019 2:00 PM INTERNAL MEDICINE 2ND FLOOR



Instructions from KENNEATH KAMFAT CHU MD, M.D.
Your personalized instructions can be found at the end of this document.

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Thursday March 21, 2019. The following issues were addressed:
• VACCINATION FOR DIPHTHERIA, TETANUS AND ACCELLULAR PERTUSSIS (DTAP)
• HERPES ZOSTER (SHINGLES)

What's Next

OB/GYN 3RD FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230
Wednesday May 15 9:40 AM

OB/GYN 3RD FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230

	Blood Pressure		BMI
	127/78		26.58
	Weight		Height
	180 lb		5' 9"
	Temperature		Pulse
	98 °F		70

Medications

New Medications

valACYclovir (VALTREX) 1 gram Oral Tab
predniSONE (DELTASONE) 20 mg Oral Tab

Visit Medication List

Patient

reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
valACYclovir (VALTREX) 1 gram Oral Tab (Taking)	1 pill three times daily for 1 week for shingles treatment
predniSONE (DELTASONE) 20 mg Oral Tab (Taking)	1 pill daily 1 week for shingles pain

New Orders

Normal Orders This Visit
VACC TDAP (ADACEL) [90715 CPT(R)]

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed

Encounter-Level Documents - 03/21/2019: (continued)

QHS = Every night at bedtime, AC = Before meals, PC = After meals, c =
With, s = Without

Allergies as of 3/21/2019

Reviewed On: 3/21/2019 By: Jimenez, Eva A (M.A.), M.A.

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

Encounter-Level Documents - 03/21/2019: (continued)

Instructions: from KENNEATH KAMFAT CHU MD, M.D.

I order anti viral medicine Valtrex for shingles.

I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Encounter-Level Documents - 03/21/2019: (continued)

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795

3/21/2019 2:00 PM INTERNAL MEDICINE 2ND FLOOR



Instructions from KENNEATH KAMFAT CHU MD, M.D.
Your personalized instructions can be found at the end of this document.

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Thursday March 21, 2019. The following issues were addressed:
• VACCINATION FOR DIPHTHERIA, TETANUS AND ACELLULAR PERTUSSIS (DTAP)
• HERPES ZOSTER (SHINGLES)

What's Next

You currently have no upcoming appointments scheduled.

Medications

New Medications

valACYclovir (VALTREX) 1 gram Oral Tab
predniSONE (DELTASONE) 20 mg Oral Tab

Blood Pressure 127/78	BMI 26.58
Weight 180 lb	Height 5' 9"
Temperature 98 °F	Pulse 70

Visit Medication List

Patient

reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

	Dosage
valACYclovir (VALTREX) 1 gram Oral Tab (Taking)	1 pill three times daily for 1 week for shingles treatment
predniSONE (DELTASONE) 20 mg Oral Tab (Taking)	1 pill daily 1 week for shingles pain

New Orders

Normal Orders This Visit
VACC TDAP (ADACEL) [90715 CPT(R)]

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Encounter-Level Documents - 03/21/2019: (continued)

Allergies as of 3/21/2019

Reviewed On: 3/21/2019 By: Jimenez, Eva A (M.A.), M.A.

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

Encounter-Level Documents - 03/21/2019: (continued)

Instructions from KENNEATH KAMFAT CHU MD, M.D.

I order anti viral medicine Valtrex for shingles.
I also order steroid Prednisone for shingles pain. Do not take Nabumetone when on Prednisone.

General Information

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

{^*EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 3/21/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/15/2019

Office Visit

5/15/2019

Benetia A James**MRN: 000011467795****Visit Information**

Date & Time	Provider	Department	Dept. Phone	Encounter #
5/15/2019 9:40 AM	Park, Rachel D (N.P.), N.P.	OB/GYN 3RD FLOOR	800-780-1230	893340801

Reason for Call/Visit

ENCOUNTER CREATED IN ERROR

Call Documentation

No notes of this type exist for this encounter.

Progress Notes**Park, Rachel D (N.P.), N.P. at 5/16/2019 8:40 AM**

Author Type: NURSE PRACTITIONER (N.P.) Status: Signed

Error

MISSED APPOINTMENT NOTE

Benetia A James is a 54 year old female who did not keep appointment on this encounter date. Since there was no face to face visit, Medication Reconciliation/Review was not done. The Reviewed button was clicked solely to fulfill workflow requirements to close the chart.

Electronically signed by:

RACHEL D PARK NP

5/16/2019

8:41 AM

Encounter Messages

No messages in this encounter

Diagnoses

	Codes	Comments
ADMINISTRATIVE ENCOUNTER FOR CHART BEING OPENED IN ERROR NO SHOW	Z02.89 Z02.9	

All Orders and Results

No orders and results found

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Social Documentation as of 5/15/2019

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/15/2019

Social Documentation as of 5/15/2019 (continued)

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/15/2019

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 5/15/2019

END OF ENCOUNTER

KAISER PERMANENTE

DOWNEY MEDICAL
 CENTER L
 9333 E IMPERIAL HWY
 .
 DOWNEY CA 90242-2812
 SCAL HIM ROI ALMR

James, Benetia A
 MRN: 000011467795, DOB: 1/8/1965, Sex: F
 Visit date: 6/3/2019

Telephone
 6/3/2019

Benetia A James
 MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
6/3/2019 2:01 PM	Lee, Robert F (Rph), RPH	PHARMACY 1ST FLOOR 3355	562-461-4213	918676146

Reason for Call/Visit

PRESCRIPTION REFILL REQUESTED Pt is almost out of Atenolol 50mg

Call Documentation

Chu, Kenneath Kamfat (M.D.), M.D. at 6/3/2019 5:25 PM

Status: Signed

Robert
 I believe you have verified with outside pharmacy.
 30 pills ordered

Orders Placed This Encounter

- Atenolol (TENORMIN) 50 mg Oral Tab

Lee, Robert F (Rph), RPH at 6/3/2019 2:01 PM

Status: Signed

FROM: Robert Lee PharmD, KLBeach rx

To: Dr. Ken Chu, KLB

REQUEST: Pt is new and has been taking Atenolol 50mg 1t DAILY, from the neighborhood clinic. She has an appointment to see you in about a month, but is almost out of medicine. Can the Pt be given #30 until her appt?

Medication Atenolol 50mg

Strength -

Sig: 1T QD

Qty: 30

- If approved, document approval and "**REPLY TO SENDER**".
- Any changes to medication below should be entered and "**REPLY TO SENDER**".
- If you wish to substitute the medication below with another, write the full prescription details in your reply below or enter via order entry and "**REPLY TO SENDER**".

Progress Notes (continued)

Lee, Robert F (Rph), RPH at 6/3/2019 2:01 PM (continued)

- If approved, document approval and **"REPLY TO SENDER"**.
- Any changes to medication below should be entered and **"REPLY TO SENDER"**.
- If you wish to substitute the medication below with another, write the full prescription details in your reply below or enter via order entry and **"REPLY TO SENDER"**.
- If denied, please **route your response to your back office staff with instructions. Do not send back to pharmacy.**

Electronically signed by:
 ROBERT F LEE RPH
 6/3/2019
 2:01 PM

Encounter Messages

No messages in this encounter

Diagnoses

	Codes	Comments
MEDICATION REFILL	Z76.0	

All Orders and Results

No orders and results found

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

Atenolol (TENORMIN) 50 mg Oral Tab (Taking/Discontinued)

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
Atenolol (TENORMIN) 50 mg Oral Tab (Discontinued) Sig: Take 1 tablet by mouth daily Class: Fill Later Route: Oral Reason for Discontinue: Replaced by Pharmacy	30	0/0	6/3/2019	7/8/2019

Social Documentation as of 6/3/2019

No social documentation on file.

Patient Instructions

KAISER PERMANENTE

DOWNEY MEDICAL
CENTER L
9333 E IMPERIAL HWY
.
DOWNEY CA 90242-2812
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 6/3/2019

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 06/03/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795



Today's Visit

You saw ROBERT F LEE RPH, RPH on Monday June 3, 2019.

What's Next

JUN 21 Office Visit with KIM ILENE IKEMOTO OD, O.D.
2019 Friday June 21 11:25 AM

OPTOMETRY 1ST FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
833-574-2273

JUN 27 Physical Exam with KENNEATH KAMFAT CHU MD, M.D.
2019 Thursday June 27 9:30 AM

INTERNAL MEDICINE 2ND FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230

Medications

NEW Medications

Atenolol (TENORMIN) 50 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit.
This may not reflect all medications the patient is taking.

Atenolol (TENORMIN) 50 mg Oral Tab	Dosage
(Taking)	Take 1 tablet by mouth daily

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 6/3/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 3/21/2019

No Known Drug Allergies	Severity	Noted	Reaction Type	Reactions
	Not Specified	06/22/2001		

General Information

Encounter-Level Documents - 06/03/2019: (continued)

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

{*EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

DOWNEY MEDICAL
CENTER L
9333 E IMPERIAL HWY

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 6/3/2019

.
DOWNEY CA 90242-2812
SCAL HIM ROI ALMR

Encounter-Level E-Signatures: (continued)

KAISER PERMANENTE

DOWNEY MEDICAL
CENTER L
9333 E IMPERIAL HWY

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 6/3/2019

.
DOWNEY CA 90242-2812
SCAL HIM ROI ALMR

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Office Visit

8/12/2019

Benetia A James**MRN: 000011467795****Visit Information**

Date & Time	Provider	Department	Dept. Phone	Encounter #
8/12/2019 2:00 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	929214571

Reason for Call/Visit

**PHYSICAL EXAMINATION
HEADACHE**

Call Documentation

No notes of this type exist for this encounter.

Vitals

Most recent update: 8/12/2019 2:19 PM

BP	Pulse	Temp	Ht	Wt
129/89	74	98.2 °F (36.8 °C)	5' 9" (1.753 m)	200 lb (90.7 kg)

Nursing Notes

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM

Status: Signed

Back Office Intake Note

Confirmed patient identification using two patient identifiers: yes

Proactive Office Encounter Actions:

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: Mammogram ordered today (staged)

Patient declines Pap Test today

Health Maintenance procedures due:**Health Maintenance Due****Topic**

- MAMMOGRAM SCREENING
- CERVICAL CA SCREENING

Date Due

01/08/2015
01/08/1995

Confirmed Preferred Pharmacy: yes

In clinic forms to be filled out by provider: no

Nursing Notes (continued)

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM (continued)

BP Readings from Last 3 Encounters:

03/21/19 127/78

BP Elevated: No**Progress Notes****Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM**

Author Type: Physician

Status: Signed

Chief Complaint

Patient presents with

- PHYSICAL EXAMINATION
- HEADACHE

Patient here for physical.

Exercise none.

Patient has been diagnosis with hypertension on atenolol outside KP 1 year.

Patient said without Pap for a while.

PMH: hypertension

Outpatient Medications Marked as Taking for the 8/12/19 encounter (Office Visit) with Chu, Kenneath Kamfat (M.D.), M.D.

Medication Sig

- Atenolol (TENORMIN) 50 mg Take 1 tablet by mouth daily
Oral Tab

Review of Systems

Cardiovascular: Negative for chest pain.

Respiratory: Positive for shortness of breath (**sometimes w walking**).

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea and melena.

Genitourinary: Negative for dysuria.

Neurological: Positive for headaches (**tightness in back of neck, admit to stress**). Negative for dizziness.

Psychiatric/Behavioral: The patient has insomnia.

Physical Exam

Progress Notes (continued)**Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM (continued)****HENT:**

Mouth/Throat: Oropharynx is clear and moist.

Eyes: Conjunctivae are normal.

Neck: Normal range of motion. Normal carotid pulses present. Muscular tenderness present. No spinous process tenderness present. Carotid bruit is not present. No thyromegaly present.

Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulses:

Dorsalis pedis pulses are 2+ on the right side, and 2+ on the left side.

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

Abdominal: Soft. She

exhibits no distension and no mass. There is no hepatosplenomegaly. There is no tenderness.

Musculoskeletal: She

exhibits no edema.

Lymphadenopathy:

She

has no cervical adenopathy.

Vitals reviewed.

Social History**Tobacco Use**

- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No
- Drug use: No tobacco or alcohol history on file - go to History activity and update tobacco and alcohol use

ASSESSMENT:

1.	ROUTINE ADULT HEALTH CHECK UP EXAM	ICD-10- CM Z00.00
2.	HTN (HYPERTENSION)	I10
3.	INSOMNIA	G47.00
4.	TENSION HEADACHE	G44.209

Progress Notes (continued)**Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM (continued)**

5. OVERWEIGHT

E66.3

PLAN:

Patient wants to change atenolol to different blood pressure medicine.

Titrate to stop atenolol, patient only had 1 pill left.

Start Norvasc.

Nurse clinic blood pressure check in 2 weeks.

Encourage start exercise.

Provide and encourage patient to enroll with weight program to loose weight regard obesity.

Order Trazodone as needed insomnia.

Order Motrin as needed headache/neck pain, relate to stress.

Health screen lab order.

Patient said prefer to call back and schedule Pap/breast exam with PA/NP.

Orders Placed This Encounter

- CBC NO DIFFERENTIAL
- CREATININE
- GLUCOSE
- HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING
- LIPID PANEL
- TSH
- traZODone (DESYREL) 50 mg Oral Tab
- amLODIPine (NORVASC) 2.5 mg Oral Tab
- Ibuprofen (MOTRIN) 600 mg Oral Tab

Patient Instructions

Do lab work today.

If lab results acceptable, you will not be contacted. Otherwise, I will e-mail or have nurse call you.

Walk in mammogram today.

I order new blood pressure medicine Amlodipine 2.5 mg 1 pill daily. Start this medicine tomorrow.

Reduce your Atenolol 50 mg to 1/2 pill tomorrow and day after, then stop.

Nurse clinic blood pressure check in 2 weeks.

Start aerobic exercise such as walking/biking/swimming/jogging, start with 10 min, increase by 5 min per week, goal 30-45 min 4-5 times a week.

Work on diet to lose weight, consider calling weight control program kaiser offer (866) 862-4295.

Kaiser Permanente

Page 30

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 8/12/2019 2:19 PM (continued)

Consider weight watchers.

I order Trazodone as needed insomnia.

I order Motrin 600 mg as needed headache or pain.

Follow up with me 6-7 month(s), schedule appointment one month(s) in advance

Nursing Notes

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM

Status: Signed

Back Office Intake Note

Confirmed patient identification using two patient identifiers: yes

Proactive Office Encounter Actions:

PROACTIVE CARE ACTIONS

Proactive Office Encounter Actions: Mammogram ordered today (staged)
Patient declines Pap Test today

Health Maintenance procedures due:**Health Maintenance Due**

Topic	Date Due
• MAMMOGRAM SCREENING	01/08/2015
• CERVICAL CA SCREENING	01/08/1995

Confirmed Preferred Pharmacy: yes

In clinic forms to be filled out by provider: no

BP Readings from Last 3 Encounters:

Kaiser Permanente

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Nursing Notes (continued)

Jimenez, Eva A (M.A.), M.A. at 8/12/2019 2:12 PM (continued)

03/21/19 127/78

BP Elevated: No

Encounter Messages

No messages in this encounter

Diagnoses

	Codes	Comments
ROUTINE ADULT HEALTH CHECK UP EXAM	Z00.00	
HTN (HYPERTENSION)	I10	
INSOMNIA	G47.00	
TENSION HEADACHE	G44.209	
OVERWEIGHT	E66.3	

Lab - All Orders and Results

CBC NO DIFFERENTIAL [1389697773]

Electronically signed by: **Chu, Kenneth Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneth Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneth Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneth Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

INSOMNIA

TENSION HEADACHE

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

CBC NO DIFFERENTIAL [1389697773]

Resulted: 08/12/19 1726, Result status: Final result

Order status: Completed

Resulting lab: SOUTH BAY LABORATORY

Narrative:

RMS ACCN: 665389787

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
WBC'S AUTO	6.4	4.0 - 11.0 x1000/mcL	—
RBC, AUTO	4.65	4.20 - 5.40 Mill/mcL	—
HGB	13.3	12.0 - 16.0 g/dL	—
HCT, AUTO	41.6	37.0 - 47.0 %	—
MCV	89.5	81.0 - 99.0 fL	—
MCH	28.6	27.0 - 35.0 pg/cell	—
MCHC	32.0	32.0 - 37.0 g/dL	—
RDW, BLOOD	12.5	11.5 - 14.5 %	—
PLATELETS, AUTOMATED COUNT	278	130 - 400 x1000/mcL	—

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)

CBC NO DIFFERENTIAL [1389697773] (continued)

CREATININE [1389697774]

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

CREATININE [1389697774] Resulted: 08/13/19 0418, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
CREATININE	1.00	<=1.10 mg/dL	—
GLOMERULAR FILTRATION RATE	74	mL/min/BSA	—

Comment:

Estimated GFR (eGFR) is calculated by the CKD-Epi formula using serum creatinine, sex, age and race. Result is normalized to a standard body surface area (BSA, 1.73m2). This result is invalid if serum creatinine is not in steady state, if patient is receiving dialysis, or if muscle mass is significantly above or below population norm for age and gender.

-GFR Ranges-

- GFR >89 Normal (or CKD1*)
- 60-89 Mildly reduced (CKD2*)
- 30-59 Moderately reduced (CKD3 if >3mos)
- 15-29 Severely reduced (CKD4 if >3mos)
- GFR <15 Kidney failure (CKD5 if >3mos)

* GFR >60 is not diagnostic of CKD1 or 2 unless another marker of kidney damage is present (e.g. excessive urine albumin or urine protein on 2 occasions, or renal biopsy or imaging abnormality).

RACE	Black	—	—
------	-------	---	---

GLUCOSE [1389697775]

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

Specimen Information

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**GLUCOSE [1389697775] (continued)**

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

GLUCOSE [1389697775] Resulted: 08/13/19 0418, Result status: Final result

Order status: Completed Resulting lab: SHERMAN WAY REGIONAL LABORATORY
Narrative:
RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
GLUCOSE, RANDOM	97	70 - 140 mg/dL	—

HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [1389697776]

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [1389697776] Resulted: 08/13/19 0818, Result status: Final result
(Abnormal)

Order status: Completed Resulting lab: SHERMAN WAY REGIONAL LABORATORY
Narrative:
RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7825	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
HGBA1C%	5.9	4.6 - 5.6 %	H

Comment:

A repeatable HbA1c > or = 6.5% is diagnostic of diabetes. A single HbA1c > or = 6.5% can also be confirmed by a fasting plasma glucose measurement > 125 mg/dL, a random plasma glucose > or = 200 mg/dL, or a 2 hour oral glucose tolerance test result > or = 200 mg/dL. Patients with HbA1c of 5.7-6.4% are at increased risk for future diabetes.

LIPID PANEL [1389697777]

Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436** Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**LIPID PANEL [1389697777] (continued)**

Specimen Information

Type	Source	Collected By
—	BLOOD	Huynh, Lang T 08/12/19 1506

LIPID PANEL [1389697777] (Abnormal)

Resulted: 08/13/19 0418, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

OTHER PROVIDERS HAVE RECEIVED THIS RESULT DUE TO DUPLICATE ORDERS FOR THIS TEST. YOU MAY HAVE ORDERED THIS EXACT TEST OR ONE OF ITS COMPONENTS. THUS, COORDINATION OF CARE IS NECESSARY. CLICK ON THE ORDER DETAILS HYPERLINK FOR INDICATION OF ALL PROVIDERS WHO HAVE RECEIVED NOTIFICATION OF THIS RESULT. FASTING? YES

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7824	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
CHOLESTEROL	262	<=199 mg/dL	H
TRIGLYCERIDE	111	<=149 mg/dL	—
Comment: Note that if triglycerides (TG) are sufficiently high, then direct LDL (if TG>1300 mg/dL) or HDL (if TG>2000 mg/dL) measurements may not be valid.			
HDL	46	>=40 mg/dL	—
LDL CALCULATED	194	<=99 mg/dL	H
CHOLESTEROL/HIGH DENSITY LIPOPROTEIN	5.7	<=3.9	H
Comment: See LabNet for more information.			
CHOLESTEROL, NON-HDL	216	mg/dL	—
Comment: NonHDL targets are 30 mg/dL higher than LDL targets.			

TSH [1389697778]Electronically signed by: **Chu, Kenneath Kamfat (M.D.), M.D. on 08/12/19 1436**Status: **Completed**

This order may be acted on in another encounter.

Ordering user: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Authorized by: Chu, Kenneath Kamfat (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 08/12/19 -

Released by: Chu, Kenneath Kamfat (M.D.), M.D. 08/12/19 1436

Diagnoses

ROUTINE ADULT HEALTH CHECK UP EXAM

HTN (HYPERTENSION)

INSOMNIA

Specimen Information

Type	Source	Collected By
—	BLOOD	S989987 08/12/19 1506

TSH [1389697778]

Resulted: 08/13/19 0351, Result status: Final result

Order status: Completed

Resulting lab: SHERMAN WAY REGIONAL LABORATORY

Narrative:

RMS ACCN: 665389788

Specimen Information

ID	Type	Source	Collected On
C00002201922405 7826	—	BLOOD	08/12/19 1506

Components

Component	Value	Reference Range	Flag
-----------	-------	-----------------	------

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Lab - All Orders and Results (continued)**TSH [1389697778] (continued)**

TSH	1.33	0.35 - 4.00 mIU/mL	—
-----	------	--------------------	---

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
240 - 956	SHERMAN WAY REGIONAL LABORATORY	Steven McLaren, DO	11668 Sherman Way NORTH HOLLYWOOD CA 91605	03/28/19 2317 - Present
421 - 101	SOUTH BAY LABORATORY	Sony Wirio, M.D.	25825 S. Vermont Ave. HARBOR CITY CA 90710	06/01/12 1306 - Present

Final Spectacle Rx

[Click to see and print Final Spectacle Rx](#)

Final CL Rx

[Click to see and print Final Contact Lens Rx](#)

Audit Trail for Eye Care Forms

Medications the Patient Reported Taking

traZODone (DESYREL) 50 mg Oral Tab (Taking)
amLODIPine (NORVASC) 2.5 mg Oral Tab (Taking)
Ibuprofen (MOTRIN) 600 mg Oral Tab (Taking)
Atenolol (TENORMIN) 50 mg Oral Tab (Taking)

Medications Discontinued During This Encounter

Reason for Discontinue

 valACYclovir (VALTREX) 1 gram Oral Tab
 predniSONE (DELTASONE) 20 mg Oral Tab

Prescriptions Ordered This Encounter

	Disp	Refills	Start	End
traZODone (DESYREL) 50 mg Oral Tab Sig: Take 1 to 2 tablets by mouth at bedtime as needed for insomnia Class: Fill Now Route: Oral	60	3/3	8/12/2019	10/23/2021
amLODIPine (NORVASC) 2.5 mg Oral Tab Sig: Take 1 tablet by mouth daily Class: Fill Now Route: Oral	100	1/3	8/12/2019	8/11/2021
Ibuprofen (MOTRIN) 600 mg Oral Tab Sig: Take 1 tablet by mouth every 8 hours as needed for pain or headache . Take with food Class: Fill Now Route: Oral	50	2/2	8/12/2019	8/11/2021

Social Documentation as of 8/12/2019

No social documentation on file.

Patient Instructions

Do lab work today.
If lab results acceptable, you will not be contacted. Otherwise, I will e-mail or have nurse call you.

Walk in mammogram today.

I order new blood pressure medicine Amlodipine 2.5 mg 1 pill daily. Start this medicine tomorrow.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Reduce your Atenolol 50 mg to 1/2 pill tomorrow and day after, then stop.
Nurse clinic blood pressure check in 2 weeks.

Start aerobic exercise such as walking/biking/swimming/jogging, start with 10 min, increase by 5 min per week, goal 30-45 min 4-5 times a week.

Work on diet to lose weight, consider calling weight control program kaiser offer (866) 862-4295.
Consider weight watchers.

I order Trazodone as needed insomnia.

I order Motrin 600 mg as needed headache or pain.

Follow up with me 6-7 month(s), schedule appointment one month(s) in advance

All Flowsheet Data (all recorded)**Encounter Vitals**

Row Name 08/12/19 1358

Enc Vitals

BP 129/89 -EJ
Pulse 74 -EJ
Temp 98.2 °F (36.8 °C) -EJ
Wt (gms) 200 lb (90.7 kg) -EJ
Height 5' 9" (1.753 m) -EJ

Custom Formula Data

Row Name 08/12/19 1358

OTHER

Ideal Body Weight (calculated) 63.52 -EJ
BSA (System Calculated) 2.1 -EJ
Body Mass Index 23.19 -EJ
Body Mass Index 30 -EJ
Birth Weight 0 -EJ
% Change from Birth Weight 907216000 -EJ
Weight change from previous (gm) 0 -EJ
BSA (Dubois) 2.064 -EJ
BSA (Last Ht) 2.1 -EJ
BMI (Last Ht) 30 -EJ
Mean Arterial Pressure (MAP) 102 -EJ

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

All Flowsheet Data (all recorded) (continued)

Exercise Vitals

Row Name	08/12/19 1413	08/12/19 1415
Exercise Level of Effort		
Days per week of moderate to strenuous exercise (like a brisk walk)	0 -EJ	0 -EJ
On average, minutes per day of exercise at this level	0 -EJ	0 -EJ

User Key

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

Initials	Name	Effective Dates	Provider Type	Discipline
EJ	Jimenez, Eva A (M.A.), M.A.	05/22/19 - 12/07/19	MEDICAL ASSISTANT	—

Encounter-Level Documents - 08/12/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795

8/12/2019 2:00 PM INTERNAL MEDICINE 2ND FLOOR



Instructions from KENNEATH KAMFAT CHU MD, M.D.
Your personalized instructions can be found at the end of this document.

What's Next

AUG 12 2019 Diagnostic Imaging
Monday August 12 2:45 PM

RADIOLOGY
3900 E PACIFIC COAST
HWY
LONG BEACH CA
90804-2013
310-517-2956

Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Monday August 12, 2019. The following issues were addressed:

- HYPERTENSION (HIGH BLOOD PRESSURE)
- INSOMNIA
- TENSION TYPE HEADACHE
- OVERWEIGHT

Blood Pressure **129/89** BMI **29.53**
Weight **200 lb** Height **5' 9"**
Temperature **98.2 °F** Pulse **74**

Medications

NEW Medications

traZODone (DESYREL) 50 mg Oral Tab
amLODIPine (NORVASC) 2.5 mg Oral Tab
Ibuprofen (MOTRIN) 600 mg Oral Tab

Visit Medication List

Patient reported, restarted, and new medications relevant to this visit. This may not reflect all medications the patient is taking.

traZODone (DESYREL) 50 mg Oral Tab (Taking)	Dosage 1-2 TAB PO DAILY AT BEDTIME as needed for insomnia
amLODIPine (NORVASC) 2.5 mg Oral Tab (Taking)	1 TAB PO DAILY
Ibuprofen (MOTRIN) 600 mg Oral Tab (Taking)	1 TAB PO Q8H WITH FOOD PRN PAIN or HEADACHE
Atenolol (TENORMIN) 50 mg Oral Tab (Taking)	Take 1 tablet by mouth daily

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-3SBDE. Activation code expires 11/10/2019.

Encounter-Level Documents - 08/12/2019: (continued)

New Orders

Normal Orders This Visit

CBC NO DIFFERENTIAL [85027 CPT(R)]

CREATININE [82565 CPT(R)]

GLUCOSE [82947 CPT(R)]

HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [83036 CPT(R)]

LIPID PANEL [250613 Custom]

TSH [84443 CPT(R)]

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed

QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/12/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

	Severity	Noted	Reaction Type	Reactions
No Known Drug Allergies	Not Specified	06/22/2001		

Encounter-Level Documents - 08/12/2019: (continued)

Instructions from KENNEATH KAMFAT CHU MD, M.D.

Do lab work today.

If lab results acceptable, you will not be contacted. Otherwise, I will e-mail or have nurse call you.

Walk in mammogram today.

I order new blood pressure medicine Amlodipine 2.5 mg 1 pill daily. Start this medicine tomorrow.

Reduce your Atenolol 50 mg to 1/2 pill tomorrow and day after, then stop.

Nurse clinic blood pressure check in 2 weeks.

Start aerobic exercise such as walking/biking/swimming/jogging, start with 10 min, increase by 5 min per week, goal 30-45 min 4-5 times a week.

Work on diet to lose weight, consider calling weight control program kaiser offer (866) 862-4295.

Consider weight watchers.

I order Trazodone as needed insomnia.

I order Motrin 600 mg as needed headache or pain.

Follow up with me 6-7 month(s), schedule appointment one month(s) in advance

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.

Encounter-Level Documents - 08/12/2019: (continued)

- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at

800-464-4000 or TTY 711
800-788-0616 (Spanish)
800-757-7585 (Chinese dialects)

Hours

Open 7 days a week
24 hours a day
Closed holidays

Medicare members

800-443-0815 or TTY 711

Hours

Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Encounter-Level Documents - 08/12/2019: (continued)

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

{*EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/12/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

Telephone

8/13/2019

Benetia A James**MRN: 000011467795****Visit Information**

Date & Time	Provider	Department	Dept. Phone	Encounter #
8/13/2019 4:21 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	943472287

Reason for Call/Visit**APPOINTMENT TAV****Call Documentation****Jimenez, Eva A (M.A.), M.A. at 8/16/2019 2:00 PM**

Status: Signed

Patient aware and booked

Jimenez, Eva A (M.A.), M.A. at 8/14/2019 1:15 PM

Status: Signed

Left Message for Patient to return call to 562-986-2218 Dr. Chu Office**Chu, Kenneath Kamfat (M.D.), M.D. at 8/13/2019 4:21 PM**

Status: Signed

Please call patient and inform schedule TAV appointment to discuss recent lab, inform cholesterol very high, also pre diabetes.
Inform TAV schedule time only 5-10 min but free.

Progress Notes**Jimenez, Eva A (M.A.), M.A. at 8/16/2019 2:00 PM**

Author Type: MEDICAL ASSISTANT Status: Signed

Patient aware and booked

Jimenez, Eva A (M.A.), M.A. at 8/14/2019 1:15 PM

Author Type: MEDICAL ASSISTANT Status: Signed

Left Message for Patient to return call to 562-986-2218 Dr. Chu Office**Chu, Kenneath Kamfat (M.D.), M.D. at 8/13/2019 4:21 PM**

Author Type: Physician Status: Signed

Please call patient and inform schedule TAV appointment to discuss recent lab, inform cholesterol very high, also pre diabetes.
Inform TAV schedule time only 5-10 min but free.

Kaiser Permanente

Page 46

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 8/13/2019 4:21 PM (continued)

Encounter Messages

No messages in this encounter

Diagnoses

None.

All Orders and Results

No orders and results found

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Social Documentation as of 8/13/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 08/13/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795



Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Tuesday August 13, 2019.

What's Next

AUG 22 2019 Telephone Visit with KENNEATH KAMFAT CHU MD, M.D.
Thursday August 22 11:20 AM

INTERNAL MEDICINE 2ND FLOOR
3900 E PACIFIC COAST HWY
LONG BEACH CA 90804-2013
800-780-1230

Medications

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/13/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

No Known Drug Allergies	Severity	Noted	Reaction Type	Reactions
	Not Specified	06/22/2001		

General Information

SKIP THE TRIP. Have our pharmacy come to you!
New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

Encounter-Level Documents - 08/13/2019: (continued)

4 ways to receive prescriptions by mail:

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at
[800-464-4000](tel:800-464-4000) or TTY [711](tel:711)
[800-788-0616](tel:800-788-0616) (Spanish)
[800-757-7585](tel:800-757-7585) (Chinese dialects)

Hours
Open 7 days a week
24 hours a day
Closed holidays

Medicare members
[800-443-0815](tel:800-443-0815) or TTY [711](tel:711)

Hours
Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Encounter-Level Documents - 08/13/2019: (continued)

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-3SBDE. Activation code expires 11/10/2019.

Order-Level Documents:

There are no order-level documents.

{\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/13/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/22/2019

All Flowsheet Data (all recorded) (continued)

No documentation.

Encounter-Level Documents - 08/22/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795

8/22/2019 11:20 AM INTERNAL MEDICINE 2ND FLOOR



Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Thursday August 22, 2019.

What's Next

You currently have no upcoming appointments scheduled.

Medications

Common Medication Direction Abbreviations

PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 8/22/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

No Known Drug Allergies	Severity	Noted	Reaction Type	Reactions
	Not Specified	06/22/2001		

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

Encounter-Level Documents - 08/22/2019: (continued)

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at

[800-464-4000](tel:8004644000) or TTY 711
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours

Open 7 days a week
24 hours a day
Closed holidays

Medicare members

[800-443-0815](tel:8004430815) or TTY 711

Hours

Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Encounter-Level Documents - 08/22/2019: (continued)

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-3SBDE. Activation code expires 11/10/2019.

Order-Level Documents:

There are no order-level documents.

{\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/22/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 8/22/2019

END OF ENCOUNTER

KAISER PERMANENTE

SOUTH BAY MEDICAL
 CENTER L
 25825 S VERMONT AVE
 HARBOR CITY CA 90710-
 3518
 SCAL HIM ROI ALMR

James, Benetia A
 MRN: 000011467795, DOB: 1/8/1965, Sex: F
 Visit date: 9/6/2019

Message
 9/6/2019

Benetia A James
 MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
9/6/2019 3:06 PM	Huerta, Brenda Areli (M.A.), M.A.	HOV RADIOLOGY	424-251-7750	950231557

Reason for Call/Visit

MAMMOGRAM ABNORMAL

Call Documentation

Huerta, Brenda Areli (M.A.), M.A. at 9/6/2019 3:06 PM

Status: Signed

Unable to reach this patient by phone.
 Multiple attempts. A certified letter is being sent.

Progress Notes

Huerta, Brenda Areli (M.A.), M.A. at 9/6/2019 3:06 PM

Author Type: MEDICAL ASSISTANT Status: Signed

Unable to reach this patient by phone.
 Multiple attempts. A certified letter is being sent.

Encounter Messages

No messages in this encounter

Diagnoses

None.

All Orders and Results

No orders and results found

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Social Documentation as of 9/6/2019

No social documentation on file.

Patient Instructions

No instructions given.

KAISER PERMANENTE

SOUTH BAY MEDICAL
CENTER L
25825 S VERMONT AVE
HARBOR CITY CA 90710-
3518
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/6/2019

All Flowsheet Data (all recorded)

No documentation.

KAISER PERMANENTE

SOUTH BAY MEDICAL
CENTER L
25825 S VERMONT AVE
HARBOR CITY CA 90710-
3518
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/6/2019

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

{*\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

SOUTH BAY MEDICAL
CENTER L
25825 S VERMONT AVE
HARBOR CITY CA 90710-
3518
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/6/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

Telephone

9/17/2019

Benetia A James**MRN: 000011467795****Visit Information**

Date & Time	Provider	Department	Dept. Phone	Encounter #
9/17/2019 4:52 PM	Chu, Kenneath Kamfat (M.D.), M.D.	INTERNAL MEDICINE 2ND FLOOR	800-780-1230	953339510

Reason for Call/Visit**MAMMOGRAM ABNORMAL****Call Documentation****Jimenez, Eva A (M.A.), M.A. at 9/25/2019 8:46 AM**

Status: Signed

Unable to reach Patient mailed letter

Jimenez, Eva A (M.A.), M.A. at 9/19/2019 1:39 PM

Status: Signed

Voice mail full will try back at a later time

Chu, Kenneath Kamfat (M.D.), M.D. at 9/17/2019 4:52 PM

Status: Signed

Please call patient, noted her mammogram in Aug not normal, need additional testing.
Mammogram dept tried to call patient several times and mail certified letter.
Advise patient schedule test with mammogram dept.
If unable to find patient after 3 tries, send letter to patient as well.

Progress Notes**Jimenez, Eva A (M.A.), M.A. at 9/25/2019 8:46 AM**

Author Type: MEDICAL ASSISTANT

Status: Signed

Unable to reach Patient mailed letter

Jimenez, Eva A (M.A.), M.A. at 9/19/2019 1:39 PM

Author Type: MEDICAL ASSISTANT

Status: Signed

Voice mail full will try back at a later time

Chu, Kenneath Kamfat (M.D.), M.D. at 9/17/2019 4:52 PM

Author Type: Physician

Status: Signed

Please call patient, noted her mammogram in Aug not normal, need additional testing.
Mammogram dept tried to call patient several times and mail certified letter.

Progress Notes (continued)

Chu, Kenneath Kamfat (M.D.), M.D. at 9/17/2019 4:52 PM (continued)

Advise patient schedule test with mammogram dept.
If unable to find patient after 3 tries, send letter to patient as well.

Encounter Messages

No messages in this encounter

Diagnoses

None.

All Orders and Results

No orders and results found

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Audit Trail for Eye Care Forms

Social Documentation as of 9/17/2019

No social documentation on file.

Patient Instructions

No instructions given.

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 09/17/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795



Today's Visit

You saw KENNEATH KAMFAT CHU MD, M.D. on Tuesday September 17, 2019.

What's Next

You currently have no upcoming appointments scheduled.

Medications

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 9/17/2019

Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

No Known Drug Allergies	Severity	Noted	Reaction Type	Reactions
	Not Specified	06/22/2001		

General Information

SKIP THE TRIP. Have our pharmacy come to you!
New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

Encounter-Level Documents - 09/17/2019: (continued)

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at

[800-464-4000](tel:8004644000) or TTY 711
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours

Open 7 days a week
24 hours a day
Closed holidays

Medicare members

[800-443-0815](tel:8004430815) or TTY 711

Hours

Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Encounter-Level Documents - 09/17/2019: (continued)

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.

Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-3SBDE. Activation code expires 11/10/2019.

Order-Level Documents:

There are no order-level documents.

{\EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 9/17/2019

END OF ENCOUNTER

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

Office Visit
10/29/2019

Benetia A James
MRN: 000011467795

Visit Information

Date & Time	Provider	Department	Dept. Phone	Encounter #
10/29/2019 12:15 PM	Ross, Katherine Gloria (O.D.), O.D.	OPTOMETRY 1ST FLOOR	833-574-2273	968099838

Reason for Call/Visit

EYE EXAMINATION Distance and near blur without glasses

Call Documentation

No notes of this type exist for this encounter.

Progress Notes

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM

Author Type: OPTOMETRIST (O.D.) Status: Signed

Benetia A James is a 54 year old female who presents with the following:

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- **EYE EXAMINATION**
Distance and near blur without glasses

(-) double vision, (-) flashes, (-) new onset floaters

LEE few years

Occupation: Data Unavailable

PMedHx:

HGBA1C 5.9 08/12/2019

No results found for this basename: FBS

BP Readings from Last 3 Encounters:

08/12/19 129/89
03/21/19 127/78

POHx:

1. None

Ocular meds: None

Progress Notes (continued)

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM (continued)

FOHx:

- (-) glaucoma
- (-) age related macular degeneration
- (-) other

GENERAL:

Patient appears alert and well-oriented.
The patient's allergies have been reviewed.

Medications relevant to my specialty have been reviewed as appropriate, per Health Connect procedure.
Patient to continue follow up with his PCP and other providers for ongoing medication reconciliation/review.

Refraction Exam

Visual Acuity (Snellen - Linear)

Dist sc	Right 20/25+1	Left 20/20
---------	------------------	---------------

Manifest Refraction (Auto)

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+1.00	-0.50	132	20/25	
Left	+0.75	-0.25	58		
Pupillary Distance: 64.0					

Manifest Refraction #2

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Spectacle Final Rx

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Expiration Date: 10/29/2021

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Base Exam

Visual Acuity (Snellen - Linear)

Dist sc	Right 20/25+1	Left 20/20
---------	------------------	---------------

Tonometry (Non-contact air puff, 12:47 PM)

Pressure	Right 14	Left 13
----------	-------------	------------

Progress Notes (continued)

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM (continued)

Pupils

	Pupils	APD
_____ Right	PERRL	neg
_____ Left	PERRL	neg

Visual Fields (Counting fingers)

_____ Right	Left
_____ Full	Full

Extraocular Movement

_____ Right	Left
_____ Full	Full

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Main Exam

External Exam

_____ Right	Left
External Normal	Normal

Slit Lamp Exam

_____ Right	Left
Lids/Lashes	no lesions, normal configuration
Conjunctiva/Sclera	clear
Cornea	clear
Anterior Chamber	no cell or flare,deep
Iris	round pupil, normal stroma
Lens	1+ Nuclear sclerosis
Vitreous	clear

Fundus Exam

_____ Right	Left
Disc	no pallor, margin distinct, sup notch, Lamina cribrosa visible
C/D Ratio	0.70
Macula	no RPE changes, no retinopathy
Vessels	normal caliber
Periphery	undilated-Posterior Pole-no pathology noted

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Progress Notes (continued)

Ross, Katherine Gloria (O.D.), O.D. at 10/29/2019 12:24 PM (continued)

Neuro/Psych

Oriented x3: Yes
Mood/Affect: Normal

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Assessment/Plan:

1. **DISORDER OF REFRACTION**
2. **BILAT GLAUCOMA SUSPECT**
3. **BILAT AGE RELATED CATARACT**
 1. Released spectacle prescription, patient has had PAL in past, would like PAL again
 2. Normotensive pressures OD/OS. Suspicious nerve OD>OS. No family history of glaucoma. **Refer to ophthalmology for glaucoma evaluation.**
 3. Not visually significant; monitor

Results of today's exam discussed with patient. Patient states understanding.

RTC: 1-2 year(s) or sooner with any new ocular/visual complaints.

Patient understands it's his/her responsibility to call the optometry clinic to schedule next appointment or to call with any new concerns.

Katherine G. Ross, OD
Kaiser Permanente South Bay Medical Center
Department of Optometry
10/29/2019

Encounter Messages

No messages in this encounter

Diagnoses

	Codes	Comments
DISORDER OF REFRACTION - Primary	H52.7	
BILAT GLAUCOMA SUSPECT	H40.003	
BILAT AGE RELATED CATARACT	H25.9	

Procedures - All Orders and Results

REFRACTION ASSESSMENT [1428581759]

Electronically signed by: **Ross, Katherine Gloria (O.D.), O.D. on 10/29/19 1251** Status: **Active**
 Ordering user: Ross, Katherine Gloria (O.D.), O.D. 10/29/19 1251 Authorized by: Ross, Katherine Gloria (O.D.), O.D.
 Ordering mode: Standard

Procedures - All Orders and Results (continued)

REFRACTION ASSESSMENT [1428581759] (continued)

Frequency: Routine 10/29/19 -
Diagnoses
DISORDER OF REFRACTION

Final Spectacle Rx

Click to see and print Final Spectacle Rx

Final CL Rx

Click to see and print Final Contact Lens Rx

Base Exam

Visual Acuity (Snellen - Linear)			Pupils		
	Right	Left		Pupils	APD
Dist sc	20/25+1	20/20	Right	PERRL	neg
			Left	PERRL	neg
Tonometry (Non-contact air puff, 12:47 PM)			Visual Fields (Counting fingers)		
	Right	Left		Right	Left
Pressure	14	13		Full	Full
			Extraocular Movement		
				Right	Left
				Full	Full
			Neuro/Psych		
			Oriented x3: Yes		
			Mood/Affect: Normal		

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Main Exam

External Exam		
	Right	Left
External	Normal	Normal
Slit Lamp Exam		
	Right	Left
Lids/Lashes	no lesions, normal configuration	no lesions, normal configuration
Conjunctiva/Sclera	clear	clear
Cornea	clear	clear
Anterior Chamber	no cell or flare, deep	no cell or flare, deep
Iris	round pupil, normal stroma	round pupil, normal stroma
Lens	1+ Nuclear sclerosis	1+ Nuclear sclerosis
Vitreous	clear	clear
Fundus Exam		
	Right	Left
Disc	no pallor, margin distinct, sup notch, Lamina cribrosa visible	no pallor, margin distinct, Lamina cribrosa visible
C/D Ratio	0.70	0.70
Macula	no RPE changes, no retinopathy	no RPE changes, no retinopathy
Vessels	normal caliber	normal caliber
Periphery	undilated-Posterior Pole-no pathology noted	undilated-Posterior Pole-no pathology noted

Main Exam (continued)

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Refraction Exam

Visual Acuity (Snellen - Linear)

	Right	Left
Dist sc	20/25+1	20/20

Manifest Refraction (Auto)

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+1.00	-0.50	132	20/25	
Left	+0.75	-0.25	58		
Pupillary Distance: 64.0					

Manifest Refraction #2

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Spectacle Final Rx

	Sphere	Cylinder	Axis	Dist VA	Add
Right	+0.75	-0.25	132	20/20	+1.75
Left	+0.50	-0.25	58	20/20	+1.75

Expiration Date: 10/29/2021

Edited by: Ross, Katherine Gloria (O.D.), O.D.

Audit Trail for Eye Care Forms

Social Documentation as of 10/29/2019

No social documentation on file.

Patient Instructions

Patient Education

Your Kaiser Permanente Care Instructions

Open-Angle Glaucoma: Care Instructions

Your Care Instructions

Glaucoma is an eye problem related to high pressure in the eye. This pressure can damage the eye. The result can be a slow, permanent loss of vision. In some cases, both eyes are affected. Other times, one eye is more damaged than the other.

Your doctor may have told you that you are a glaucoma suspect. That usually means you have pressure in your eye, but it hasn't done damage. If you see your doctor regularly and follow your treatment plan, you may be able to prevent vision loss.

If you have glaucoma, your doctor will want to watch you closely. You will probably use medicated eyedrops every day. Your doctor may also recommend surgery. Treatment for glaucoma cannot give you back any lost vision. But it can prevent more vision loss.

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?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine. You will get more details on the specific medicines your doctor prescribes.
- Use eyedrops exactly as directed by your doctor. Use the colored caps to help you remember when to use them.
- Use eyedrops as follows:
 - Bend your head back. Look up toward your eyebrows. With one finger, gently pull the lower lid down. This will make a small pocket.
 - Drop the medicine into the pocket. (Do not touch the dropper against the eyelid or anything else.) Close your eyes for 2 minutes. This gives your eye time to absorb the medicine. Try not to blink.
 - While your eyes are closed, press your finger gently against the area between the inner corner of your eye and your nose. This will prevent the drops from getting into your nose. This is important to do because if the drops get into your nose, they can cause side effects.
 - If you are using more than one kind of eyedrops, wait at least 5 minutes before you use another kind.
- Make sure your other doctors know that you have glaucoma. You may need to change or stop taking other medicines.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have new or worse eye pain.

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

- You have vision changes.

Where can you learn more?

Go to <http://kp.org/health>

Enter **N715** in the search box to learn more about "**Open-Angle Glaucoma: Care Instructions.**"

Current as of: July 17, 2018

Content Version: 12.0

© 2006-2019 Healthwise, Incorporated. Care instructions adapted under license by your healthcare professional. 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.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

All Flowsheet Data (all recorded)

No documentation.

Encounter-Level Documents - 10/29/2019:

AFTER VISIT SUMMARY

Benetia A. James MRN: 000011467795



10/29/2019 12:15 PM OPTOMETRY 1ST FLOOR

Instructions from KATHERINE GLORIA ROSS OD, O.D.

 Read the attached information
Additional instructions from KATHERINE GLORIA ROSS OD, O.D.

Today's Visit

You saw KATHERINE GLORIA ROSS OD, O.D. on Tuesday October 29, 2019. The following issues were addressed:
• BILAT GLAUCOMA SUSPECT

What's Next

You currently have no upcoming appointments scheduled.

Medications

New Orders

Normal Orders This Visit
REFERRAL OPHTHALMOLOGY [200349 Custom]

Common Medication Direction Abbreviations
PO = Orally, QD = Once/day, BID = Twice/day, TID = 3x/day, QID = 4x/day, PRN = as needed
QHS = Every night at bedtime, AC = Before meals, PC = After meals, c = With, s = Without

Allergies as of 10/29/2019


Reviewed by Jimenez, Eva A (M.A.), M.A. on 8/12/2019

No Known Drug Allergies	Severity	Noted	Reaction Type	Reactions
	Not Specified	06/22/2001		

kp.org Sign-Up

Send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.
Go to <https://healthy.kaiserpermanente.org/hconline/ie/>, click "Sign Up Now", and enter your personal activation code: VKTRQ-3SBDE. Activation code expires 11/10/2019.

Encounter-Level Documents - 10/29/2019: (continued)

 Attached Information

Additional instructions from KATHERINE GLORIA ROSS OD, O.D.

Your Kaiser Permanente Care Instructions**Open-Angle Glaucoma: Care Instructions****Your Care Instructions**

Glaucoma is an eye problem related to high pressure in the eye. This pressure can damage the eye. The result can be a slow, permanent loss of vision. In some cases, both eyes are affected. Other times, one eye is more damaged than the other.

Your doctor may have told you that you are a glaucoma suspect. That usually means you have pressure in your eye, but it hasn't done damage. If you see your doctor regularly and follow your treatment plan, you may be able to prevent vision loss.

If you have glaucoma, your doctor will want to watch you closely. You will probably use medicated eyedrops every day. Your doctor may also recommend surgery. Treatment for glaucoma cannot give you back any lost vision. But it can prevent more vision loss.

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?

- Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine. You will get more details on the specific medicines your doctor prescribes.
- Use eyedrops exactly as directed by your doctor. Use the colored caps to help you remember when to use them.
- Use eyedrops as follows:
 - Bend your head back. Look up toward your eyebrows. With one finger, gently pull the lower lid down. This will make a small pocket.
 - Drop the medicine into the pocket. (Do not touch the dropper against the eyelid or anything else.) Close your eyes for 2 minutes. This gives your eye time to absorb the medicine. Try not to blink.
 - While your eyes are closed, press your finger gently against the area between the inner corner of your eye and your nose. This will prevent the drops from getting into your nose. This is important to do because if the drops get into your nose, they can cause side effects.
 - If you are using more than one kind of eyedrops, wait at least 5 minutes before you use another kind.
- Make sure your other doctors know that you have glaucoma. You may need to change or stop taking other medicines.

When should you call for help?

Call your doctor now or seek immediate medical care if:

- You have new or worse eye pain.

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

- You have vision changes.

Where can you learn more?

Go to <http://kp.org/health>

Enter **N715** in the search box to learn more about "**Open-Angle Glaucoma: Care Instructions.**"

Encounter-Level Documents - 10/29/2019: (continued)

Current as of: July 17, 2018

Content Version: 12.0

© 2006-2019 Healthwise, Incorporated. Care instructions adapted under license by your healthcare professional. 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.

General Information

SKIP THE TRIP. Have our pharmacy come to you!

New and refill prescriptions mailed to your home.

When using the mail order option for obtaining prescriptions:

- **You must be able to wait 7 days** before starting a new, mail-order prescription. Medications needed before 7 days should be filled at the pharmacy. Ask the pharmacist if you have questions.
- You will need to have a **credit card** on file to use the mail-order option, unless you have dual medical coverage or have MediCal health benefits. You may bring a credit card to the pharmacy to be placed on file or enter while ordering on line.
- For most medications that are meant to be refilled every 30 days, filling the prescription by mail **you can obtain a 3-month supply** for just 2 months of copay!

4 ways to receive prescriptions by mail:

- If **checking-in at the Pharmacy**, ask for the mail order option to avoid waiting for the prescriptions to be filled. This is available only for medications not needed within the next 7 days.
- **Go to kp.org/Rxrefill**. After signing into kp.org, you will be brought to the Pharmacy Center.
- Use the **Kaiser Permanente app** for your mobile device. Find and download the app by searching for Kaiser Permanente on the Apple Store or the Google App Store.
- **Call (866) 206-2983** and be sure to have your medical record number and the prescription number located on the medication label ready when you call.

**You must be registered on KP.ORG to order prescriptions online or through the KP app.
Not registered yet? Go to KP.ORG/REGISTERNOW to get started.**

For questions, call member services at

[800-464-4000](tel:8004644000) or TTY [711](tel:711)
[800-788-0616](tel:8007880616) (Spanish)
[800-757-7585](tel:8007577585) (Chinese dialects)

Hours

Open 7 days a week
24 hours a day
Closed holidays

Encounter-Level Documents - 10/29/2019: (continued)

Medicare members
[800-443-0815](tel:800-443-0815) or TTY [711](tel:711)

Hours
Open 7 days a week
from 8 a.m. to 8 p.m.

Protect yourself from the flu. Get vaccinated.

The flu is a serious, contagious illness caused by influenza viruses. Anyone can get the flu. It can cause mild to severe illness. The best way to prevent the flu is by getting a flu shot each year. The CDC and Kaiser Permanente recommend everyone 6 months and older get a flu shot every year.

Flu shot clinics open in September. No appointment is necessary.

Flu shots are available at no charge to members at Kaiser Permanente medical facilities.

For information about hours, times, and locations, please visit kp.org/flu or call 1-866-70-NOFLU (1-866-706-6358).

Adults should participate in at least 30 minutes, and children at least 60 minutes, of moderate exercise (such as brisk walking) for five or more days each week, unless instructed otherwise by your provider. For more information on the health benefits of walking please refer to <http://www.everybodywalk.org>. THRIVE!

Register at www.kp.org to email your physician, renew prescriptions, request appointments, learn more about your personal health, or obtain tips for healthy living!

Save money and time! Get your refills for home delivery at www.kp.org/refill

Order-Level Documents:

There are no order-level documents.

{*EpicData xml <epicdata format="IDMPainter"><DocumentsDone>1</DocumentsDone></epicdata> }

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

Encounter-Level E-Signatures:

No documentation.

KAISER PERMANENTE

LONG BEACH MEDICAL
OFFICES U
3900 E PACIFIC COAST
HWY
LONG BEACH CA 90804-
2013
SCAL HIM ROI ALMR

James, Benetia A
MRN: 000011467795, DOB: 1/8/1965, Sex: F
Visit date: 10/29/2019

END OF ENCOUNTER

END OF REPORT



Please note:

This file may contain sensitive information that we are not legally authorized to redact per *California Business and Professions Code § 22458*.

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.

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

Case No: ADJ12213522

BENETIA JAMES-YOUNG

AKA:

DOB: 01/08/1965

SSN: XXX-XX-0936

VS.

BENETIA JAMES-YOUNG , ATHENS ADMINISTRATORS - CONCORD

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above Case No. or attaching copy of the subpoena.)

NO PERSONAL APPEARANCE NECESSARY

Please refer to the In Bold summary description found below to identify the documents requested by this Subpoena

The People of the State of California Sends Greetings to: Custodian Of Records

THE WELLNESS STUDIO

WE COMMAND YOU to appear before A NOTARY PUBLIC

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

On the 11th day of December, 2019, at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and produce the following described documents:

ANY AND ALL MEDICAL/TREATMENT RECORDS PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF CLAIMANT/APPLICANT REGARDLESS OF TIME PERIOD WHEN SERVICES WERE RENDERED. *INCLUDING RECORDS OF DR. HAROLD ISEKE*****

(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 11/19/2019



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

Workers Compensation Judge

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

CC: NATALIA FOLEY ESQ.

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]

Order Ref #: 1618492

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena. This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by notice from this Board that deposit of witness fee has been made in accordance with Government Code 68097.2 et seq.

DWC WCAB 32 (Slide 1) (REV. 06/18)

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ12213522

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

That he / she is (one of) the representative(s) for the defendant in the action captioned on the reverse hereof.

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

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

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

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

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

Executed on 11/19/2019 at Temecula, California

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

ONTELLUS FOR: STANDER REUBENS, ET AL. - LOS ANGELES
THE DEFENSE ATTORNEY: BETHE BARKLEY
/S/ 200 N PACIFIC COAST HIGHWAY STE 1550
EL SEGUNDO, CA 90245
(310) 649-4911

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: Los Angeles

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

Name of Person Served: Jessica M Date: November, 20 2019 Place: 3711 LONG BEACH BLVD #200

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

Executed on November, 20 2019 at LONG BEACH, California

Signature: [Handwritten Signature]

BENETIA JAMES-YOUNG, THE WELLNESS STUDIO



Order Ref #: 1618492

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: BENETIA JAMES-YOUNG

AKA :

DOB : 01/08/1965

SSN : XXX-XX-0936

LOCATION: THE WELLNESS STUDIO

ORDER REF #:



THIS FORM MUST BE SIGNED
& RETURNED WHETHER OR
NOT YOU HAVE RECORDS.

THANK YOU!

I, the undersigned, being the duly authorized Custodian of Records, or other qualified witness, and having authorization to certify the records declare:

CERTIFICATE OF RECORDS COPIED: *All records* requested by the attached Subpoena Duces Tecum / Authorization / Notice of Deposition were produced and delivered to ONTELLUS for duplication and conform to the Health Insurance Portability and Accountability Act. No records or documents have been withheld or removed from this file. If items have been omitted, please explain:

CERTIFICATE OF NO RECORDS: A thorough search of our files, carried out under my direction and control revealed no documents requested in the attached Subpoena Duces Tecum / Authorization / Notice of Deposition. It is understood that records could exist under another name, spelling or classification but that with the information furnished, no such records could be found. **(Please check appropriate box(es) below)**

Medical Records Billing X-Rays / Films Employment Other

Requested documents have been:

Lost / Misplaced Never Existed Destroyed after _____ years

Other Comments _____

I certify under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on 12-18-19 at, (city/state) Long Beach, CA
Signature [Handwritten Signature] Print Name Jessica Morum
Phone Number 562 980-0555

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

REGARDING: BENETIA JAMES-YOUNG

AKA :
DOB : 01/08/1965
SSN : XXX-XX-0936

LOCATION: THE WELLNESS STUDIO

ORDER REF #: 1618492

CERTIFICATE OF PROFESSIONAL PHOTOCOPIER

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

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

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

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

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

These records consist of : (Check One)

Any and All Records available
 Only Those Records Consistent with Specified Omissions

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

Executed on 12/18/19 at, (city/state) LA B. CA

SIGNATURE [Signature] PRINTED NAME [Signature]

REVALUATION:

DATE 8/1/18 NAME YOUNG, BANETHIA DOB 1/8/65 Gender: M/F

- Subjective complaints inputted in real time to the EMR template
- Objective complaints inputted in real time to the EMR template

HEADACHES

- Constant Frequent Activity Dependent
- Occipital Temporal Frontal
- Sharp Dull Achy Burning Throbbing Radiation: _____
- Dizziness Nausea Blurred Vision ↓Hearing Photosensitivity TMJ Dysfunction
- Exacerbation with: Stress Activity Prolonged work Other _____

SLEEP

- Complaint of loss of sleep due to pain Fatigue

PSYCH

- Patient states that due to prolonged
- Pain Stress Depression Irritability Nervousness Financial hardship
 - Feeling like condition will never improve
- Is causing
- Anxiety Stress Depression Irritability Nervousness

FUNCTIONAL TESTING

X Repetitive squat Test: Number of reps till pain: 2 Number of reps till fatigue 10+

Cervical spine strength test: Seconds till pain: _____ Number of seconds till fatigue _____

- Standing on heels _____
- Standing on toes _____
- Standing on right foot _____
- Standing on left foot _____
- Kneeling _____
- Squatting _____

(R) (S) L/S

- c/s radic

REVIEW OF SYSTEM:

Constitutional: The patient has no history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: The patient has no history of glaucoma, blindness or blurred vision.

ENT: The patient has no history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: The patient has no history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

Respiratory: The patient has no history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: The patient has no history of constipation.

Genitourinary: The patient has no history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: The patient has no history of thyroid problems, diabetes, bleeding gums, blood disorder or hair loss.

Musculoskeletal: The patient has no history of difficulty walking.

Skin: The patient has no history of easy bruising, itching or rash.

Neurologic: The patient has no history of headaches and dizziness.

Psychiatric: The patient has no history of anxiety, panic attacks and suicidal attempts.

TREATMENT PLAN

DX TESTING: XR: _____ ULTRASOUND: _____

MRI: _____ CT: _____ EMG/NCV: UPPER LOWER

REFERRAL: Request records ORTHO PSYCH PAIN MANAGEMENT US health works INTERNIST HERNIA NEUROLOGIST

Acupuncture 1 2 X 4 weeks Chiro & PT: 1 2 3 4 X 4 weeks SW: 1 X 6 weeks c/s Other: _____ 1 2 X 4 weeks

Request Medical Records US Healthworks

WORK STATUS

Working for same employer Full Duty Restrictions _____

Working for New employer _____ Full Duty

Length & Duties _____

Restrictions _____

TTD 45 Day

FINDINGS: Patient reports: Therapy

Decreased pain Worse pain Increased range of motion Decreased range of motion Improved flexibility

↑ w / repetitive movements.

Activities of Daily Living (ADL) Questionnaire

Patient/Client Name Benetia Young-James

Date of Birth 01-08-1965 SSN: 547-08-0936

Height: 5'8 Weight: 165 Blood Pressure: _____ Temperature: _____

Place an "X" in the box which best describes your usual abilities OVER THE PAST MONTH

Self Care / Personal Hygiene - Are you able to do the following?				
	WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
1		X		
2		X		
3		X		
4		X		
5	X			
6			X	
7	X			
Communication - Are you able to do the following?				
	WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
8		X		
9		X		
10	X			
Physical Activity - Are you able to do the following?				
	WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
11		X		
12		X		
13		X		
14		X		
15		X		
Sensory Function - Are you able to do the following?				
	WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
16	X			
17	X			
18	X			
19	X			
20	X			
Hand Functions - Are you able to do the following?				
	WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
21		X		
22		X		
23			X	

Activities of Daily Living (ADL) Questionnaire

Travel – Are you able to do the following?		WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
24	Ride on land forms of transportation	X			
25	Drive a vehicle	X			
26	Fly on a plane	X			
Sexual Function – Are you able to do the following?		WITHOUT DIFFICULTY	WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
27	Orgasm				
28	Ejaculate				
29	Lubricate				
30	Achieve an Erection				
Sleep – Are you able to do the following?			WITH SOME DIFFICULTY	WITH DIFFICULTY	UNABLE TO DO
31	Sleep Restfully			X	
32	Sleep normally at night			X	

#27 #28 #29
#30
I have NO SEXUAL FUNCTION in my life

Benetia Young James *Benetia Young James* 08-01-2018
 Patient/Client Name Signature Date

The ADL questionnaire was filled out by the patient above. Please provide the ADL analysis and a written report on the data.

 Physician Name Date

 Signature on File OR Physician Signature

Please provide information on where to send the ADL Analysis Report to:

Facility name _____
 Fax number _____ Email address _____

Office: (714)783-7637
 Fax: (866)315-4125
 E-mail: ADL@advancemobilemedical.com

DATE 10/14/18 NAME Yvonne BERETTA DOB 1/2/65 Gender: MF

VITALS: Height: _____ Weight: _____ lbs. Temp: _____ °F BP: _____ / _____ Pulse: _____

GRIP (KG): Right: _____, _____, _____ Left: _____, _____, _____

UPPER EXTREMITY MEASUREMENT (CM)s:

Biceps: R _____ L _____ Forearm: R _____ L _____

LOWER EXTREMITY MEASUREMENT (CM):

Mid Calf Circum: R _____ L _____ Thigh: R _____ L _____ Knee (suprapatellar): R _____ L _____

NEURO / GAIT

Supports: _____
Sensory (Dermatomes): Hypo W/122 Hyper _____
Deep Tendon Reflex (DTR): 2/2
Motor Strength (Myotomes): S/S
Antalgia: Mild Moderate Severe Limp: Mild Moderate Severe
 Right Left Forward

HEADACHES

Constant Frequent Activity Dependent
 Occipital Temporal Frontal
 Sharp Dull Achy Burning Throbbing Radiation: _____
 Dizziness Nausea Blurred Vision ↓Hearing Photosensitivity TMJ Dysfunction
Exacerbation with: Stress Activity Prolonged work Other _____

SLEEP

Complaint of loss of sleep due to pain Fatigue

PSYCH

Patient states that due to prolonged
 Pain Stress Depression Irritability Nervousness Financial hardship
 Feeling like condition will never improve
Is causing
 Anxiety Stress Depression Irritability Nervousness

FUNCTIONAL TESTING

Repetitive squat Test: Number of reps till pain: _____ Number of reps till fatigue _____

Cervical spine strength test: Seconds till pain: _____ Number of seconds till fatigue _____

Standing on heels _____
Standing on toes _____
Standing on right foot _____
Standing on left foot _____
Kneeling _____
Squatting _____

COORDINATION TESTS:

Romberg: Negative Positive Unsteady Notes: _____ Pronator Drift: _____

Heel walk/ Toe walk: Positive: pain in the T/S L/S radiating to: _____ Negative

TREATMENT PLAN

DX TESTING: XR: _____ ULTRASOUND: _____

MRI: _____ CT: _____ EMG/NCV: UPPER LOWER

REFERRAL: ORTHO PSYCH PAIN MANAGEMENT INTERNIST

Acupuncture 2 3 4 X 4 weeks Chiro & PT: 1 2 3 4 X 4 weeks SW: 1 X 6 weeks

Other: _____ 1 2 3 4 X 4 weeks

Request Medical Records _____

WORK STATUS

Working for same employer Full Duty Restrictions _____

Working for New employer _____ Full Duty

Length & Duties _____

Restrictions _____

TTD 45 Days not working

~~C/S Pain Stiffness Heavy Numb Tingling Weak Cramp~~

~~Pain Frequency Constant Frequent Int Occ Activity Dep Pain Severity min mild 2-3 mod 4-7 sev 8-10~~

~~Pain Quality dull achy sharp stabbing throbbing burning~~

~~Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning~~

~~Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spsm~~

~~Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt~~

~~Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other _____~~

~~Ameliorating Factors meds massage PT Acu~~

~~Tenderness c/s para trap sub occ sp process scm cervicothoracic jct.~~

~~Spasm c/s para trap sub occ sp process scm cervicothoracic jct.~~

~~T/S Pain Stiffness Heavy Numb Tingling Weak Cramp~~

~~Pain Frequency Constant Frequent Int Occ Activity Dep Pain Severity min mild 2-3 mod 4-7 sev 8-10~~

~~Pain Quality dull achy sharp stabbing throbbing burning~~

~~Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning~~

~~Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spsm~~

~~Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt~~

~~Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other _____~~

~~Ameliorating Factors meds massage PT Acu~~

~~Tenderness c/s para trap sp process thoracolumbar levator scapulae~~

~~Spasm c/s para trap rhomboids scapulae levator scapulae cervicothoracic jct.~~

~~L/S Pain Stiffness Heavy Numb Tingling Weak Cramp~~

~~Pain Frequency Constant Frequent Int Occ Activity Dep Pain Severity min mild 2-3 mod 4-7 sev 8-10~~

~~Pain Quality dull achy sharp stabbing throbbing burning~~

~~Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning~~

~~Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spsm~~

~~Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt~~

~~Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other _____~~

~~Ameliorating Factors meds massage PT Acu~~

~~Tenderness c/s para SIJ glut sp process thoracolumbar sacrum coccyx~~

~~Spasm c/s para SIJ glut thoracolumbar~~

~~Hip Pain Stiffness Heavy Numb Tingling Weak Cramp~~

~~Pain Frequency Constant Frequent Int Occ Activity Dep Pain Severity min mild 2-3 mod 4-7 sev 8-10~~

~~Pain Quality dull achy sharp stabbing throbbing burning~~

~~Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning~~

~~Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spsm~~

~~Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt~~

~~Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other _____~~

~~Ameliorating Factors meds massage PT Acu~~

~~Tenderness anterior posterior lateral SIJ buttock~~

~~Spasm anterior posterior lateral SIJ buttock~~

SHOULDER Pain Stiffness Heavy Numb Tingling Weak Cramp

Pain Frequency Constant Frequent Int Occ Activity Dep **Pain Severity** min mild 2-3 mod 4-7 sev 8-10

Pain Quality dull achy sharp stabbing throbbing burning

Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning

Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spasm

Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt

Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other_____ **Ameliorating Factors** meds massage PT Acu

Tenderness anterior posterior lateral AC GH Bicipital Trap Supra Infra scapulae R.cuff tri bicep pec lev scap rhomboid

Spasm anterior posterior lateral AC GH Bicipital Trap Supra Infra scapulae R.cuff tri bicep pec lev scap rhomboid

ELBOW/FOREARM Pain Stiffness Heavy Numb Tingling Weak Cramp

Pain Frequency Constant Frequent Int Occ Activity Dep **Pain Severity** min mild 2-3 mod 4-7 sev 8-10

Pain Quality dull achy sharp stabbing throbbing burning

Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning

Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spasm

Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt

Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other_____ **Ameliorating Factors** meds massage PT Acu

Tenderness anterior posterior med lateral olocran forearm tricep bicep radial head

Spasm- FOREARM: volar dorsal med lateral

WRIST Pain Stiffness Heavy Numb Tingling Weak Cramp

Pain Frequency Constant Frequent Int Occ Activity Dep **Pain Severity** min mild 2-3 mod 4-7 sev 8-10

Pain Quality dull achy sharp stabbing throbbing burning

Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning

Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spasm

Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt

Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other_____ **Ameliorating Factors** meds massage PT Acu

Tenderness dorsal volar med lateral snuffbox thenar hypothenar

Spasm- FOREARM: forearm thenar hypothenar

KNEE Pain Stiffness Heavy Numb Tingling Weak Cramp

Pain Frequency Constant Frequent Int Occ Activity Dep **Pain Severity** min mild 2-3 mod 4-7 sev 8-10

Pain Quality dull achy sharp stabbing throbbing burning

Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning

Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spasm

Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt

Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other_____ **Ameliorating Factors** meds massage PT Acu

Tenderness anterior posterior medial lateral patella popliteal fossa

Spasm anterior posterior medial lateral patella popliteal fossa

ANKLE Pain Stiffness Heavy Numb Tingling Weak Cramp

Pain Frequency Constant Frequent Int Occ Activity Dep **Pain Severity** min mild 2-3 mod 4-7 sev 8-10

Pain Quality dull achy sharp stabbing throbbing burning

Pain increases---- min mild 2-3 mod 4-7 sev 8-10 dull achy sharp stabbing throbbing burning

Pain radiates to _____ with inc. pain numb tingling weak cramp ms. Spasm

Aggravating factors: Cold weather Temp Sudden mvt repetitive mvt

Lift look up look down sit stand walk drive climb stairs bend kneel twist hold still reach grab grip squeeze push pull turn stoop overhead reach squat other_____ **Ameliorating Factors** meds massage PT Acu

Tenderness anterior dorsal medial lateral malleoli heel Achilles

Spasm: Calf Distal leg

CERVICAL	EXAM	PAIN	ORTHOPEDIC TEST	
FLEXION (50)		↓	Cervical Compression	(D)
EXTENSION (60)			Shoulder Depression	
LT LAT BEND (45)			Valsalva	(D)
RT LAT BEND (45)			Soto Hall	
LT ROTATION (80)				
RT ROTATION (80)				

THORACIC	EXAM	PAIN	ORTHOPEDIC TEST	
FLEXION (45)		↓	Kemps	(F)
LT ROTATION (30)			Valsalva	
RT ROTATION (30)				

LUMBAR	EXAM	PAIN	ORTHOPEDIC TEST	
FLEXION (60)		↓	Kemps	(F)
EXTENSION (25)			Sitting SLR	
LT LAT BEND (25)			SLR	
RT LAT BEND (25)			Valsalva	
SACRAL ANGLE (45)				

SHOULDER	LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST	
FLEXION (180)					Speeds	
EXTENSION (50)					Apleys	
ADDUCTION (50)					Impingement	
ABDUCTION (180)					Dugas	
INT. ROTATION (90)					Supraspinatus Press	
EXT. ROTATION (90)					Shoulder Apprehension	

ELBOW/FOREARM	LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST	
FLEXION (140)					Cozens	
EXTENSION (0)					Verus/Valgas	
SUPINATION (80)						
PRONATION (80)						

WRIST	LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST	
FLEXION (60)					Tinels	
EXTENSION (60)					Finkelsteins	
ULNAR DEVIATION (30)					Phalens	
RADIAL DEVIATION (20)						

HAND	LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST	
MCP Abduction (25)						
MCP Adduction (0)						
MCP Flexion (90)						
MCP Extension (30)						
PIP Flexion (120)						
PIP Extension (0)						
DIP Flexion (80)						
DIP Extension (0)						
MCP Thumb Abduction (50)						
MCP Thumb Adduction (0)						
MCP Thumb Flexion (70)						
MCP Thumb Extension (0)						
PIP Thumb Flexion (90)						
PIP Thumb Extension (0)						

HIP		LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST
FLEXION (110)						FABER
EXTENSION (0)						Obers
INT. ROTATION (20)						Trendelenbergs
EXT. ROTATION (30)						Iliac Compression
ABDUCTION (30)						
ADDUCTION (0)						
KNEE		LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST
FLEXION (110)						McMurrays / Bounce Home
EXTENSION (0)						Verus / Valgus

ANKLE		LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST
PLANTAR FLEXION (40)						Verus / Valgus
EXTENSION (20)						Anterior Drawer
INVERSION (30)						Posterior Drawer
EVERSION (20)						

FOOT		LEFT	PAIN	RIGHT	PAIN	OTRHOPEDIC TEST
INVERSION (35)						
EVERSION (25)						
MTP FLEXION (30)						
MTP EXTENSION (80)						
PIP FLEXION (50)						
PIP EXTENSION (0)						

DIAGNOSIS

HEAD

Headache – R51.0
Blurred vision h-H53.8
Dizziness – R42.0
Nausea – R11.0
Contusion – S00.93XA

CERVICAL

Cervical sprain/strain – S13.4XXA
Cervical radiculitis – M54.12
Cervical disc protrusion – M50.20
Rule out disc protrusion – M50.20
Cervical derangement – S13.101
Cervical degeneration of cervical intervertebral disc – M50.80
Cervical spondylosis – M43.02
Cervical Spondylopathies – M48.8X2
Cervical annular tear – M53.80
Cervical Facet hypertrophy - M53.82
Cervical stenosis – M48.02
Cervical lordosis – M40.50
Cervical arthrosis – M19.91
Spondylosis without myelopathy or radiculopathy, cervical region – M47.812
Cervicalgia – M54.2
Cervical Spondylosis w/ myelopathy – M47.12

THORACIC

Thoracic spine / strain – S23.3XXA
Thoracic spine Kyphosis – M40.204
Thoracic spine radiculitis – M54.14
Thoracic Spondylosis – M43.06
Thoracic spine pain – M54.6
Thoracic Spondylosis w/myelopathy – M47.14
Thoracic Schmorl's Nodes – M51.44

HIP

Hip sprain / strain – (RT.-S73.101A) (LT.-S73.102A)
Hip pain – (RT.-M25.551) (LT. M25.552)
Hip Effusion – (RT.M25.451)(LT.M25.452)
Hip Disorder Ligament/Laxity – (RT.M24.251) (LT.M24.252)

LUMBAR

Lumbar sprain / strain – S33.5XXA
Lumbar radiculitis – M54.16
Lumbosacral intervertebral disc – M51.36
Lumbar muscle spasm – M62.48
Lumbar Schmorl's nodes – M51.46
Lumbar spondylosis – M43.06
Lumbar Annular tear – M46.46
Lumbar degenerative disc disease – M51.36
Lumbar disc protrusion – M51.26
Lumbar stenosis – M48.06
Lumbar Scoliosis – M41.46
Lumbar facet Arthropathy – M54.06
Spondylosis without myelopathy or radiculopathy – M47.816
Lumbago – M54.5
Lumbar Spondylosis w/ myelopathy – M47.16

CHEST/ABDOMEN

Abdominal pain – R10.9
Umbilical Hernia – K42.9

SHOULDER

Osteopenia of shoulder - (RT-M85.811) (LT-85.112)
Shoulder Impingement Syndrome – (RT-M75.41) (LT-M75.42)

Sprain / Strain – (RT-S43.101A) (LT-S43.102A)
Pain of shoulder – (RT-M25.511) (LT-M25.5112)
Internal Derangement (unspecified) – M24.9
Neuralgia (Unspecified)– G56.92
Shoulder Tenosynovitis – (RT. M75.101)(LT. M75.102)
Shoulder Contusion – (RT.-S40.011A) (LT.-S40.012A)
Allerg Arthritis (unspecified) – M13.819
Superior Glenoid Labron Lesion (unspecified) – S43.439A
Complete rotator cuff tear – (RT. M75.121) (LT. M79.122)
Incomplete rotator cuff tear – (RT.M75.111) (LT. M75.112)
Shoulder Ligament Disorder – (RT.M24.211) (LT.M24.212)
Shoulder Cyst – (RT. M85.611)(LT. M85.612)
Shoulder Tendinitis – (RT.M75.31)(LT.M75.32)
Shoulder Effusion – (RT.M25.411)(LT.M25.412)
Shoulder Bone Island – M89.8x1
Shoulder Disorder Ligament/Laxity – (RT. M24.211) (LT.M24.212)

ARMS

Arm pain – (RT.M79.601) (LT.M79.602)
Upper Arm Bone Island – M89.8x2

ELBOW

Internal derangement (unspecified)-M24.9
Sprain / Strain- (RT-S53.401A) (LT.S53.402A)
Elbow neuralgia – (RT-G56.91) (LT. G56.92)
Elbow pain – (RT.-M25.521) (LT. M25.522)
Elbow Tendinitis (Tennis Elbow) – (RT.M77.11) (LT.M77.12)
Elbow Effusion – (RT.M25.421)(LT.M25.412)
Elbow Disorder Ligament/Laxity – (M24.221) (M24.222)

FOREARMS

Forearm Myospasm (RT.M62.431A) (LT. M62.432A)
Forearm Sprain / Strain (RT. 56.911A) (LT. 56.9112A)
Forearm pain – (RT.M79.631) (LT.M79.632)
Forearm Bone Island – M89.8x3

WRISTS

Wrist sprain / strain (RT.S63.501A) (LT.S63.502A)
Wrist Neuralgia (RT. G56.91) (LT.G56.92)
Wrist pain – (RT.M25.531) (LT.M25.532)
Wrist Cyst(Ganglion) – (RT. M67.431)(LT. M67.432)
Wrist Tendinitis – (RT.M65.841)(LT.M65.842)
Wrist Effusion – (RT.M25.431)(LT.M25.432)
Carpal Tunnel Syndrome – (RT.G56.01)(LT.G56.02)
Wrist Disorder Ligament/Laxity – (RT.M24.231) (LT.M24.232)

HANDS

Hand Pain (RT. M79.641) (LT.M79.642)
Sprain / Strain (RT. S63.91) (LT. S63.92)
Hand Cyst – (RT. M85.641)(LT.M85.642)
Hand Effusion – (RT.M25.441)(LT.M25.442)
Hand Bone Island – M89.8x4
Hand Disorder Ligament/Laxity – (RT.M24.241) (LT.M24.242)

KNEE

Knee sprain / strain (RT.83.90XA) (LT.83.92XA)
Knee Internal Derangement (unspecified) – (RT.23.91) (LT.23.92)
Other internal derangement of the kneeM23.8X9

Knee Meniscus tear (RT. S83.31) (LT.S83.32)
Knee Pain (RT. M25.561) (LT.M25.562)
Knee contusion (RT.80.01XA)(LT.80.02XA)
Knee Cyst(Baker) – (RT. M71.21)(LT. M71.22)
Knee Tendinitis (Patellar) – (RT.M76.51)(LT.M76.52)
Knee Effusion – (RT.M25.461)(LT.M25.462)

Ankles

Ankle sprain / strain – (RT.S93.402A) (LT.S401A)
Ankle pain – (RT. M25.571) (LT. M25.572)
Ankle Cyst – (RT. M85.671)(LT. M85.672)
Ankle Tendinitis – (RT.M65.271)(LT.M65.272)
Ankle Effusion – (RT.M25.471)(LT.M25.472)
Ankle Bone Island – M89.8x7
Ankle Disorder Ligament/Laxity – (RT.M24.271) (LT.M24.272)

Foot

Foot Bursitis – (RT. M77.51) (LT. M77.52)
Foot Contusion – (RT. S90.31XA) (LT.S90.32XA)
Sprain / Strain – (RT. S93.601A) (LT. S93.602A)
Foot pain – (RT.M79.671) (LT.M79.672)
Foot Tendinitis – (RT.M65.271)(LT.M65.272)
Foot Effusion – (RT.M25.474)(LT.M25.475)
Foot Bone Island – M89.8x7
Foot Disorder Ligament/Laxity – (RT.M24.274) (LT.M24.275)

MISCELLANEOUS

Anxiety – F41.9
Loss of Sleep – G47.9
Depression – F32.9
Stress – F43.0
Irritability – R45.4
Chronic Pain due to Trauma – G89.21
Fatigue – R53.83
Insomnia – G47.00
Spondylosis – M43.06
Spondylolisthesis – M43.16
Myalgia – M79.1
Myositis NOS – M60.9
Muscle spasm – M62.40
Numbness – R20.9
Neuralgia – R42.0
Pain in or around eye (RT.H57.11) (LT.H57.12)
Elevated Blood Pressure – R03.0
Altered Gait – R26.9
Hypertension – I10
Nervousness – R45.0
Chemical Exposure – Z77.089
Chronic Cough – R05
Shortness of Breath – MR06.02
Photosensitivity – L56.8
Male Genital Dis Nec – N50.8
Osteoarthritis NOS (unspecified) – M19.90
Hemangioma Unspecified site – D18.00
Thigh Bone Island – M89.8x5
Lower Leg Bone Island – M89.8x6
Radial Neuropathy – (RT.G56.31)(LT.G56.32)
Ulnar Neuropathy – (RT.G56.21)(LT.G56.22)
Median Neuropathy – (RT.G56.11)(LT.G56.12)
Sural Neuropathy – (RT.G57.81)(LT.G57.82)
Peroneal Neuropathy – (RT.G57.31)(LT.G57.32)
Peripheral Neuropathy – G60.8
Lower Leg pain/Calf pain – (RT.M79.661) (LT.M79.662)

PATIENT'S SELF ASSESSMENT FORM

(Based on the AMA Guides 5th edition)

Patient First Name: Bencha Patient Last Name: Young-James SSN: 547-08-0936
 Treating Physician: Harold Iseke DC Date of Injury: _____ Date of Birth: 01-08-1965

In order for Pain Report to be performed please make sure all of the answers below are completed.

(To be filled by the Patient)

I PAIN (SELF-REPORT OF SEVERITY) Table 18-4 pg 576

A. Rate how severe your pain is right now, at this moment (please check a number):

0 1 2 3 4 5 6 7 8 9 10

 No pain Most severe pain can imagine

B. Rate how severe your pain is at its worst (please check a number):

0 1 2 3 4 5 6 7 8 9 10
 Excruciating
 None

C. Rate how severe your pain is on the average (Please check a number):

0 1 2 3 4 5 6 7 8 9 10
 Excruciating
 None

D. Rate how much your pain is aggravated by activity (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Activity does not aggravate pain Excruciating following any activity

E. Rate how frequently you experience pain (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Rarely All the time

II ACTIVITY LIMITATION OR INTERFERENCE Table 18-4 pg 576

A. How much does your pain interfere with your ability to walk 1 block? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not restrict ability to walk Pain makes it impossible for me to walk

How much does your pain prevent you from lifting 10 pounds (a bag of groceries)? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not prevent from lifting 10 pounds Impossible to lift 10 pounds

C. How much does your pain interfere with your ability to sit for 1/2 hour? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not restrict ability to sit for 1/2 hour Impossible to sit for 1/2 hour

D. How much does your pain interfere with your ability to stand for 1/2 hour? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not restrict ability to stand at all Unable to stand at all

E. How much does pain interfere with your ability to get enough sleep? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not prevent me from sleeping Impossible to sleep

F. How much does your pain interfere with your ability to participate in social activities? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere with social activities Completely interferes with social activities

G. How much does your pain interfere with your ability to travel up to 1 hour by car? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere with ability to travel 1 hour by car Completely unable to travel 1 hour by car

H. In general, how much does your pain interfere with your daily activities? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere with my daily activities Completely interferes with my daily activities

I. How much do you limit your activities to prevent your pain from getting worse? (circle a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not limit activities Completely limits activities

J. How much does your pain interfere with your relationship with your family/partner/significant others? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere with relationships Completely interferes with relationships

K. How much does your pain interfere with your ability to do jobs around your home? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere Completely unable to do any job around home

L. How much does your pain interfere with your ability to shower or bathe without help from someone else? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere at all My pain makes it impossible to shower or bathe without help

M. How much does your pain interfere with your ability to write or type? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere at all My pain makes it impossible to write or type

N. How much does your pain interfere with your ability to dress yourself? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere at all My pain makes it impossible to dress myself

O. How much does your pain interfere with your ability to engage in sexual activity? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Does not interfere at all My pain makes it almost impossible to engage in any sexual activity

P. How much does your pain interfere with your ability to concentrate? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Never All the time

III INDIVIDUAL'S REPORT OF EFFECT OF PAIN ON MOOD Table 18-4 pg 576

A. Rate your overall mood during the past week (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Extremely high/good Extremely low/bad

B. During the past week, how anxious or worried have you been because of your pain? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Not at all anxious/worried Extremely anxious/worried

C. During the past week, how depressed have you been because of your pain? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Not at all depressed Extremely depressed

D. During the past week, how irritable have you been because of your pain? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Not at all irritable Extremely irritable

E. In general, how anxious/worried are you about performing activities because they might make your pain/symptoms worse? (Please check a number):

0 1 2 3 4 5 6 7 8 9 10

 Not at all anxious/worried Extremely anxious/worried

Patient Signature: Bencha Young-James

18 of 93

Today's Date

6/14/2018

12/19/2019 30110

Employer Responsibilities Questionnaire

Patient/Client Name Benedicta Y. Jones Date of Birth 01-08-1965
 SSN 547-08-2936

1	Did the employer provide a notice in a location frequented by employees that states the name of the current compensation insurance carrier of the employer, or that the employer is self-insured and who is responsible for claims adjustment?	Yes	<input checked="" type="radio"/> No	1
2	Did the employer provide a notice advising employees that all injuries should be reported to their employer?	Yes	<input checked="" type="radio"/> No	2
3	Was the notice easily understandable?	Yes	<input checked="" type="radio"/> No	3
4	If you are Spanish speaking, was the notice posted in both English and Spanish?	Yes	<input checked="" type="radio"/> No	4
5	Did the notice include how to get emergency medical treatment?	Yes	<input checked="" type="radio"/> No	5
6	Did the notice list the kinds of events, injuries, and illnesses covered by workers' compensation?	Yes	<input checked="" type="radio"/> No	6
7	Did the notice include information on the injured employee's right to receive medical care?	Yes	<input checked="" type="radio"/> No	7
8	Did the notice include information about the rights of the employee to select and change the treating physician?	Yes	<input checked="" type="radio"/> No	8
9	Did the notice include information about the rights of the employee to receive temporary disability indemnity, permanent disability indemnity, supplemental job displacement, and death benefits, as appropriate?	Yes	<input checked="" type="radio"/> No	9
10	Did the notice include the contact information to whom injuries should be reported to?	Yes	<input checked="" type="radio"/> No	10
11	Did the notice state the existence of time limits for the employer to be notified of an occupational injury?	Yes	<input checked="" type="radio"/> No	11
12	Did the notice include information regarding the protections against discrimination?	Yes	<input checked="" type="radio"/> No	12
13	Did the notice include the Internet Web site address and contact information that employees may use to obtain further information about the workers' compensation claims process and an injured employee's rights and obligations?	Yes	<input checked="" type="radio"/> No	13
14	Did the notice include the location and telephone number of the nearest information and assistance officer?	Yes	<input checked="" type="radio"/> No	14
15	Did the notice provide a list of Emergency telephone number(s), for hospital, ambulance, police and firefighting services?	Yes	<input checked="" type="radio"/> No	15
16	Did the notice state how the employer may not be responsible for compensation because of an injury due to the employee's voluntary participation in any off-duty recreational, social, or athletic activity that is not a part of the employee's work-related duties?	Yes	<input checked="" type="radio"/> No	16
17	Did the notice provide a description about Medical Provider Networks ("MPN") which includes what a MPN is, the pre-designation exemption from the MPN, when an employee must begin to use a physician from the MPN, and how to request information about using a MPN?	Yes	<input checked="" type="radio"/> No	17
18	If the employer is using a MPN, did the notice state the effective date of MPN coverage to cover current injuries?	Yes	<input checked="" type="radio"/> No	18

Employer Responsibilities Questionnaire

19	Did the notice list the MPN Contact telephone number, address and, if available, the MPN website address?	Yes	<input checked="" type="radio"/> No	19
20	Did your employer provide you a written MPN notification describing how to access initial care and subsequent medical care?	Yes	<input checked="" type="radio"/> No	20
21	Did your employer provide you a written MPN notification describing the mileage, time requirements, and alternative access standards required?	Yes	<input checked="" type="radio"/> No	21
22	Did your employer provide you a written MPN notification describing how to access treatment if (A) the employee is authorized by the employer to temporarily work or travel for work outside the MPN's geographical service area; (B) a former employee whose employer has ongoing workers' compensation obligations permanently resides outside the MPN geographical service area; and (C) an injured employee decides to temporarily reside outside the MPN geographic service area during recovery?	Yes	<input checked="" type="radio"/> No	22
23	Did your employer provide you a written MPN notification describing how to choose a physician within the MPN?	Yes	<input checked="" type="radio"/> No	23
24	Did your employer provide you a written MPN notification describing what to do if a covered employee has trouble getting an appointment with a provider within the MPN?	Yes	<input checked="" type="radio"/> No	24
25	Did your employer provide you a written MPN notification describing how to change a physician within the MPN?	Yes	<input checked="" type="radio"/> No	25
26	Did your employer provide you a written MPN notification describing how to obtain a referral to a specialist within the MPN or outside the MPN, if needed?	Yes	<input checked="" type="radio"/> No	26
27	Did your employer provide you a written MPN notification describing how to use the second and third opinion process?	Yes	<input checked="" type="radio"/> No	27
28	Did your employer provide you a written MPN notification describing how to request and receive an independent medical review?	Yes	<input checked="" type="radio"/> No	28
29	Did your employer provide you a written MPN notification with a description of the standards for the transfer of care policy and a notification that a copy of the policy shall be provided to an employee upon request?	Yes	<input checked="" type="radio"/> No	29
30	Did your employer provide you a written MPN notification with a description of the standards for the continuity of care policy and a notification that a copy of the policy shall be provided to an employee upon request?	Yes	<input checked="" type="radio"/> No	30

Benetia Ann Young-James *Benetia Ann Young-James* 6/14/2018
 Patient/Client Name Signature Date

Please provide information on where to send the ERQ Outcome Memo :

Facility name _____

Fax number _____ Email address _____

Please fax this form to 866-437-1413

Dr. Harold Iseke, D.C.
 3711 Long Beach Blvd., Suite 200
 Long Beach, CA 90807
Phone: (562) 980-0555

Epworth Sleepiness Scale

(used to determine the level of daytime sleepiness)

Patient Name: Benetia Ann Date: 6/14/2018

How Rely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:

0 = no chance of dozing
1 = slight chance of dozing or sleeping
2 = moderate chance of dozing or sleeping
3 = high chance of dozing or sleeping

Situation	<u>Chance of Dozing and Sleeping</u>
Sitting and reading.....	<u>2</u>
Watching TV	<u>2</u>
Sitting inactive in a public place (e.g. theater, meeting)	<u>0</u>
As a passenger in a car for an hour without a break	<u>1</u>
Lying down to rest in the afternoon when circumstances permit	<u>2</u>
Sitting and talking to someone.....	<u>0</u>
Sitting quietly after lunch without alcohol	<u>2</u>
In a car, while stopped for a few minutes in traffic	<u>0</u>
Total Score	<u>9</u>

If you score 10 or more in the test, you should consider whether you are obtaining adequate sleep, need to improve your sleep hygiene and/or need to see sleep specialist. These issues should be discussed with your personal physician.



Submission of this eform through EAMS constitutes service upon any internal DWC unit.

Batch ID: 29400299 Date: 05/31/2018 09:15:33 AM

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY ***

Is this a new Case?* Yes No Location:

Companion Cases Exist Walk Thru Yes No

More than 15 Companion Cases

Date: (MM/DD/YYYY)

Case Number:* SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

ADJ DEU SIF UEF SAU INT RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 3:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 12:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 13:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 14:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 15:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
 DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR ADJUDICATION OF CLAIM

Case Number	
-------------	--

Amended Application

SSN	547080936
-----	-----------

***Venue Choice is based upon:**

- County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

* Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code

90020

LAO

Injured Worker

First Name*	BENETIA
-------------	---------

MI	
----	--

Last Name*	YOUNG
------------	-------

Street Address 1 /PO Box*	20322 S AMANTHA AVE
---------------------------	---------------------

Street Address 2 /PO Box	
--------------------------	--

International Address	
-----------------------	--

City*	CARSON
-------	--------

State*	CA
--------	----

Zip Code* (Numbers Only)	90746
--------------------------	-------

Applicant (If other than injured employee)

Insurance Carrier

Employer

Lien Claimant

Name	
------	--

Street Address 1 /PO Box	
--------------------------	--

Street Address 2 /PO Box	
--------------------------	--

City	
------	--

State	
-------	--

Zip Code (Numbers Only)	
-------------------------	--

Employer Information

Insured

Self-Insured

Legally Uninsured

Uninsured

Employer Name*	KEDREN COMMUNITY LOS ANGELES YOUTH NETWORK
----------------	--

Employer Street Address/PO Box*	4211 SOUTH AVALON
---------------------------------	-------------------

City*	LOS ANGELES
-------	-------------

State*	CA
--------	----

Zip Code* (Numbers Only)	90011
--------------------------	-------

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	BERKSHIRE HATHAWAY PASADENA
Street Address/PO Box	PO BOX 881716
City	SAN FRANCISCO
State	CA
Zip Code (Numbers Only)	94188

Claims Administrator Information (if known and if applicable)

Name	
Street Address/PO Box	
City	
State	
Zip Code (Numbers Only)	

IT IS CLAIMED THAT :

1. The injured worker born* (Date of birth : MM/DD/YYYY)

, while employed as a(n)

suffered a: (Choose only one) (Occupation at the time of injury)

specific injury on (DATE OF INJURY: MM/DD/YYYY)

cumulative trauma injury which began on

and ended on

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

The injury occurred at*

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

(City)*

(State)*

(Zip Code)*

(State which parts of the body were injured)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

2. The injury occurred as follows:

(Explain What The Worker Was Doing At The Time Of Injury And How The Injury Occured)

Field size limited to 325 characters

3. Actual earnings at the time of injury

Rate of Pay \$ Monthly Weekly Hourly

State value of tips, meals, lodging or other advantages regularly received \$

Monthly

Weekly

Hourly

Number of hours worked per week.

4. The injury caused disability as follows

Last day off work due to injury :

(MM/DD/YYYY)

First Period of Disability:

Start date

(MM/DD/YYYY)

End date

(MM/DD/YYYY)

Second Period of Disability:

Start date

(MM/DD/YYYY)

End date

(MM/DD/YYYY)

9. This application is filed because of a disagreement regarding liability for:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Temporary disability indemnity | <input checked="" type="checkbox"/> Permanent disability indemnity |
| <input checked="" type="checkbox"/> Reimbursement for medical expense | <input type="checkbox"/> Rehabilitation |
| <input checked="" type="checkbox"/> Medical treatment | <input checked="" type="checkbox"/> Supplemental Job Displacement/Return to Work |
| <input checked="" type="checkbox"/> Compensation at proper rate | |
| <input checked="" type="checkbox"/> Other (Specify) | <input type="text" value="ALL OTHER BENEFITS"/> |

Is the Applicant Represented?: Yes No if "No", applicant is to sign and date below.

if "Yes", applicant's representative is to complete the following and is to sign and date below

- Law Firm/Attorney Non Attorney Representative

Law Firm or Company Name(If Applicable)

NATALIA FOLEY BEVERLY HILLS

Law Firm Number (If Applicable)

11964930

Attorney/Rep First Name

NATALIA

Attorney/Rep MI

Attorney/Rep Last Name

FOLEY

Street Address/PO Box

8306 WILSHIRE BLVD STE 115

City

BEVERLY HILLS

State

GA

Zip Code (Numbers Only)

90211

Applicant Attorney / Representative
Signature

Applicant Signature

S NATALIA FOLEY

Dated at

BEVERLY HILLS

, California Date

05/31/2018

City

(MM/DD/YYYY)

INSTRUCTIONS

FILING AND SERVICE OF A DECLARATION OF READINESS IS A PREREQUISITE TO THE SETTING OF A CASE FOR HEARING.

Effect of Filing Application

Filing of this application begins formal proceedings against the defendant(s) named in your application.
Assistance in Filling Out Application

You may request the assistance of an information and assistance officer of the Division of Workers' Compensation.

Right to Attorney

You may be represented by an attorney or agent, or you may represent yourself. The attorney's fee will be set by the Workers' Compensation Appeals Board at the time the case is decided and is ordinarily payable out of your award.

Filling Out Application

For "amended" applications, the venue choice must be the same as that specified on the original application, unless an order changing venue has issued. A street or P.O. Box address within the United States must be entered for the place where the injury occurred. Therefore, if the injury did not occur at a fixed or identifiable location (such as a field, a highway, or on water), or if the injury occurred outside of the United States, the employer's business address or another appropriate address must be specified; however, a short explanation regarding the place of injury may be appended to the application. If medical treatment has been paid for by Medi-Cal, Medicare, group health insurance, or a private carrier, please specify.

Service of Documents

Your attorney or agent will serve all documents in accordance with Labor Code section 5501 and the Workers' Compensation Appeals Board's Rules of Practice and Procedure.

If you have no attorney or agent, copies of this application will be served by the Workers' Compensation Appeals Board on all parties. If you file any other document, you must mail or deliver a copy of the document to all parties in the case.

IMPORTANT!

If any applicant is under 18 years of age, it will be necessary to file a Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the district office of the Workers' Compensation Appeals Board, or by calling the district office and requesting this form.

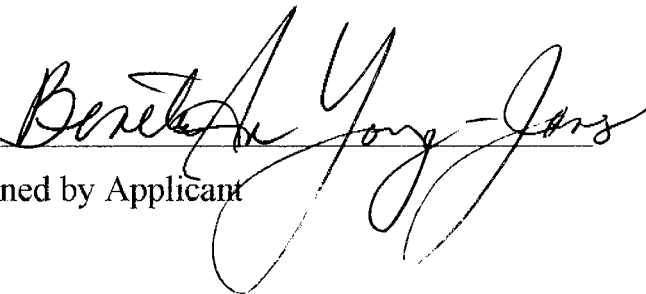
APPLICATION VERIFICATION

I, the undersigned, say that I am the Applicant in this action.

I have read the foregoing Application for Adjudication in regard to my worker compensation case, and I verify that I know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

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

Date: 5-15-18

X 
Signed by Applicant

DECLARATION PURSUANT TO LABOR CODE SECTION 4906(g)

Pursuant to Labor Code Section 4906(g), I declare under penalty of perjury that I have not violated Section 139.3 and I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Dated: 5-15-2018

Beth A. Gay Jones
Signature

Dated: 5/15/2018

JW
Signature

Before signing this form, you should be aware that: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above **Empleado—complete esta sección y note la notación arriba.**

1. Name. *Nombre.* BENETIA YOUNG Today's Date. *Fecha de Hoy.* 5/15/2018

2. Home Address. *Dirección Residencial.* 20322 S AMANTHA AVE .

3. City. *Ciudad.* CARSON State. *Estado.* CA Zip. *Código Postal.* 90746

4. Date of Injury. *Fecha de la lesión (accidente).* 01/22/2018 - 03/09/2018 Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* job site
2471 N Beachwood Dr Los Angeles CA 90068

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* Stress and strain due to repetitive movement, uncomfortable chair, inappropriate lighting, injured shoulders, neck, lower back and lower extremities; stress/depression/anxiety due to hostile work environment

7. Social Security Number. *Número de Seguro Social del Empleado.* _____

8. Signature of employee. *Firma del empleado.* X

Employer—complete this section and see note below. **Empleador—complete esta sección y note la notación abajo.**

9. Name of employer. *Nombre del empleador.* _____

10. Address. *Dirección.* _____

11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____

12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____

13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____

14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

15. Insurance Policy Number. *El número de la póliza de Seguro.* _____

16. Signature of employer representative. *Firma del representante del empleador.* _____

17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

FEE DISCLOSURE STATEMENT

If you choose to be represented by an attorney, your attorney's fees will be deducted from your benefits. The fee will be approved by the Workers' Compensation Appeals Board with consideration given to the: (1) responsibility assumed by the attorney; (2) care exercised in representing you; (3) time involved; and, (4) results obtained.

Attorney's fees normally range from 9% to 15% of the benefits awarded.

There are certain circumstances where your employer (or his/her insurer) may be liable to pay your attorney's fees. For example, if the employer disputes a permanent disability evaluation obtained when you were not represented by an attorney, your employer may be liable for any attorney fees you incur because of the dispute.

If at any time you no longer wish to be represented by the attorney, you may withdraw from representation by notifying the attorney. If you withdraw from representation, the fee amount found by a workers' compensation judge to be the fair value of any work the attorney did in your case will be deducted from your award.

Your case is being filed at the Division of Workers' Compensation at the following location:

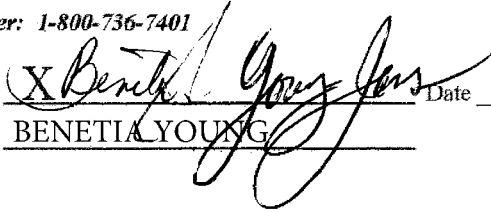
~~Marina del Rey, CA~~ LAO

The employee has been advised of the district office at which his or her case will be filed and that he or she may be required to attend conferences or hearings at this location at his or her own expense.

An Information and Assistance Officer may be able to answer your questions concerning your workers' compensation benefits at no charge to you. The Officer may be able to resolve your problems without the need for litigation.

Call this toll-free number: 1-800-736-7401

Employee's Signature

 Date 5-15-2018

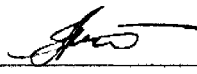
Employee's Name

BENETIA YOUNG

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying worker's compensation benefits or payments is guilty of a felony.

I hereby declare under penalty of perjury that I am the attorney representing the above-named employee, or am an attorney licensed by the State Bar of California regularly employed by the firm by which the employee will be represented, and have advised the employee of their rights as set forth above and in Labor Code section 4906(e) and (g)(1).

Attorney's Signature



Date 5/15/2018

Attorney's name NATALIA FOLEY ESQ

Address

NATALIA FOLEY BEVERLY HILLS
UAN 11964930
LAW OFFICES OF NATALIA FOLEY
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211
TEL 310 707 8098
FAX 310 626 9632
NFOLEYLAW@GMAIL.COM

Phone No. ()

VENUE AUTHORIZATION

I HEREBY AUTHORIZE MY WORKERS' COMPENSATION CASE(S) FOR
INJURY(IES) DATED 01/22/2018 - 03/09/2018 TO BE
FILED AT THE LAO WORKERS'
COMPENSATION APPEALS BOARD.

DATED: 5-15-18

Bentley A. Goy-Jess
APPLICANT

APPLICANT'S ATTORNEY:

E-Filer: NATALIA FOLEY, ESQ
UAN: NATALIA FOLEY BEVERLY HILLS
EAMS #: 11964930
Address: LAW OFFICES OF NATALIA FOLEY
8306 WILSHIRE BLVD STE 115, BEVERLY HILLS CA 90211
Tel 310 707 8098; Fax 310 626 9632; Email: nfolcylaw@gmail.com

PROOF OF SERVICE

Benetia Young vs
Los Angeles Youth Network KEDREN COMMUNITY

WCAB: unassigned

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:
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211

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 5/31/2018 I served the foregoing documents described as:

APPLICATION FOR ADJUDICATION; DECLARATION 4906; VENUE
AUTHORIZATION; FEE DISCLOSURE; APPLICATION VERIFICATION ; FORM DWC1
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:

DWC LAO
320 W. 4TH STREET, 9TH FLOOR
LOS ANGELES, CA 90013-1954


BERKSHIRE HATHAWAY PASADENA
PO BOX 881716
SAN FRANCISCO CA 94188

KEDREN COMMUNITY
MENTAL NEALTH CENTER
4211 SOUTH AVALON
LOS ANGELES CA 90011

LOS ANGELES YOUTH NETWORK
PO BOX 988
LOS ANGELES, CA 90028

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 5/31/2018 at Los Angeles, CA


By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq

Demographics Sheet

Patient	YOUNG, BENETIA 20322 S. AMANTHA AVE Carson, CA90746 (310) 415-1029	Gender Date of Birth SSN Control Number Chart Number(s)	Female 1/8/1965 547-08-0936 46255
---------	---	---	--

Alerts

Last Visit	6/14/2018 9:30 AM (Checked-In)	Next Visit	7/9/2018 11:30 AM (Clinic Cancelled)
------------	-----------------------------------	------------	---

Case	WC (CT: 03/09/2018)		
Case Status	Pending-Info	Date Of Injury	CT: 1/22/2018 - 3/9/2018
Body Part(s)		Claim Number	44040257
Occupation		Adj Number(s)	
Rendering Provider	Iseke, Harold D.C.		
Rendering Provider PTP	Kim, Harrison Jongku	PCP	
STP		CONS	
Pharmacy		Alternate Pharmacy	
Employer	Kedren Community Health Insurance Cen... Kedren Head Start 4211 S. Avalon Blvd. Los Angeles, CA 90011 P (323) 233-0425		Berkshire P.O. Box 881716 San Francisco, CA 94188 P (800) 661-6029 F (415) 675-5469
Applicant Attorney	Beck Perona Lenger Beck Perona Lenger 300 East San Antonio Drive LONG BEACH, CA 90807 P (562) 426-6155 F (562) 490-9823	Defense Attorney	
Marketing Source			
Claim Adjustor	Michael Salazar Po Box 881716 San Francisco, CA 94188 P (800) 661-6029 x 5489 F (415) 675-5469	Nurse Case Mngr	
Referring Source	Law offices of Natalia Foley Foley, Natalia 8306 Wilshire Blvd. #115 Beverly Hills, CA 90211 P (310) 707-8098 F (310) 626-9632		
	Iseke, Harold D.C. Harold Iseke Chiropractic Professional Corp 3711 Long Beach Blvd #200 Long Beach, CA 90807 F (818) 785-5528		



LAW OFFICES OF NATALIA FOLEY

8306 Wilshire Blvd # 115
Beverly Hills, CA 90211
Tel (323) 306 0818; Fax (310) 626 9632
nfoleylaw@gmail.com
www.nataliafoleylaw.com

TO: Dr. Harold Iseke, DC
Wellness Studio
3711 Long Beach Blvd # 200
Long Beach 90807
Tel 562 980 0555

Date: 5/31/2018

Via Fax
Via First Class Mail

RE: Benetia Young vs Los Angeles Youth Network Kedren Community
DOB: 01/08/1965
WCAB #: ADJ11334762
DOI: 01/22/2018 - 03/09/2018
Insurance: BERKSHIRE HATHAWAY PASADENA

Labor Code §4600

Dear Dr ISEKE:

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).

I request that you review all previous records and prepare an initial comprehensive medical-legal report which provides all of the medical information required by 8 CCR §9785, including your opinions on all medical issues necessary to determine the employee's eligibility for compensation. 8 CCR §9785(d) – (g), 10606(b). We are also requesting that you perform a second CMLE and issue a final CMLE report when you deem the Applicant to have reached permanent and stationary/maximum medical improvement status addressing relevant issues.

Your report must address causation of the applicant's medical condition and whether the treatment provided to the applicant was reasonably required to cure or relieve the injured worker from the effects of his or her injury. Labor Code §4600(a), 8CCR § 9793(e), 10606(b). Also, take a full history of all complaints, whether advised that the body parts are admitted or disputed by claims.

Should you initiate treatment of the applicant, please supplement your routine "Primary Treating Physician's Progress Report" (DWC Form PR-2) with periodic medical-legal reports when these would be advisable for purposes of clarification or elaboration on information beyond what could reasonably be provided in the PR-2.

I request that you prepare a medical-legal report in response to each and every utilization review dispute and each IMR to assist in providing a disputed medical fact as in 8 CCR §9793(e).

I ask that you review the results of all diagnostic testing, including MRI scans and EMG/NCS tests, and prepare a medical-legal report addressing any disputed medical fact as defined in 8 CCR §9793(e).

In the event of disputed body part(s)/systems, please prepare a medical-legal report as per LC section 4600 and the Paris Decision and the En Banc Decision **Brower V. David Jones Construction** (Case No. ADJ802221, page 17 of Brief Findings of Fact “Applicant is entitled to reimbursement for self-procured medical treatment expense in an amount to be adjusted by the parties, or absent adjustment to be determined by a workers’ compensation judge in supplemental proceedings on request of the parties.”), the patient has chosen you to be his/her primary treating physician for all disputed body parts.

Due to denial of medical care the patient has the right to self-procure.

Finally, I request that you review each QME and/or AME report, as well as all reports reviewed by each QME and/or AME, and perform a comprehensive medical-legal evaluation of the applicant as set forth in 8 CCR §9793(c), which states, in part:

“Comprehensive medical-legal evaluation” means an evaluation of an employee which (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 46528 of the Labor Code...and...is... (2) performed by a Qualified Medical Evaluator, Agreed Medical Evaluator, or the primary treating physician for the purpose of providing or disproving a contested claim...(emphasis added.)

8 CCR §9793(b) defines a “contested claim” as any of the following:

- (1) Where the claims administrator has rejected liability for a claimed benefit.
- (2) Where the claims administrator has failed to accept liability for a claim and the claim has become presumptively compensable under Section 5402 of the Labor Code.
- (3) Where the claims administrator has failed to respond to a demand for the payment of compensation after the expiration of any time period fixed by statute for the payment of indemnity benefits...
- (4) Where the claims administrator has accepted liability for a claim and a disputed medical fact exists. (emphasis added)

“Disputed medical fact” means an issue in dispute, including an objection to a medical determination made by a treating physician under Section 4062 of the Labor Code, concerning: (1) the employee’s medical condition, (2) the cause of the employee’s medical condition,... (4) the existence, nature, duration or extent of temporary or permanent disability caused by the

employee's medical condition; or (5) the employee's medical eligibility for rehabilitation services. 8 CCR §9793(e).

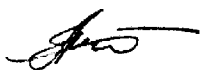
Your comprehensive medical-legal report should address the following disputed medical facts:

- Causation
- Apportionment
- Reasonableness of Medical Treatment
- Future Medical Care
- Discussion/Rebuttal of AME/QME Reports

Furthermore, if you find it necessary to refer to specialist(s) outside your scope of practice in order to gain a complete understanding of this patient's industrial injuries I am requesting that you use your discretion to the appropriate specialist(s). As per the **VERA PANEL** decision you have grounds to self-refer for treatment and medical-legal analysis to your chosen specialist. Please incorporate these findings and opinions into your medical-legal report or as an addendum to your medical-legal reports.

Thank you for your assistance in this matter.

Sincerely,



By Natalia Foley, Esq
LAW OFFICES OF NATALIA FOLEY

CC: BERKSHIRE HATHAWAY PASADENA
PO BOX 881716
SAN FRANCISCO CA 94188

PROOF OF SERVICE

Benetia Young vs Los Angeles Youth Network
Kedren Community

CASE #: unassigned

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:
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211

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 5/31/2-18 I served the foregoing documents described as:

4600 letter, demographics


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:

KEDREN COMMUNITY
MENTAL NEALTH CENTER
4211 SOUTH AVALON
LOS ANGELES CA 90011

BERKSHIRE HATHAWAY PASADENA
PO BOX 881716
SAN FRANCISCO CA 94188

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 5/31/2018 at Los Angeles, CA


By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq



LAW OFFICES OF NATALIA FOLEY
 8306 Wilshire Blvd # 115 Beverly Hills, CA 90211
 Tel (310) 707 8098;
 Fax (310) 626 9632
 nfoleylaw@gmail.com
 www.nataliafoleylaw.com

TO: Dr. Harold Iseke, DC
 Wellness Studio
 3711 Long Beach Blvd # 200
 Long Beach 90807
 Tel 562 980 0555

Date: 5/31/2018
 Via Fax
 Via First Class Mail

RE: Benetia Young vs Los Angeles Youth Network Kedren Community
 DOB: 01/08/1965
 WCAB #: **ADJ11334762**
 DOI: 01/22/2018 - 03/09/2018
 Insurance: BERKSHIRE HATHAWAY PASADENA

REQUEST FOR MED LEGAL REPORT

DEAR DR HAROLD ISEKE, DC

Thank you for agreeing to act as the Primary Treating Physician (PTP) for our client named above.

Please be advised that we have notified by Defendants in this case that they are

	DENIED ON _____
	DELAYED ON _____

the compensability of Applicant’s claim for the alleged injury (DOI: 01/22/2018 - 03/09/2018).

Labor Code § 4622(a) provides: “For purposes of this article, a medical-legal expense means any costs and expenses incurred by or on behalf of any party . . . which expenses may include X-rays, laboratory fees, other diagnostic tests, medical reports, medical records, medical testimony . . . for the purpose of proving or disproving a contested claim.”

Title 8, California Code of Regulations, § 9793 provides:

(b) “Contested claim” means any of the following:

(1) Where the claims administrator has rejected liability for a claimed benefit.

(2) Where the claims administrator has failed to accept liability for a claim and the claim has become presumptively compensable under Section 5402 of the Labor Code.

(3) Where the claims administrator has failed to respond to a demand for the payment of compensation after the expiration of any time period fixed by statute for the payment of indemnity benefits, including where the claims administrator has failed to either commence the payment of temporary disability indemnity or issue a notice of delay within 14 days after knowledge of an employee's injury and disability as provided in Section 4650 of the Labor Code.

(4) Where the claims administrator has accepted liability for a claim and a disputed medical fact exists.

(c) "Comprehensive medical-legal evaluation" means an evaluation of an employee which (A) results in the preparation of a narrative medical report prepared and attested to in accordance with Section 4628 of the Labor Code, any applicable procedures promulgated under Section 139.2 of the Labor Code, and the requirements of Section 10606 and (B) is either:

(1) performed by a Qualified Medical Evaluator pursuant to subdivision (h) of Section 139.2 of the Labor Code, or

(2) performed by a Qualified Medical Evaluator, Agreed Medical Evaluator, or the primary treating physician for the purpose of proving or disproving a contested claim, and which meets the requirements of paragraphs (1) through (5), inclusive, of subdivision (g).

Please note that its recent en banc decision in *Brower v. David Jones Construction*, 79 Cal. Comp. Cas. 550 (2014), the WCAB stated that a treating physician may properly issue a medical-legal report: (1) if the report is capable of proving or disproving a contested claim; (2) if the cost of the report is reasonably necessary at the time it was incurred; and (3) if the cost of the report is reasonable.

Since Defendants have denied/delayed the Applicant claim, this is a "contested case" within the meaning of Regulation 9793. Therefore, I am requesting that you perform a Comprehensive Medical-Legal Evaluation ("CMLE") and prepare a report addressing the issue of whether the injuries claimed by the Applicant in this case are industrially-related to assist me in proving the compensability of the Applicant's claim.

Please ensure that your initial CMLE Report and your final CMLE Report comply with the requirements of Labor Code § 4628, which provides:

(a) Except as provided in subdivision (c), no person, other than the physician who signs the medical-legal report, except a nurse performing those functions routinely performed by a nurse, such as taking blood pressure, shall examine the injured employee or participate in the nonclerical preparation of the report, including all of the following:

- (1) Taking a complete history.
- (2) Reviewing and summarizing prior medical records.
- (3) Composing and drafting the conclusions of the report.

(b) The report shall disclose the date when and location where the evaluation was performed; that the physician or physicians signing the report actually performed the evaluation; whether the evaluation performed and the time spent performing the evaluation was in compliance with the guidelines established by the administrative director pursuant to paragraph (5) of subdivision (j) of Section 139.2 or Section 5307.6 and shall disclose the name and qualifications of each person who performed any services in connection with the report, including diagnostic studies, other than its clerical preparation. If the report discloses that the evaluation performed or the time spent performing the evaluation was not in compliance with the guidelines established by the administrative director, the report shall explain, in detail, any variance and the reason or reasons therefore.

(c) If the initial outline of a patient's history or excerpting of prior medical records is not done by the physician, the physician shall review the excerpts and the entire outline and shall make additional inquiries and examinations as are necessary and appropriate to identify and determine the relevant medical issues.

(d) No amount may be charged in excess of the direct charges of the physician's professional services and the reasonable costs of laboratory examinations, diagnostic studies, and other medical tests, and reasonable costs of clerical expense necessary to producing the report. Direct charges for the physician's professional services shall include reasonable overhead expense.

(e) Failure to comply with the requirements of this section shall make the report inadmissible as evidence and shall eliminate any liability for payment of any medical-legal expense incurred in connection with the report.

* * *

(j) The report shall contain a declaration by the physician signing the report, under penalty of perjury, stating:

"I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information

accurately describes the information provided to me and, except as noted herein, that I believe it to be true."The foregoing declaration shall be dated and signed by the reporting physician and shall indicate the county wherein it was signed.

Again, I would like to thank you for caring for my client, and I look forward to receiving your CMLE report. Please do not hesitate to contact my office with any questions you may have regarding this matter.

Yours Sincerely,
Attorney for Applicant

,



Natalia Foley, Esq.
The Law Offices of Natalia Foley

PROOF OF SERVICE

Benetia Young vs Los Angeles Youth Network
Kedren Community

CASE #: unassigned

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:
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211

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 6/16/2018 I served the foregoing documents described as:

Request for med legal


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:

KEDREN COMMUNITY
MENTAL NEALTH CENTER
4211 SOUTH AVALON
LOS ANGELES CA 90011

BERKSHIRE HATHAWAY PASADENA
PO BOX 881716
SAN FRANCISCO CA 94188

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 6/16/2018 at Los Angeles, CA


By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq

Harold Iseke, D.C.

3711 Long Beach Blvd., Suite 200
Long Beach, CA 90807

COMPREHENSIVE MEDICAL EXAMINATION REPORT

June 14, 2018

RE: YOUNG, Benetia
SS#: 547-08-0936
D/B: 01/08/1965
EMP: Los Angeles Youth Network – PER PATIENT NOT Kedren Community
CARRIER: Berkshire
D/I: CT: 01/22/18 to 03/09/18
CL#:
WCAB#:

To Whom It May Concern:

Ms. Young is a 53-year-old, right-hand dominant female, who is being referred to Dr. Harold Iseke for a comprehensive medical examination. The following is a report of the examination performed on June 14, 2018.

The patient's injured body parts are: Neck, lower back with radiating pain to the bilateral lower extremities, shoulders, as well as, symptoms of stress, depression and anxiety.

JOB HISTORY:

The patient worked at Los Angeles Youth Network – PER PATIENT NOT Kedren Community from 01/22/2018 to approximately 03/09/2018 as a case management. She worked more than 40 hours per week. Her job duties included clerical work, customer service, typing, set-up appointments, training, attend seminars, operating a company vehicle and various other duties.

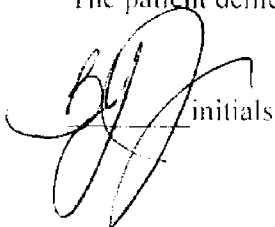
The patient's job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, typing, writing, grasping, and gripping.

She states that she was not exposed to any toxic chemicals including cleaning supplies.

She states that chemical odors do not occur at work.

CURRENT WORK STATUS:

The patient denies additional or part-time jobs while working for this employer.

 initials

1/6 | Page

HISTORY OF INJURY:

The patient is a 53-year-old, right-handed female who states that while employed with Los Angeles Youth Network – PER PATIENT NOT Kedren Community as a case management, she sustained injuries on a cumulative trauma basis from 01/22/18 to 03/09/18. The patient has been employed for this company for a period of two months. The patient's date of hire was in 01/22/2018.

01/22/18 to 03/09/18, the patient started to experience pain in her neck, lower back with radiating pain to the bilateral lower extremities, shoulders, which she attributed to constant sitting and walking. She also states that she developed symptoms of stress, depression and anxiety due to discrimination, overloaded with work and criticized. She reported these symptoms to her employer but no recommendations were given. She managed the pain with over the counter medication and resting. She continued working with persistent symptoms. She did not see any doctors.

On 03/09/18, the patient's employment was terminated. She has since continued off work and treating on her own at home.

PAST MEDICAL HISTORY:**Medical:**

The patient denies history of any medical conditions or disease.

Medication:

The patient is currently taking Advil as needed and Melatonin.

Surgery:

The patient states that 24 years ago had a caesarian section and made a full recovery.

Hospitalization/Fractures:


The patient was hospitalized for childbirth and made a full recovery.

Previous Industrial Injuries:

The patient denies any previous work related injuries.

Previous Automobile Accidents:

The patient denies previous automobile accidents.

 BJJ initials

Non-Industrial Injuries:

The patient denies previous non-industrial injuries.

Allergies:

The patient has no known allergies to food, medications or latex.

SOCIAL HISTORY:

The patient is widowed and has one child. She neither smokes cigarettes nor drinks alcoholic beverages.

FAMILY HISTORY:

The patient's father is living, and has no known medical condition.

The patient's mother is living, and has no known medical condition.

REVIEW OF SYSTEMS

Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: No history of blurred vision. Has no history of glaucoma and blindness.

ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: No history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

Respiratory: No history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: No history of constipation.

Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.


Endocrine: No history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: No difficulty walking.

Skin: No history of easy bruising, itching, or rash.

Neurologic: Has headaches with slight dizziness.

Psychiatric: Has anxiety. No panic attacks and suicidal attempts.

 initials

ACTIVITIES OF DAILY LIVING

Self-Care

1. Take a bath – With difficulty
2. Brush your teeth - Without difficulty
3. Dress yourself- With difficulty
4. Comb your hair - Without difficulty
5. Eat/Drink without discomfort- Without difficulty
6. Go to the toilet - Without difficulty
7. Urinate normally- Without difficulty

Communication

8. Write comfortably – With some difficulty
9. Type – With some difficulty
10. Speak - Without difficulty

Physical Activity

11. Stand - With some difficulty
12. Sit - With some difficulty
13. Recline - With some difficulty
14. Walk Normally - With some difficulty
15. Climb stairs - With some difficulty

Sensory Function

16. Feel contact your skin - Without difficulty
17. Taste - Without difficulty
18. Smell - Without difficulty
19. Hear - Without difficulty
20. See - Without difficulty

Hand Functions


21. Grasp - With some difficulty
22. Differentiate between what you touch - With some difficulty
23. Lift - With some difficulty

Travel

24. Ride on land forms of transportation – With difficulty
25. Drive a vehicle – With difficulty
26. Fly on a plane – N/A

Sexual Function

27. Orgasm – With difficulty
28. Ejaculate – With difficulty
29. Lubricate –N/A
30. Achieve an erection - With difficulty

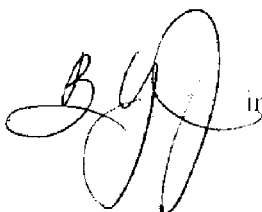
 initials

Sleep

- 31. Sleep restfully - With some difficulty
- 32. Sleep normally at night - With some difficulty

Sincerely,

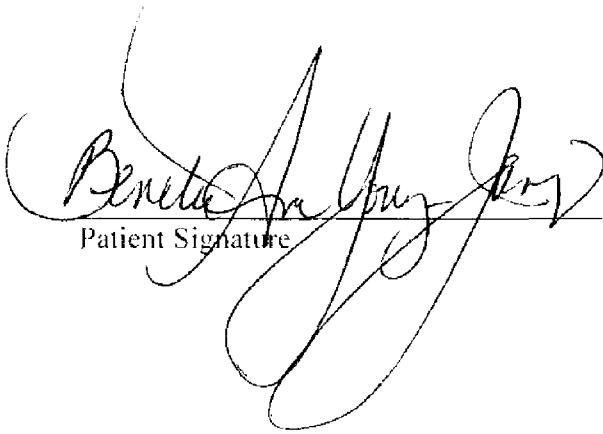
Harold Iseke, D.C.

 initials

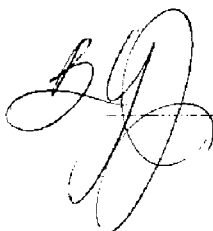
PERJURY STATEMENT

DATE: 06/14/2018

I Benetia Ann Young state that the above history was given by myself and is true under the penalty of perjury. The above mentioned history was read to me in Spanish with the help of an interpreter before signing this statement.


Patient Signature

06/14/2018
Date

 initials

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Modalities:

97012 Traction-Mechanical 97032 Electrical Stimulation 97018 Paraffin Bath 97033 Iontophoresis
 97026 Infrared 97128 Ultrasound

Procedures:

97140 Myofascial Release 98940 CMT 1-2 Regions 98941 CMT 3-4 Regions 98942 CMT 5 Regions
 97110 Exercise 97112 Neuromuscular Re-Education 98943 Extremities

Evaluation:

99211 Established Patient Brief 99212 Established Patient Straightforward 99213 Established Patient Low 97124 Massage

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: Michael Allen Turk,

State Lic. DC31283

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 08/27/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

Patient Signature	Provider Signature

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Modalities:

97012 Traction-Mechanical 97032 Electrical Stimulation 97018 Paraffin Bath 97033 Iontophoresis
 97026 Infrared 97128 Ultrasound

Procedures:

97140 Myofascial Release 98940 CMT 1-2 Regions 98941 CMT 3-4 Regions 98942 CMT 5 Regions
 97110 Exercise 97112 Neuromuscular Re-Education 98943 Extremities

Evaluation:

99211 Established Patient Brief 99212 Established Patient Straightforward 99213 Established Patient Low 97124 Massage

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: Oscar Castro,

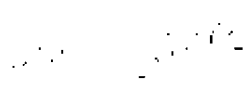
State Lic. 31453

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 8/15/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd #200
Long Beach, CA 90807

TREATMENT SOAP NOTE

Interpreter Needed? No

Patient Name: BENETIA YOUNG	Patient ID: 46255	DOB: 1/8/1965	Gender: F
Patient Address: 20322 S. AMANTHA AVE, Carson, CA 90746			
Claims Administrator: Berkshire			DOI: CT: 1/22/2018 - 3/9/2018 CT: 1/22/2018 - 3/9/2018
Claim Number: 44040257	Employer: , 4211 S. Avalon Blvd., Los Angeles, CA 90011		
Referring Provider: Iseke, Harold D.C.			

SUBJECTIVE COMPLAINTS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Should Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Thigh Pain - RT |
| <input checked="" type="checkbox"/> Cervical Pain | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Thigh Pain - LT |
| <input checked="" type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Knce Pain - RT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| <input type="checkbox"/> Sacral Pain | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Calf Pain - RT |
| <input type="checkbox"/> Coceyx Pain | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Calf Pain - LT |
| | <input type="checkbox"/> Thumb Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| | <input type="checkbox"/> Thumb Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| | <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Foot Pain - LT |
- Other:

CAUTIONS
1.
2.
3.
4.
5.

Quality:

- Dull
 Sharp
 Achy
 Burning
 Throbbing
 Shooting
 Incapacitating
 Stabbing
 Pulsing
 Stinging
 Sore
 Tender
 Piercing
 Tight
 Unbearable

Frequency:

- Constant
 Frequent
 Intermittent
 Occasional

Severity:

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Symptoms:

- Radiation
 Numbness
 Tingling
 Swelling
 Other:

Objective:

- Swelling: _____ Strength: Weak Strong
Spasm: _____
Tenderness: Cervical Spine _____ Other: _____

Region

- Paraspinal Tenderness: C/S
 T/S
 L/S
Spinal tenderness: C/S
 T/S
 L/S
Subluxation: C/S
 T/S
 L/S

Body Parts

Details

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)
 Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

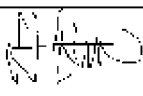
State Lic. #AC11009

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 8/14/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)

Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

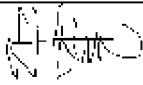
State Lic. #AC11009

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 8/7/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Modalities:

97012 Traction-Mechanical 97032 Electrical Stimulation 97018 Paraffin Bath 97033 Iontophoresis
 97026 Infrared 97128 Ultrasound

Procedures:

97140 Myofascial Release 98940 CMT 1-2 Regions 98941 CMT 3-4 Regions 98942 CMT 5 Regions
 97110 Exercise 97112 Neuromuscular Re-Education 98943 Extremities

Evaluation:

99211 Established Patient Brief 99212 Established Patient Straightforward 99213 Established Patient Low 97124 Massage

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: Oscar Castro,

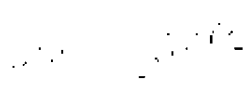
State Lic. 31453

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 8/6/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Additional pages attached

State of California
Division of Workers' Compensation

PRIMARY TREATING PHYSICIAN'S PROGRESS REPORT (PR-2)

Check the box(es) which indicate why you are submitting a report at this time. If the patient is "Permanent and Stationary" (i.e., has reached maximum medical improvement), do not use this form. You may use DWC Forms PR-3 or IMC 81556.

<input checked="" type="checkbox"/> Periodic Report (required 45 days after last report)	<input type="checkbox"/> Change in treatment plan	<input type="checkbox"/> Released from care
<input type="checkbox"/> Change-in work status	<input checked="" type="checkbox"/> Need for referral or consultation	<input type="checkbox"/> Response to request for information
<input type="checkbox"/> Change in patient's condition	<input type="checkbox"/> Need for surgery or hospitalization	<input checked="" type="checkbox"/> Request for authorization
<input type="checkbox"/> Other:		

Patient:

Last	YOUNG	First	BENETIA	Middle		Sex	F
Address	20322 S. AMANTHA AVE	City	Carson	State	CA	Zip	90746
Date of Injury	CT: 01/22/2018 - 03/09/2018		Date of Birth	01/08/1965			
Occupation		SS #	547-08-0936	Phone	(310) 415-1029		

Claims Administrator:

Name	Berkshire	Claim Number	44040257				
Address	P.O. Box 881716	City	San Francisco	State	CA	Zip	94188
Phone	(800) 661-6029	Fax	(800) 425-0352				
Employer:	Kedren Community Health Center, Inc.	Employer Phone:	(323) 233-0425				

The information below must be provided. You may use this form or you may substitute or append a narrative report.

Subjective Complaints:

Please see attached page.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Please see attached page.

Diagnosis:

1. Please see attached page.

Treatment Plan: (Include treatment rendered to date. List methods, frequency and duration of planned treatment(s). Specify consultation/referral, surgery, and hospitalization. Identify each physician and non-physician provider. Specify type, frequency and duration of physical medicine services (e.g., physical therapy, manipulation, acupuncture). Use of CPT codes is encouraged. Have there been any changes in treatment plan? If so, why?)

Patient reports therapy decreased pain. However prolonged movement increases pain.
ACUPUNCTURE () 1 x per week for 6 weeks R51 Headache. ACUPUNCTURE () 1 x per week for 6 weeks M54.2 Cervicalgia. ACUPUNCTURE () 1 x per week for 6 weeks M54.6 Pain in thoracic spine. ACUPUNCTURE () 1 x per week for 6 weeks M54.5 Low back pain. ACUPUNCTURE () 1 x per week for 6 weeks m46.06 Spinal enthesopathy, lumbar region. ACUPUNCTURE () 1 x per week for 6 weeks G47.9 Sleep disorder, unspecified. ACUPUNCTURE () 1 x per week for 6 weeks F41.9 Anxiety disorder, unspecified. ACUPUNCTURE () 1 x per week for 6 weeks M79.1 Myalgia.
ORTHOPEdic EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. R51 Headache. ORTHOPEdic EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. M54.2 Cervicalgia. ORTHOPEdic EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. m46.02 Spinal enthesopathy, cervical region. ORTHOPEdic EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. M54.6 Pain in thoracic spine. ORTHOPEdic EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. M54.5 Low back pain. ORTHOPEdic EVALUATION () to

help manage pain and to help improve the patients Activities of Daily living. G47.9 Sleep disorder, unspecified. ORTHOPEDIC EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. F43 Reaction to severe stress, and adjustment disorders. ORTHOPEDIC EVALUATION () to help manage pain and to help improve the patients Activities of Daily living. G89.21 Chronic pain due to trauma. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. R51 Headache. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. M54.2 Cervicalgia. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. M54.6 Pain in thoracic spine. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. M54.5 Low back pain. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. G47.9 Sleep disorder, unspecified. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. F41.9 Anxiety disorder, unspecified. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. F43 Reaction to severe stress, and adjustment disorders. PAIN MANAGEMENT () to help manage pain and to help improve the patients Activities of Daily living. M79.1 Myalgia. SHOCKWAVE THERAPY (ESWT) () 1 x per week for 6 weeks M54.2 Cervicalgia. SHOCKWAVE THERAPY (ESWT) () 1 x per week for 6 weeks m46.02 Spinal enthesopathy, cervical region. Medical records are requested. Refer: Ortho and Pain Management. There have been 1 chiropractic visits to date. There have been 5 acupuncture sessions to date. Number of treatments: 6.

Work Status: This patient has been instructed to:


Remain off-work until 09/15/2018

Return to *modified* work on _____ with following limitations or restrictions
(List all specific restrictions re: standing, sitting, bending, use of hands, etc.):

Return to full duty on _____ with no limitations or restrictions.

Primary Treating Physician: _____ (original signature, do not stamp) Date of exam: 08/01/2018

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code § 139.3.

Signature:  Cal. Lic. #DC30855

Executed at: Long Beach, CA Date: 08/01/2018

Name: Iseke, Harold D.C. Specialty: Chiropractor

Address: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807 Phone: (562) 980-0555

Next report due no later than 09/15/2018

DWC Form PR-2 (Rev. 06/05) (Use additional pages, if necessary)

Subjective Complaints:

The patient does not use assistive devices or supports. Within normal limits Motor strength is 5+/5 bilaterally in the upper and lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2/2.

Head: Patient complains of frequent occipital headaches and exacerbation with stress and activity.

Cervical Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting. 7/10.

Thoracic Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting. 7/10

Lumbar Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting. 7/10

Patient's Self Assessment form : Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576) I. PAIN (Rated 0-10; 0=None & 10-Excruciating) a. Pain now – 9 b. Pain at its worst –9 c. Pain on the average – 9 d. Pain aggravated by activity –8 e. Frequency of pain –9 II. ACTIVITY LIMITATION (Rated 0-10; 0=None & 10-Unable to perform) a. Pain interfere with your ability to walk 1 block – 8 b. Pain prevent you from lifting 10 lbs. – 9 c. Pain interfere with ability to sit for ½ hour –9 d. Pain interfere with ability to stand for ½ hour –8 e. Pain interfere with ability to get enough sleep – 10 f. Pain interfere with ability to participate in social activities –9 g. Pain interfere with ability to travel 1 hour by car –9 h. Pain interfere with

general daily activities – 9 i. Limit activities to prevent pain from getting worse – 9 j. Pain interfere with relationships with family/partner/significant others – 9 k. Pain interfere with ability to do jobs around home –9 l. Pain interfere with ability to shower or bathe without help –9 m. Pain interfere with ability to write or type –9 n. Pain interfere with ability to dress yourself – 9 o. Pain interfere with ability to engage in sexual activity –10 p. Pain interfere with ability to concentrate – 9 III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad) a. Overall mood – 7 b. Over past week, how anxious or worried have you been due to pain – 8 c. Over past week, how depressed have you been due to pain –7 d. Over past week, how irritable have you been due to pain – 8 e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse –9

COORDINATION TESTS: Romberg; Negative

Epworth Sleepiness Scale : Epworth Sleepiness Scale Sitting and Reading: 2 Watching TV: 2 Sitting Inactive in a public place (e.g. Theater, meeting): 0 As a passenger in a car for an hour without a break: 1 Lying down to rest in the afternoon when circumstance permit: 2 Sitting and talking to someone: 0 Sitting quietly after lunch without alcohol: 2 In a car, while stopped for a few minutes in traffic: 0 Total Score: 9

Functional Testing: Repetitive Squat Test Number of reps till pain: 2 Number of reps till fatigue: 10+ Cervical spine strength test: Number of seconds till fatigue: Standing On Heels: Increased pain on the right and Lumbar Standing on Toes: Increased pain on the right and Lumbar Standing on right foot: Increased pain on the right and Lumbar Standing on left foot: Increased pain on the right and Lumbar Kneeling: Increased pain on the right and Lumbar Squatting: Increased pain on the right and Lumbar

Coordination Tests: Romberg; Negative Heel walk/Toe walk: Negative
Review of System: Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills. Eyes: No history blurred vision. Has no history of glaucoma and blindness. ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing. Cardiovascular: No history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure. Respiratory: No history of shortness of breath, wheezing, cough or require oxygen. Gastrointestinal: No history of constipation. Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine. Endocrine: No history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss. Musculoskeletal: No difficulty walking. Skin: No history of easy bruising, itching, or rash. Neurologic: No history of headaches and dizziness. Psychiatric: No history of anxiety. No panic attacks or suicidal attempts.

Psychological: Patient states that due to prolonged pain she feels like condition will never improve causing anxiety, and stress.

Objective findings: (Include significant physical examination, laboratory, imaging, or other diagnostic findings.)

Height: 5'7", Weight: 198, Temp.: 96.9° F, B.P.: 162/108, Pulse: 70 bpm, Right hand dominant Girth: Biceps Right 29 cm, Left 29 cm; Arm Right 21 cm, Left 21 cm; Thigh Right 59 cm, Left 60 cm; Calf Right 33 cm, Left 33 cm; JAMAR Grip Strength results, second notch: Right: 8, 6, 5 Kg, Left: 6, 6, 6 Kg.

Cervical Spine:

Extension	40°/60°
Flexion	45°/50°
Left Lateral Bending	41°/45°
Left Rotation	77°/80°
Right Lateral Bending	40°/45°
Right Rotation	76°/80°

There is tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, spinous processes and suboccipitals. There is muscle spasm of the bilateral sternocleidomastoids, bilateral trapezii, cervical paravertebral muscles and suboccipitals. Cervical Compression is positive. Soto-Hall causes pain.

Thoracic Spine:

Flexion	40°/45°
Left Rotation	26°/30°

There is tenderness to palpation of the bilateral Levator Scapulae, bilateral trapezii, cervicothoracic junction, spinous processes and thoracic paravertebral muscles. There is muscle spasm of the bilateral Levator Scapulae, bilateral Rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. Kemp's is positive.

Lumbar Spine:

Extension 18°/25°

Flexion 54°/60°

Left Lateral Bending 22°/25°

Right Lateral Bending 21°/25°

There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's is positive bilaterally.

Diagnoses

- Headache (R51)
- Spinal enthesopathy, cervical region (m46.02)
- Cervicalgia (M54.2)
- Spinal enthesopathy, thoracic region (m46.04)
- Pain in thoracic spine (M54.6)
- Spinal enthesopathy, lumbar region (m46.06)
- Low back pain (M54.5)
- Sleep disorder, unspecified (G47.9)
- Major depressive disorder, single episode, unspecified (F32.9)
- Anxiety disorder, unspecified (F41.9)
- Reaction to severe stress, and adjustment disorders (F43)
- Chronic pain due to trauma (G89.21)
- Myalgia (M79.1)
- Myositis, unspecified (M60.9)

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd #200
Long Beach, CA 90807

TREATMENT SOAP NOTE

Interpreter Needed? No

Patient Name: BENETIA YOUNG	Patient ID: 46255	DOB: 1/8/1965	Gender: F
Patient Address: 20322 S. AMANTHA AVE, Carson, CA 90746			
Claims Administrator: Berkshire			DOI: CT: 1/22/2018 - 3/9/2018 CT: 1/22/2018 - 3/9/2018
Claim Number: 44040257	Employer: , 4211 S. Avalon Blvd., Los Angeles, CA 90011		
Referring Provider: Iseke, Harold D.C.			

SUBJECTIVE COMPLAINTS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Should Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Thigh Pain - RT |
| <input checked="" type="checkbox"/> Cervical Pain | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Thigh Pain - LT |
| <input checked="" type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Knce Pain - RT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| <input type="checkbox"/> Sacral Pain | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Calf Pain - RT |
| <input type="checkbox"/> Coceyx Pain | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Calf Pain - LT |
| | <input type="checkbox"/> Thumb Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| | <input type="checkbox"/> Thumb Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| | <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Foot Pain - LT |
- Other:

CAUTIONS
1.
2.
3.
4.
5.

Quality:

- Dull
 Sharp
 Achy
 Burning
 Throbbing
 Shooting
 Incapacitating
 Stabbing
 Pulsing
 Stinging
 Sore
 Tender
 Piercing
 Tight
 Unbearable

Frequency:

- Constant
 Frequent
 Intermittent
 Occasional

Severity:

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Symptoms:

- Radiation
 Numbness
 Tingling
 Swelling
 Other:

Objective:

- Swelling: _____ Strength: Weak Strong
Spasm: _____
Tenderness: Cervical Spine _____ Other: _____

Region

- Paraspinal Tenderness: C/S
 T/S
 L/S
Spinal tenderness: C/S
 T/S
 L/S
Subluxation: C/S
 T/S
 L/S

Body Parts

Details

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)

Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

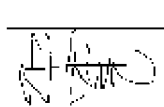
State Lic. #AC11009

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 7/31/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd #200
Long Beach, CA 90807

TREATMENT SOAP NOTE

Interpreter Needed? No

Patient Name: BENETIA YOUNG	Patient ID: 46255	DOB: 1/8/1965	Gender: F
Patient Address: 20322 S. AMANTHA AVE, Carson, CA 90746			
Claims Administrator: Berkshire			DOI: CT: 1/22/2018 - 3/9/2018 CT: 1/22/2018 - 3/9/2018
Claim Number: 44040257	Employer: , 4211 S. Avalon Blvd., Los Angeles, CA 90011		
Referring Provider: Iseke, Harold D.C.			

SUBJECTIVE COMPLAINTS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Should Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Thigh Pain - RT |
| <input checked="" type="checkbox"/> Cervical Pain | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Thigh Pain - LT |
| <input checked="" type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Knce Pain - RT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| <input type="checkbox"/> Sacral Pain | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Calf Pain - RT |
| <input type="checkbox"/> Coceyx Pain | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Calf Pain - LT |
| | <input type="checkbox"/> Thumb Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| | <input type="checkbox"/> Thumb Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| | <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Foot Pain - LT |
- Other:

CAUTIONS
1.
2.
3.
4.
5.

Quality:

- Dull
 Sharp
 Achy
 Burning
 Throbbing
 Shooting
 Incapacitating
 Stabbing
 Pulsing
 Stinging
 Sore
 Tender
 Piercing
 Tight
 Unbearable

Frequency:

- Constant
 Frequent
 Intermittent
 Occasional

Severity:

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Symptoms:

- Radiation
 Numbness
 Tingling
 Swelling
 Other:

Objective:

- Swelling: _____ Strength: Weak Strong
Spasm: _____
Tenderness: Cervical Spine _____ Other: _____

Region

- Paraspinal Tenderness: C/S
 T/S
 L/S
Spinal tenderness: C/S
 T/S
 L/S
Subluxation: C/S
 T/S
 L/S

Body Parts

Details

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)
 Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

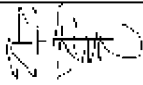
Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Phone: (562) 980-0555

State Lic. #AC11009

Date: 7/17/2018

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd #200
Long Beach, CA 90807

TREATMENT SOAP NOTE

Interpreter Needed? No

Patient Name: BENETIA YOUNG	Patient ID: 46255	DOB: 1/8/1965	Gender: F
Patient Address: 20322 S. AMANTHA AVE, Carson, CA 90746			
Claims Administrator: Berkshire			DOI: CT: 1/22/2018 - 3/9/2018 CT: 1/22/2018 - 3/9/2018
Claim Number: 44040257	Employer: , 4211 S. Avalon Blvd., Los Angeles, CA 90011		
Referring Provider: Iseke, Harold D.C.			

SUBJECTIVE COMPLAINTS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Should Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Thigh Pain - RT |
| <input checked="" type="checkbox"/> Cervical Pain | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Thigh Pain - LT |
| <input checked="" type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Knce Pain - RT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| <input type="checkbox"/> Sacral Pain | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Calf Pain - RT |
| <input type="checkbox"/> Coceyx Pain | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Calf Pain - LT |
| | <input type="checkbox"/> Thumb Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| | <input type="checkbox"/> Thumb Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| | <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Foot Pain - LT |
- Other:

CAUTIONS
1.
2.
3.
4.
5.

Quality:

- Dull
 Sharp
 Achy
 Burning
 Throbbing
 Shooting
 Incapacitating
 Stabbing
 Pulsing
 Stinging
 Sore
 Tender
 Piercing
 Tight
 Unbearable

Frequency:

- Constant
 Frequent
 Intermittent
 Occasional

Severity:

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Symptoms:

- Radiation
 Numbness
 Tingling
 Swelling
 Other:

Objective:

- Swelling: _____ Strength: Weak Strong
Spasm: _____
Tenderness: Cervical Spine _____ Other: _____

Region

- Paraspinal Tenderness: C/S
 T/S
 L/S
Spinal tenderness: C/S
 T/S
 L/S
Subluxation: C/S
 T/S
 L/S

Body Parts

Details

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)

Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

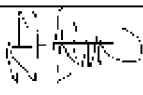
State Lic. #AC11009

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 7/10/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

**Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd #200
Long Beach, CA 90807**

TREATMENT SOAP NOTE

Interpreter Needed? No

Patient Name: BENETIA YOUNG	Patient ID: 46255	DOB: 1/8/1965	Gender: F
Patient Address: 20322 S. AMANTHA AVE, Carson, CA 90746			
Claims Administrator: Berkshire			DOI: CT: 1/22/2018 - 3/9/2018 CT: 1/22/2018 - 3/9/2018
Claim Number: 44040257	Employer: , 4211 S. Avalon Blvd., Los Angeles, CA 90011		
Referring Provider: Iseke, Harold D.C.			

SUBJECTIVE COMPLAINTS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Should Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Thigh Pain - RT |
| <input checked="" type="checkbox"/> Cervical Pain | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Thigh Pain - LT |
| <input checked="" type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Knce Pain - RT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| <input type="checkbox"/> Sacral Pain | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Calf Pain - RT |
| <input type="checkbox"/> Coceyx Pain | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Calf Pain - LT |
| | <input type="checkbox"/> Thumb Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| | <input type="checkbox"/> Thumb Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| | <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Foot Pain - LT |
- Other:

CAUTIONS
1.
2.
3.
4.
5.

Quality:

- Dull
 Sharp
 Achy
 Burning
 Throbbing
 Shooting
 Incapacitating
 Stabbing
 Pulsing
 Stinging
 Sore
 Tender
 Piercing
 Tight
 Unbearable

Frequency:

- Constant
 Frequent
 Intermittent
 Occasional

Severity:

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Symptoms:

- Radiation
 Numbness
 Tingling
 Swelling
 Other:

Objective:

- Swelling: _____ Strength: Weak Strong
 Spasm: _____
 Tenderness: Cervical Spine _____ Other: _____

Region

- Paraspinal Tenderness: C/S
 T/S
 L/S
 Spinal tenderness: C/S
 T/S
 L/S
 Subluxation: C/S
 T/S
 L/S

Body Parts

Details

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)

Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

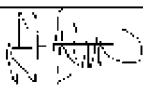
State Lic. #AC11009

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

Date: 6/28/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd #200
Long Beach, CA 90807

TREATMENT SOAP NOTE

Interpreter Needed? No

Patient Name: BENETIA YOUNG	Patient ID: 46255	DOB: 1/8/1965	Gender: F
Patient Address: 20322 S. AMANTHA AVE, Carson, CA 90746			
Claims Administrator: Berkshire			DOI: CT: 1/22/2018 - 3/9/2018 CT: 1/22/2018 - 3/9/2018
Claim Number: PENDING	Employer: , 4211 S. Avalon Blvd., Los Angeles, CA 90011		
Referring Provider:			

SUBJECTIVE COMPLAINTS

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Headache | <input type="checkbox"/> Shoulder Pain - RT | <input type="checkbox"/> Hip Pain - RT |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Should Pain - LT | <input type="checkbox"/> Hip Pain - LT |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Elbow Pain - RT | <input type="checkbox"/> Thigh Pain - RT |
| <input checked="" type="checkbox"/> Cervical Pain | <input type="checkbox"/> Elbow Pain - LT | <input type="checkbox"/> Thigh Pain - LT |
| <input checked="" type="checkbox"/> Thoracic Pain | <input type="checkbox"/> Wrist Pain - RT | <input type="checkbox"/> Knce Pain - RT |
| <input checked="" type="checkbox"/> Lumbar Pain | <input type="checkbox"/> Wrist Pain - LT | <input type="checkbox"/> Knee Pain - LT |
| <input type="checkbox"/> Sacral Pain | <input type="checkbox"/> Hand Pain - RT | <input type="checkbox"/> Calf Pain - RT |
| <input type="checkbox"/> Coceyx Pain | <input type="checkbox"/> Hand Pain - LT | <input type="checkbox"/> Calf Pain - LT |
| | <input type="checkbox"/> Thumb Pain - RT | <input type="checkbox"/> Ankle Pain - RT |
| | <input type="checkbox"/> Thumb Pain - LT | <input type="checkbox"/> Ankle Pain - LT |
| | <input type="checkbox"/> Finger(s) Pain - RT | <input type="checkbox"/> Foot Pain - RT |
| | <input type="checkbox"/> Finger(s) Pain - LT | <input type="checkbox"/> Foot Pain - LT |
- Other:

CAUTIONS
1.
2.
3.
4.
5.

Quality:

- Dull
 Sharp
 Achy
 Burning
 Throbbing
 Shooting
 Incapacitating
 Stabbing
 Pulsing
 Stinging
 Sore
 Tender
 Piercing
 Tight
 Unbearable

Frequency:

- Constant
 Frequent
 Intermittent
 Occasional

Severity:

- 0
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10

Symptoms:

- Radiation
 Numbness
 Tingling
 Swelling
 Other:

Objective:

- Swelling: _____ Strength: Weak Strong
Spasm: _____
Tenderness: Cervical Spine _____ Other: _____

Region

- Paraspinal Tenderness: C/S
 T/S
 L/S
Spinal tenderness: C/S
 T/S
 L/S
Subluxation: C/S
 T/S
 L/S

Body Parts

Details

Assessment:

Not Resolved Resolved Exacerbation Responding New Other:

Treatment Plan:

Evaluation New Patient:

Expanded (99202) Detailed (99203) Report (WC001)

Evaluation Established Patient:

Expanded (99212) Detailed (99213) Report (WC002)

Acupuncture Treatment Plan:

Modalities:

Infrared (97026)

Procedures:

Manual Acupuncture (97810) Manual Acupuncture Additional 15 Min (97811) Electro Acupuncture (97813) Electro Acupuncture Additional 15 Min (97814)
 Vasoneumatic Device (97016)

Other:

Capsaicin Patch (J7336)

FOR UTILIZATION REVIEW AND STATUS CALLS PLEASE CALL (510) 870-0300

Provider Name: **Harrison Jongku Kim,**

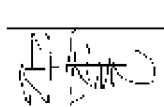
State Lic. #AC11009

Executed at: 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807

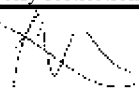
Date: 6/21/2018

Phone: (562) 980-0555

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code 139.3

	
Patient Signature	Provider Signature

STATE OF CALIFORNIA DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

1. INSURER NAME AND ADDRESS Berkshire P.O. Box 881716, San Francisco, CA 94188		PLEASE DO NOT USE THIS COLUMN	
2. EMPLOYER NAME Kedren Head Start		Case No.	
3. Address No. and Street City Zip 4211 S. Avalon Blvd., Los Angeles, CA 90011		Industry	
4. Nature of business (e.g., food manufacturing, building construction, retailer of women's clothes.) Health Care		County	
5. PATIENT NAME (first name, middle initial, last name) BENETIA YOUNG		6. Sex F	7. Date of Birth Mo. Day Yr. 1/8/1965
8. Address: No. and Street City Zip 20322 S. AMANTHA AVE, Carson, CA 90746		9. Telephone number (310) 415-1029	
10. Occupation (Specific job title) Case manager		11. Social Security Number 547080936	
12. Injured at: No. and Street City County		Hospitalization	
13. Date and hour of injury Mo. Day Yr. Hour or onset of illness CT: 1/22/2018 - 3/9/2018		14. Date last worked Mo. Day Yr.	
5. Date and hour of first examination or treatment Mo. Day Yr. Hour 06/14/2018		16. Have you (or your office) previously treated patient? No	
Patient please complete this portion, if able to do so. Otherwise, doctor please complete immediately. Inability or failure of a patient to complete this portion shall not affect his/her rights to workers' compensation under the California Labor Code.			
17. DESCRIBE HOW THE ACCIDENT OR EXPOSURE HAPPENED. (Give specific object, machinery or chemical. Use reverse side if more space is required.) While performing her usual and customary duties as a case manager Ms. Benetia Young sustained traumatic injuries to the			
18. SUBJECTIVE COMPLAINTS (Describe fully. Use reverse side if more space is required.) frequent moderate pain in the neck, and back.			
19. OBJECTIVE FINDINGS (Use reverse side if more space is required.) A. Physical examination +3 tenderness to palpation in the neck, and back with decreased range of motion and positive orthopedic tests. B. X-ray and laboratory results (State if none or pending.)			
20. DIAGNOSIS (if occupational illness specify etiologic agent and duration of exposure.) Chemical or toxic compounds involved? ICD-9 Code Chronic pain due to trauma (G89.21), Low back pain (M54.5), Pain in thoracic spine (M54.6) and Sprain of ligaments of cervical spine, initial encounter (S13.4xxA)			
21. Are your findings and diagnosis consistent with patient's account of injury or onset of illness? If "no", please explain. yes			
22. Is there any other current condition that will impede or delay patient's recovery? If "yes", please explain. no			
23. TREATMENT RENDERED (Use reverse side if more space is required.) Examination, physiotherapy, manipulation.			
24. If further treatment required, specify treatment plan/estimated duration Requesting authorization for: Acupuncture 1x per week for 4 weeks, physiotherapy and manipulation 1-2X per week for 4 weeks, shockwave 1X per week for 4-6 weeks, Orthopedic and psych evaluation. Reevaluate in 4 weeks.			
25. If hospitalized as inpatient, give hospital name and location Date Mo. Day Yr. Estimated stay			
26. WORK STATUS -- Is patient able to perform usual work? Yes If "no", date when patient can return to: Regular work Modified work Specify restrictions			
Doctor's Signature 		CA License Number DC30855	
Doctor Name and Degree (please type) Iseke, Harold D.C. IRS Number 272582044 Address 3711 Long Beach Blvd Ste #200, Long Beach, CA 90807 Telephone Num: (562) 980-0555			
FORM 5021 (Rev. 4) 1992			

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Harold Iseke Chiropractic Professional Corp
3711 Long Beach Blvd Ste #200
Long Beach, CA, 90807

NAME OF PATIENT: BENETIA YOUNG

SOCIAL SECURITY NO.: 547-08-0936

DATE OF BIRTH: 01/08/1965

INSURANCE: Berkshire

CLAIM #: 44040257

EMPLOYER: Kedren Head Start

OCCUPATION:

WCAB NO.:

DATE OF INJURY: CT: 01/22/2018 - 03/09/2018

DATE OF EXAMINATION: 06/14/2018

**Primary Treating Physician's Initial
Evaluation and Report**

To Whom It May Concern:

INTRODUCTION:

Ms.BENETIA YOUNG presents today, 06/14/2018, for initial evaluation and treatment in my office located at 3711 Long Beach Blvd Ste #200, Long Beach, CA90807.

The following is the summation of my clinical evaluation, findings, progress, and treatment recommendations.

HISTORY OF INJURY:

Ms.BENETIA YOUNG is a 53-year-old, Right hand dominantfemale who sustained work-related injuries on CT: 01/22/2018 - 03/09/2018, during the course of her employment for Kedren Head Start as a .

The patient states while performing her usual and customary work duties on above noted date, she was Ms. Young is a 53-year-old, right-hand dominant female, who is being referred to Dr. Harold Iseke for a comprehensive medical examination. The following is a report of the examination performed on June 14, 2018.

The patient's injured body parts are: Neck, lower back with radiating pain to the bilateral lower extremities, shoulders, as well as, symptoms of stress, depression and anxiety.

JOB HISTORY:

The patient worked at Los Angeles Youth Network – PER PATIENT NOT Kedren Community from 01/22/2018 to approximately 03/09/2018 as a case management. She worked more than 40 hours per week. Her job duties included clerical work, customer service, typing, set-up appointments, training, attend seminars, operating a company vehicle and various other duties.

The patient's job requirements included sitting, walking, standing, squatting, bending, twisting, flexing, side-bending, extending the neck, reaching, pushing, pulling, typing, writing, grasping, and gripping.

She states that she was not exposed to any toxic chemicals including cleaning supplies.

She states that chemical odors do not occur at work.

CURRENT WORK STATUS:

The patient denies additional or part-time jobs while working for this employer.

HISTORY OF INJURY:

The patient is a 53-year-old, right-handed female who states that while employed with Los Angeles Youth Network – PER PATIENT NOT Kedren Community as a case management, she sustained injuries on a cumulative trauma basis from 01/22/18 to 03/09/18. The patient has been employed for this company for a period of two months. The patient's date of hire was in 01/22/2018.

01/22/18 to 03/09/18, the patient started to experience pain in her neck, lower back with radiating pain to the bilateral lower extremities, shoulders, which she attributed to constant sitting and walking. She also states that she developed symptoms of stress, depression and anxiety due to discrimination, overloaded with work and criticized. She reported these symptoms to her employer but no recommendations were given. She managed the pain with over the counter medication and resting. She continued working with persistent symptoms. She did not see any doctors.

On 03/09/18, the patient's employment was terminated. She has since continued off work and treating on her own at home.

PAST MEDICAL HISTORY:

Medical:

The patient denies history of any medical conditions or disease.

Medication:

The patient is currently taking Advil as needed and Melatonin.

Surgery:

The patient states that 24 years ago had a caesarian section and made a full recovery.

Hospitalization/Fractures:

The patient was hospitalized for childbirth and made a full recovery.

Previous Industrial Injuries:

The patient denies any previous work related injuries.

Previous Automobile Accidents:

The patient denies previous automobile accidents.

Non-Industrial Injuries:

The patient denies previous non-industrial injuries.

Allergies:

The patient has no known allergies to food, medications or latex.

SOCIAL HISTORY:

The patient is widowed and has one child. She neither smokes cigarettes nor drinks alcoholic beverages.

FAMILY HISTORY:

The patient's father is living, and has no known medical condition.

The patient's mother is living, and has no known medical condition.

REVIEW OF SYSTEMS

Constitutional: No history of fever, unexpected weight gain, fatigue, sweat and chills.

Eyes: No history of blurred vision. Has no history of glaucoma and blindness.

ENT: No history of ringing in the ears, hearing loss, congestion or difficulty swallowing.

Cardiovascular: No history of chest pain, arrhythmia, palpitations, valve disease, heart attack or high blood pressure.

Respiratory: No history of shortness of breath, wheezing, cough or require oxygen.

Gastrointestinal: No history of constipation.

Genitourinary: No history of frequent urination, difficulty urinating, pain during urination, kidney stones, painful intercourse or blood in the urine.

Endocrine: No history of thyroid problems, diabetes, bleeding gums, blood disorder, or hair loss.

Musculoskeletal: No difficulty walking.

Skin: No history of easy bruising, itching, or rash.

Neurologic: Has headaches with slight dizziness.

Psychiatric: Has anxiety. No panic attacks and suicidal attempts.

ACTIVITIES OF DAILY LIVING

Self-Care

1. Take a bath – With difficulty
2. Brush your teeth - Without difficulty
3. Dress yourself- With difficulty
4. Comb your hair - Without difficulty
5. Eat/Drink without discomfort- Without difficulty
6. Go to the toilet - Without difficulty
7. Urinate normally- Without difficulty

Communication

8. Write comfortably – With some difficulty
9. Type – With some difficulty
10. Speak - Without difficulty

Physical Activity

11. Stand - With some difficulty
12. Sit - With some difficulty
13. Recline - With some difficulty
14. Walk Normally - With some difficulty
15. Climb stairs - With some difficulty

Sensory Function

16. Feel contact your skin - Without difficulty
17. Taste - Without difficulty
18. Smell - Without difficulty
19. Hear - Without difficulty
20. See - Without difficulty

Hand Functions

21. Grasp - With some difficulty
22. Differentiate between what you touch - With some difficulty
23. Lift - With some difficulty

Travel

24. Ride on land forms of transportation – With difficulty
25. Drive a vehicle – With difficulty
26. Fly on a plane – N/A

Sexual Function

27. Orgasm – With difficulty
28. Ejaculate – With difficulty
29. Lubricate –N/A
30. Achieve an erection – With difficulty

Sleep

31. Sleep restfully - With some difficulty
32. Sleep normally at night - With some difficulty

sustaining injuries to her. She reported the injury to her supervisor and was referred for medical care. She was evaluated at an industrial clinic and was . As her painful symptoms persisted, she sought legal help and presents here today for evaluation.

JOB DESCRIPTION:

The patient began employment with Kedren Head Start as of 1900-01-01 in the capacity of a . She worked 0 hours per day, 0 days per week.

Her work duties entailed: .

The physical requirements of her job entailed .

CURRENT WORK STATUS:

The patient is currently working for her pre-injury employer.

PRESENT COMPLAINTS:

PAST MEDICAL HISTORY:

PAST SURGICAL HISTORY:

PAST WORK-RELATED INJURIES:

PAST AUTOMOBILE, SPORT OR PERSONAL INJURIES:

MEDICATIONS:

ALLERGIES:

Social History:

The patient stated she is . She does not have any children. Patient states she does not drink alcohol. Patient states she does not use tobacco.

Request Of Medical Records:

Pursuant to Title 8, California Code 9784, the patient's previous medical records were requested for review from the employer. The records provided were reviewed and incorporated in full within my report.

Physicial Examination

Vital Signs:
Height: 5'7"
Weight: 197
Blood Pressure: 168/22
Pulse: 55 bpm

General:

The patient is a 53-year-old, Right hand dominant female who is . Her stated height is 5'7" , and stated weight is 197 pounds.

Subjective Complaints:

The patient does not use assistive devices or supports. Within normal limits Motor strength is 5+/5 bilaterally in the upper and lower extremities. Deep tendon

reflexes are normal and equal bilaterally at 2/2.

Head: Patient complains of frequent occipital aches and exacerbation with stress and activity.

Cervical Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting.

Thoracic Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting.

Lumbar Spine: The patient complains of frequent moderate achy neck pain and stiffness, associated with sudden or repetitive movement, lifting 10 pounds, looking up, looking down and twisting.

Patient's Self Assessment form : Patient's self-assessment form (AMA Guides 5th Edition; Table 18-4 pg 576) I. PAIN (Rated 0-10; 0=None & 10-Excrucaiting) a. Pain now – 9 b. Pain at its worst – 9 c. Pain on the average – 9 d. Pain aggravated by activity – 8 e. Frequency of pain – 9 II. ACTIVITY LIMITATION (Rated 0-10; 0=None & 10=Unable to perform) a. Pain interfere with your ability to walk 1 block – 8 b. Pain prevent you from lifting 10 lbs. – 9 c. Pain interfere with ability to sit for ½ hour – 9 d. Pain interfere with ability to stand for ½ hour – 8 e. Pain interfere with ability to get enough sleep – 10 f. Pain interfere with ability to participate in social activities – 9 g. Pain interfere with ability to travel 1 hour by car – 9 h. Pain interfere with general daily activities – 9 i. Limit activities to prevent pain from getting worse – 9 j. Pain interfere with relationships with family/partner/significant others – 9 k. Pain interfere with ability to do jobs around home – 9 l. Pain interfere with ability to shower or bathe without help – 9 m. Pain interfere with ability to write or type – 9 n. Pain interfere with ability to dress yourself – 9 o. Pain interfere with ability to engage in sexual activity – 10 p. Pain interfere with ability to concentrate – 9 III. MOOD (Rated 0-10; 0-Extremely good & 10-Extremely bad) a. Overall mood – 7 b. Over past week, how anxious or worried have you been due to pain – 8 c. Over past week, how depressed have you been due to pain – 7 d. Over past week, how irritable have you been due to pain – 8 e. In general, how anxious/worried about performing activities because they might make your pain/symptoms worse – 9

COORDINATION TESTS: Romberg; Negative

Epworth Sleepiness Scale : Epworth Sleepiness Scale Sitting and Reading: 2 Watching TV: 2 Sitting Inactive in a public place (e.g. Theater, meeting): 0 As a passenger in a car for an hour without a break: 1 Lying down to rest in the afternoon when circumstance permit: 2 Sitting and talking to someone: 0 Sitting quietly after lunch without alcohol: 2 In a car, while stopped for a few minutes in traffic: 0 Total Score: 9

Psychological: Patient states that due to prolonged pain she feels like condition will never improve causing anxiety, stress, and depression.

Cervical Spine:

Extension	40°/60°
Flexion	43°/50°
Left Lateral Bending	40°/45°
Left Rotation	75°/80°
Right Lateral Bending	40°/45°
Right Rotation	75°/80°

There is tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, spinous processes and suboccipitals. There is muscle spasm of the bilateral sternocleidomastoids, bilateral trapezii, cervical paravertebral muscles and suboccipitals. Cervical Compression is positive. Soto-Hall causes pain.

Thoracic Spine:

Flexion	38°/45°
Left Rotation	25°/30°
Right Rotation	25°/30°

There is tenderness to palpation of the bilateral Levator Scapulae, bilateral trapezii, cervicothoracic junction, spinous processes and thoracic paravertebral muscles. There is muscle spasm of the bilateral Levator Scapulae, bilateral Rhomboids, bilateral scapular area, bilateral trapezii and thoracic paravertebral muscles. Kemp's is positive.

Lumbar Spine:

Extension	15°/25°
Flexion	52°/60°
Left Lateral Bending	20°/25°
Right Lateral Bending	20°/25°

There is tenderness to palpation of the bilateral gluteus, bilateral SI joints, lumbar paravertebral muscles, spinous processes and thoracolumbar junction. There is muscle spasm of the bilateral gluteus, lumbar paravertebral muscles and thoracolumbar junction. Kemp's is positive bilaterally.

Diagnoses

- Headache (R51)
- Sprain of ligaments of cervical spine, initial encounter (S13.4xxA)
- Cervicalgia (M54.2)
- Sprain of ligaments of thoracic spine, initial encounter (S23.3xxA)
- Pain in thoracic spine (M54.6)
- Sprain of ligaments of lumbar spine, initial encounter (S33.5xxA)
- Low back pain (M54.5)
- Sleep disorder, unspecified (G47.9)
- Major depressive disorder, single episode, unspecified (F32.9)
- Anxiety disorder, unspecified (F41.9)
- Reaction to severe stress, and adjustment disorders (F43)
- Chronic pain due to trauma (G89.21)
- Myalgia (M79.1)
- Myositis, unspecified (M60.9)

TREATMENT/THERAPY RECOMMENDATIONS:

Not working.

Refer: PsychThere have been 1 chiropractic visits to date. Number of treatments: 1.

WORK STATUS

CAUSATION:

In view of the patient's history of injury, present complaints, mechanism of injury and today's clinical findings, it is my opinion that the patient's current symptomatology is a result of the specific work-related injuries that occurred on CT: 01/22/2018 - 03/09/2018, during the course of her employment for Kedren Head Start as a .

APPORTIONMENT:

Apportionment is not an issue at this time, but will be discussed at the time of discharge.

AFFIDAVIT OF COMPLIANCE:

I, Iске, Harold D.C., D.C., declare in compliance with WCAB Rules & Regulations of the State of California Consistent with Rule 10606, I certify by my signature that the preliminary history was provided by the patient who completed a history form, when necessary with the assistance of an interpreter who has been identified in the initial portion of this report. The initial history was taken by myself. The patient's examination was performed solely by me.

Consistent with Labor Code Section 4628, this evaluation was performed on the date listed above at the Long Beach office location. The time spent performing this evaluation was in compliance with the guidelines established by the industrial Medical Council or the administrative director pursuant to paragraph (5) of Subdivision (1) of Section 139.2.

I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information I have indicated I have received from others. As to that information, I declare under penalty of perjury that the information accurately describes the information provided to me and except as noted herein, that I believe it to be true.

I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation. The contents of this report are true and correct to the best of my knowledge.

Sincerely,



Iseke, Harold D.C., D.C.
Signed in the County of Los Angeles

Cc:

State of California
Division of Workers' Compensation
Request for Authorization for Medical Treatment (DWC for RFA)

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.

New Request Resubmission – Change in Material Facts

Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): BENETIA YOUNG

Date of Injury (MM/DD/YYYY): CT: 01/22/2018 - 03/09/2018

Date of Birth (MM/DD/YYYY): 01/08/1965

Claim Number: 44040257

Employer: Kedren Head Start

Requesting Physician Information

Name: Iseke, Harold D.C.

Practice Name: Harold Iseke Chiropractic Professional Corp

Contact Name:

Address: 3711 Long Beach Blvd #200

City: Long Beach

State: CA

Zip Code: 90807

Phone: (562) 980-0555

Fax Number:

Specialty:

License Number: DC30855

E-mail Address:

Claims Administrator Information

Company Name: Berkshire

Contact Name: Michael Salazar

Address: P.O. Box 881716

City: San Francisco

State: CA

Zip Code: 94188

Phone: (800) 661-6029 x 5489


Fax Number: (415) 675-5469

E-mail Address:

Requested Treatment (see instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Anxiety disorder, unspecified	F41.9	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Anxiety disorder, unspecified	F41.9	ACUPUNCTURE		1 x per week for 6 weeks
Reaction to severe stress, and adjustment disorders	F43	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Reaction to severe stress, and adjustment disorders	F43	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Sleep disorder, unspecified	G47.9	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.

Requesting Physician Signature: 

Date of Request: 08/01/2018

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or modified (See Separate decision letter) Delay (See separate notification of delay)

Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if Assigned):

Date:

Authorized Agent Name:

Signature

Phone:

Fax Number:

E-mail Address:

Comments:

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Sleep disorder, unspecified	G47.9	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Sleep disorder, unspecified	G47.9	ACUPUNCTURE		1 x per week for 6 weeks
Chronic pain due to trauma	G89.21	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Spinal enthesopathy, cervical region	M46.02	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Spinal enthesopathy, cervical region	M46.02	SHOCKWAVE THERAPY (ESWT)		1 x per week for 6 weeks
Spinal enthesopathy, lumbar region	M46.06	ACUPUNCTURE		1 x per week for 6 weeks
Cervicalgia	M54.2	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Cervicalgia	M54.2	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Cervicalgia	M54.2	ACUPUNCTURE		1 x per week for 6 weeks
Cervicalgia	M54.2	SHOCKWAVE THERAPY (ESWT)		1 x per week for 6 weeks
Low back pain	M54.5	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Low back pain	M54.5	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Low back pain	M54.5	ACUPUNCTURE		1 x per week for 6 weeks
Pain in thoracic spine	M54.6	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Pain in thoracic spine	M54.6	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Pain in thoracic spine	M54.6	ACUPUNCTURE		1 x per week for 6 weeks
Myalgia	M79.1	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Myalgia	M79.1	ACUPUNCTURE		1 x per week for 6 weeks
Headache	R51	PAIN MANAGEMENT		to help manage pain and to help improve the patients Activities of Daily living.
Headache	R51	ORTHOPEDIC EVALUATION		to help manage pain and to help improve the patients Activities of Daily living.
Headache	R51	ACUPUNCTURE		1 x per week for 6 weeks

State of California
Division of Workers' Compensation
Request for Authorization for Medical Treatment (DWC for RFA)

Attach the Doctor's First Report of Occupational Injury or Illness, Form DLSR 5021, a Treating Physician's Progress Report, DWC Form PR-2, or narrative report substantiating the requested treatment.

New Request Resubmission – Change in Material Facts

Expedited Review: Check box if employee faces an imminent and serious threat to his or her health

Check box if request is a written confirmation of a prior oral request.

Employee Information

Name (Last, First, Middle): BENETIA YOUNG

Date of Injury (MM/DD/YYYY): CT: 01/22/2018 - 03/09/2018

Date of Birth (MM/DD/YYYY): 01/08/1965

Claim Number: PENDING

Employer: Kedren Head Start

Requesting Physician Information

Name: Iseke, Harold D.C.

Practice Name: Harold Iseke Chiropractic Professional Corp

Contact Name:

Address: 3711 Long Beach Blvd #200

City: Long Beach

State: CA

Zip Code: 90807

Phone: (562) 980-0555

Fax Number:

Specialty:

License Number: DC30855

E-mail Address:

Claims Administrator Information

Company Name: Berkshire

Contact Name:

Address: P.O. Box 881716

City:

State:

Zip Code: 94188

Phone:

Fax Number:

E-mail Address:

Requested Treatment (see instructions for guidance; attach additional pages if necessary)

List each specific requested medical services, goods, or items in the below space or indicate the specific page number(s) of the attached medical report on which the requested treatment can be found. Up to five (5) procedures may be entered; list additional requests on a separate sheet if the space below is insufficient.

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Major depressive disorder, single episode, unspecified	F32.9	PSYCH CONSULT		to rule out internal derangement.
Major depressive disorder, single episode, unspecified	F32.9	ACUPUNCTURE		1-2 per week for 6 weeks
Reaction to severe stress, and adjustment disorders	F43	PSYCH CONSULT		to rule out internal derangement.
Chronic pain due to trauma	G89.21	PSYCH CONSULT		to rule out internal derangement.
Chronic pain due to trauma	G89.21	ACUPUNCTURE		1-2 per week for 6 weeks

Requesting Physician Signature: 

Date of Request: 06/14/2018

Claims Administrator/Utilization Review Organization (URO) Response

Approved Denied or modified (See Separate decision letter) Delay (See separate notification of delay)

Requested treatment has been previously denied Liability for treatment is disputed (See separate letter)

Authorization Number (if Assigned):

Date:

Authorized Agent Name:

Signature

Phone:

Fax Number:

E-mail Address:

Comments:

Diagnosis	ICD-Code	Procedure Requested	CPT/HCPCS Code	Other Information: (Frequency, Duration, Quantity, Facility, etc.)
Cervicalgia	M54.2	ACUPUNCTURE		1-2 per week for 6 weeks
Low back pain	M54.5	ACUPUNCTURE		1-2 per week for 6 weeks
Pain in thoracic spine	M54.6	ACUPUNCTURE		1-2 per week for 6 weeks



Please note:

This file may contain sensitive information that we are not legally authorized to redact per *California Business and Professions Code § 22458*.

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.



State of California Division of Worker's Compensation
Public Records Act Request Form

Routine requests should be made to your local district office.
Click here for local district office locations.

Date Received: _____ [] Party/Representing a Party
Date Due: _____ [] Not a party
(Response Due: Immediately or within 10 days from date of request.)
Requester Information [Voluntary unless seeking personal or individually identifiable information]

Name	Jeannie Gosiengfiao
Company	ONTELLUS
DWC Authorization Number [Copy, Legal & Invest. Services]	00125 Professional Photocopier, Riverside County-Reg No. PC-19
Representing	ATHENS ADMINISTRATORS - CONCORD
Business Address	ONTELLUS, 27450 YNEZ ROAD SUITE# 300
Alternative Address	
City, State, ZIP Code	TEMECULA, CA 92591
Telephone (business)	(951) 694 - 5770 or (800) 660 1107
Fax	(951) 595-4875
E-Mail	lab@ontellus.com

Description of Records Requested/Initial Contact with Requesting Party: [] Inspection
[X] Copying

WCAB File No.: ADJ11334762; DOI: 01/22/2018-03/09/2018
Injured Workers Name: BENETIA JAMES-YOUNG
Other: AKA:
SSN: 547-08-0936 DOB: 01/08/1965
Insurance Claim Number: 19006760 OUR REF#: 1618493

Is Request for Purposes of Pre-Employment Screening? [] Yes [X] No
(If yes, DWC shall send notification letter to injured worker)

For Requests for Personal Information or Individually Identifiable Information, state the purpose for which the information will be used and provide proof of identity and address.

INFORMATION IS RELEVANT TO A CURRENT PENDING CLAIM REGARDING
THE APPLICANT IN WHICH OUR CLIENT IS PARTY.
Name of DWC Employee-Initial Contact:
Telephone Number:
Date of Request: November 20, 2019

If other than routine email to: DWC_PRA@dir.ca.gov fax: 916-322-3470
PRA request log and tracking form
October 2006



FAX to: Stephanie Leach, Statewide Records Coordinator at (961) 322-3470

INFORMATION RE RESPONSE TO PUBLIC RECORDS ACT REQUEST:

Responsible program or district office
--

Name/telephone # of Local Records Coordinator:	Name	Telephone #
Date responsive letter sent/ Method of delivery (mail, Overnight, e-mail, fax)	Date	Method
Description of information Disclosed (include # Of document)		
If Information withheld – Exemptions or privileges asserted		
Describe information that was withheld, if any		
Date Information Disclosed		
Amount of copy fee		
Date of receipt of PRA request/ How request was received (e.g., walk-in, letter)	Date Received	How received
Does any further action need to be taken re this request?		

1618493

PRA request log and tracking form
April 2006

STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET

REQUIRED FIELDS SHOWN BY "**"

Is this a new Case?* Yes <input checked="" type="radio"/> No <input type="radio"/>		Location: <input type="text" value="CTL"/>	
Companion Cases Exist <input type="checkbox"/>		Walk Thru Yes <input type="radio"/> No <input checked="" type="radio"/>	
More than 15 Companion Cases <input type="checkbox"/>			
Date: (MM/DD/YYYY)	<input type="text" value="05/31/2018"/>		
Case Number:*	<input type="text"/>	SSN(Numbers Only)	<input style="background-color: black; color: black;" type="text"/>
<input type="radio"/> Specific Injury	(If Specific Injury, use the start date as the specific date of injury)		
<input checked="" type="radio"/> Cumulative Injury	<input type="text" value="01/22/2018"/> <small>(START DATE: MM/DD/YYYY)</small>	<input type="text" value="03/09/2018"/> <small>(END DATE: MM/DD/YYYY)</small>	
Body Part 1 :	<input type="text" value="200 NECK"/>	Body Part 2 :	<input type="text" value="450 SHOULDERS - SCA"/>
Body Part 3 :	<input type="text" value="420 BACK - INCLUDING"/>	Body Part 4 :	<input type="text" value="500 LOWER EXTREMITI"/>
Other Body Parts :	<input type="text" value="841 NERVOUS SYSTEM"/>		

Please check unit to be filed on (check only one box)*

ADJ
 DEU
 SIF
 UEF
 SAU
 INT
 RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 3:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 4:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 5:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 6:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 7:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 12:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 13:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 14:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 15:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR ADJUDICATION OF CLAIM**

Case Number	
-------------	--

Amended Application

SSN	██████████
-----	------------

***Venue Choice is based upon:**

- County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

* Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code

90020

LAO

Injured Worker

First Name*	BENETIA
-------------	---------

MI	
----	--

Last Name*	YOUNG
------------	-------

Street Address 1 /PO Box*	██
---------------------------	--

Street Address 2 /PO Box	
--------------------------	--

International Address	
-----------------------	--

City*	██████████
-------	------------

State*	██
--------	----

Zip Code* (Numbers Only)	██████
--------------------------	--------

Applicant (If other than injured employee)

Insurance Carrier

Employer

Lien Claimant

Name	
------	--

Street Address 1 /PO Box	
--------------------------	--

Street Address 2 /PO Box	
--------------------------	--

City	
------	--

State	
-------	--

Zip Code (Numbers Only)	
-------------------------	--

Employer Information

Insured

Self-Insured

Legally Uninsured

Uninsured

Employer Name*	KEDREN COMMUNITY LOS ANGELES YOUTH NETWORK
----------------	--

Employer Street Address/PO Box*	4211 SOUTH AVALON
---------------------------------	-------------------

City*	LOS ANGELES
-------	-------------

State*	CA
--------	----

Zip Code* (Numbers Only)	90011
--------------------------	-------

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name	BERKSHIRE HATHAWAY PASADENA
------------------------	-----------------------------

Street Address/PO Box	PO BOX 881716
-----------------------	---------------

City	SAN FRANCISCO
------	---------------

State	CA
-------	----

Zip Code (Numbers Only)	94188
-------------------------	-------

Claims Administrator Information (if known and if applicable)

Name	
------	--

Street Address/PO Box	
-----------------------	--

City	
------	--

State	
-------	--

Zip Code (Numbers Only)	
-------------------------	--

IT IS CLAIMED THAT :

1. The injured worker born* [REDACTED] (Date of birth : MM/DD/YYYY)

, while employed as a(n) **CASE MANAGER**

suffered a: (Choose only one) (Occupation at the time of injury)

specific injury on [REDACTED] (DATE OF INJURY: MM/DD/YYYY)

cumulative trauma injury which began on

01/22/2018

(START DATE: MM/DD/YYYY)

and ended on

03/09/2018

(END DATE: MM/DD/YYYY)

The injury occurred at* **2471 N BEACHWOOD DR**

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

LOS ANGELES

(City)*

CA

(State)*

90068

(Zip Code)*

(State which parts of the body were injured)

Body Part 1 : **200 NECK**

Body Part 2 : **450 SHOULDERS - SCAPULA AND**

Body Part 3 : **420 BACK - INCLUDING BACK**

Body Part 4 : **500 LOWER EXTREMITIES - NOT S**

Other Body Parts : **841 NERVOUS SYSTEM - STRESS**

2. The injury occurred as follows:

(Explain What The Worker Was Doing At The Time Of Injury And How The Injury Occured)

Field size limited to 325 characters

STRESS AND STRAIN DUE TO REPETITIVE MOVEMENT, UNCOMFORTABLE CHAIR, INAPPROPRIATE LIGHTING, INJURED SHOULDERS, NECK, LOWER BACK AND LOWER EXTREMITIES; STRESS/DEPRESSION/ANXIETY DUE TO HOSTILE WORK ENVIRONMENT AND DISCRIMINATION BASED ON SEX ORIENTATION

3. Actual earnings at the time of injury

Rate of Pay \$ [REDACTED] Monthly Weekly Hourly

State value of tips, meals, lodging or other advantages regularly received \$ [REDACTED]

Monthly
 Weekly
 Hourly

Number of hours worked per week. [REDACTED]

4. The injury caused disability as follows

Last day off work due to injury : [REDACTED]

(MM/DD/YYYY)

First Period of Disability:

Start date [REDACTED]

(MM/DD/YYYY)

End date [REDACTED]

(MM/DD/YYYY)

Second Period of Disability:

Start date [REDACTED]

(MM/DD/YYYY)

End date [REDACTED]

(MM/DD/YYYY)

9. This application is filed because of a disagreement regarding liability for:

- Temporary disability indemnity
- Permanent disability indemnity
- Reimbursement for medical expense
- Rehabilitation
- Medical treatment
- Supplemental Job Displacement/Return to Work
- Compensation at proper rate
- Other (Specify)

Is the Applicant Represented?: Yes No if "No", applicant is to sign and date below.

if "Yes", applicant's representative is to complete the following and is to sign and date below

- Law Firm/Attorney
- Non Attorney Representative

Law Firm or Company Name(If Applicable)
NATALIA FOLEY BEVERLY HILLS

Law Firm Number (If Applicable)	11964930
---------------------------------	----------

Attorney/Rep First Name	NATALIA
-------------------------	---------

Attorney/Rep MI	
-----------------	--

Attorney/Rep Last Name	FOLEY
------------------------	-------

Street Address/PO Box	8306 WILSHIRE BLVD STE 115
-----------------------	----------------------------

City	BEVERLY HILLS
------	---------------

State	GA
-------	----

Zip Code (Numbers Only)	90211
-------------------------	-------

Applicant Attorney / Representative Signature	
---	--

Applicant Signature	S NATALIA FOLEY
---------------------	-----------------

Dated at , California Date
City (MM/DD/YYYY)

INSTRUCTIONS

FILING AND SERVICE OF A DECLARATION OF READINESS IS A PREREQUISITE TO THE SETTING OF A CASE FOR HEARING.

Effect of Filing Application

Filing of this application begins formal proceedings against the defendant(s) named in your application.
Assistance in Filling Out Application

You may request the assistance of an information and assistance officer of the Division of Workers' Compensation.

Right to Attorney

You may be represented by an attorney or agent, or you may represent yourself. The attorney's fee will be set by the Workers' Compensation Appeals Board at the time the case is decided and is ordinarily payable out of your award.

Filling Out Application

For "amended" applications, the venue choice must be the same as that specified on the original application, unless an order changing venue has issued. A street or P.O. Box address within the United States must be entered for the place where the injury occurred. Therefore, if the injury did not occur at a fixed or identifiable location (such as a field, a highway, or on water), or if the injury occurred outside of the United States, the employer's business address or another appropriate address must be specified; however, a short explanation regarding the place of injury may be appended to the application. If medical treatment has been paid for by Medi-Cal, Medicare, group health insurance, or a private carrier, please specify.

Service of Documents

Your attorney or agent will serve all documents in accordance with Labor Code section 5501 and the Workers' Compensation Appeals Board's Rules of Practice and Procedure.

If you have no attorney or agent, copies of this application will be served by the Workers' Compensation Appeals Board on all parties. If you file any other document, you must mail or deliver a copy of the document to all parties in the case.

IMPORTANT!

If any applicant is under 18 years of age, it will be necessary to file a Petition for Appointment of Guardian ad Litem. Forms for this purpose may be obtained at the district office of the Workers' Compensation Appeals Board, or by calling the district office and requesting this form.

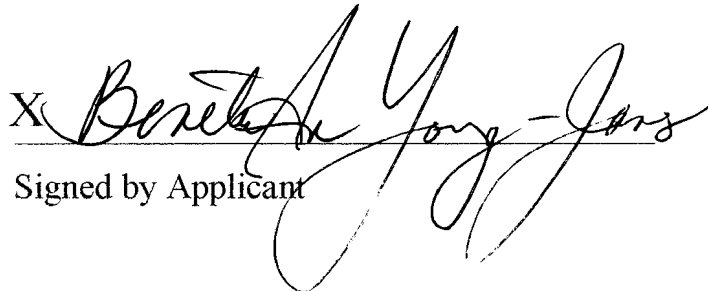
APPLICATION VERIFICATION

I, the undersigned, say that I am the Applicant in this action.

I have read the foregoing Application for Adjudication in regard to my worker compensation case, and I verify that I know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

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

Date: 5-15-18

X 
Signed by Applicant

DECLARATION PURSUANT TO LABOR CODE SECTION 4906(g)

Pursuant to Labor Code Section 4906(g), I declare under penalty of perjury that I have not violated Section 139.3 and I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Dated: 5-15-2018

Beth A. Gay Jones
Signature

Dated: 5/15/2018

[Signature]
Signature

Before signing this form, you should be aware that: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACION DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* BENETIA YOUNG Today's Date. *Fecha de Hoy.* 5/15/2018

2. Home Address. *Dirección Residencial.* _____

3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____

4. Date of Injury. *Fecha de la lesión (accidente).* 01/22/2018 - 03/09/2018 Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.

5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* job site
2471 N Beachwood Dr Los Angeles CA 90068

6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* Stress and strain due to repetitive movement, uncomfortable chair, inappropriate lighting, injured shoulders, neck, lower back and lower extremities; stress/depression/anxiety due to hostile work environment

7. Social Security Number. *Número de Seguro Social del Empleado.* _____

8. Signature of employee. *Firma del empleado.* X *Benetia Young*

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____

10. Address. *Dirección.* _____

11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____

12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____

13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____

14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____

15. Insurance Policy Number. *El número de la póliza de Seguro.* _____

16. Signature of employer representative. *Firma del representante del empleador.* _____

17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

FEE DISCLOSURE STATEMENT

If you choose to be represented by an attorney, your attorney's fees will be deducted from your benefits. The fee will be approved by the Workers' Compensation Appeals Board with consideration given to the: (1) responsibility assumed by the attorney; (2) care exercised in representing you; (3) time involved; and, (4) results obtained.

Attorney's fees normally range from 9% to 15% of the benefits awarded.

There are certain circumstances where your employer (or his/her insurer) may be liable to pay your attorney's fees. For example, if the employer disputes a permanent disability evaluation obtained when you were not represented by an attorney, your employer may be liable for any attorney fees you incur because of the dispute.

If at any time you no longer wish to be represented by the attorney, you may withdraw from representation by notifying the attorney. If you withdraw from representation, the fee amount found by a workers' compensation judge to be the fair value of any work the attorney did in your case will be deducted from your award.

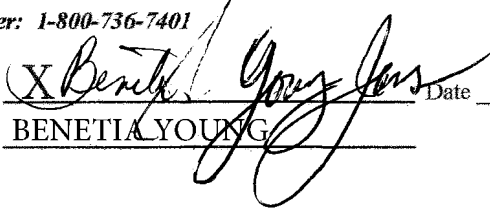
Your case is being filed at the Division of Workers' Compensation at the following location:

~~XXXXXXXXXXXX~~ LAO

The employee has been advised of the district office at which his or her case will be filed and that he or she may be required to attend conferences or hearings at this location at his or her own expense.

An Information and Assistance Officer may be able to answer your questions concerning your workers' compensation benefits at no charge to you. The Officer may be able to resolve your problems without the need for litigation.

Call this toll-free number: 1-800-736-7401

Employee's Signature  Date 5-15-2018
Employee's Name BENETIA YOUNG

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying worker's compensation benefits or payments is guilty of a felony.

I hereby declare under penalty of perjury that I am the attorney representing the above-named employee, or am an attorney licensed by the State Bar of California regularly employed by the firm by which the employee will be represented, and have advised the employee of their rights as set forth above and in Labor Code section 4906(e) and (g)(1).

Attorney's Signature  Date 5/15/2018

Attorney's name NATALIA FOLEY ESQ

Address NATALIA FOLEY BEVERLY HILLS
UAN 11964930
Phone No. () LAW OFFICES OF NATALIA FOLEY
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211
TEL 310 707 8098
FAX 310 626 9632
NFOLEYLAW@GMAIL.COM

E-Filer: NATALIA FOLEY, ESQ
UAN: NATALIA FOLEY BEVERLY HILLS
EAMS #: 11964930
Address: LAW OFFICES OF NATALIA FOLEY
8306 WILSHIRE BLVD STE 115, BEVERLY HILLS CA 90211
Tel 310 707 8098; Fax 310 626 9632; Email: nfoleylaw@gmail.com

PROOF OF SERVICE

Benetia Young vs
Los Angeles Youth Network KEDREN COMMUNITY

WCAB: unassigned

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:
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211

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 5/31/2018 I served the foregoing documents described as:

APPLICATION FOR ADJUDICATION; DECLARATION 4906; VENUE
AUTHORIZATION; FEE DISCLOSURE; APPLICATION VERIFICATION ; FORM DWC1
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:

DWC LAO
320 W. 4TH STREET, 9TH FLOOR
LOS ANGELES, CA 90013-1954


BERKSHIRE HATHAWAY PASADENA
PO BOX 881716
SAN FRANCISCO CA 94188

KEDREN COMMUNITY
MENTAL NEALTH CENTER
4211 SOUTH AVALON
LOS ANGELES CA 90011

LOS ANGELES YOUTH NETWORK
PO BOX 988
LOS ANGELES, CA 90028

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 5/31/2018 at Los Angeles, CA


By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq

VENUE AUTHORIZATION

I HEREBY AUTHORIZE MY WORKERS' COMPENSATION CASE(S) FOR
INJURY(IES) DATED 01/22/2018 - 03/09/2018 TO BE
FILED AT THE LAO WORKERS'
COMPENSATION APPEALS BOARD.

DATED: 5-15-18

Bentha An Goy-Jars
APPLICANT

APPLICANT'S ATTORNEY:

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title NOTICE OF REPRESENTATION

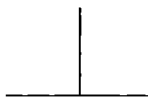
Document Date 06/21/2018
MM/DD/YYYY

Author HARRIGAN POLAN PASADENA

Office Use Only

Received Date _____
MM/DD/YYYY

RECEIVED
JUN 25 2018
LOS ANGELES-WCAB



1 Chante M. Mezzera, Esq. / State Bar No. 271943
2 **LAW OFFICES OF HARRIGAN POLAN & KAPLAN**
3 P.O. Box 7062
4 Pasadena, CA 91109
5 Telephone No: (626) 744-2137

6 Attorney for Defendant Redwood Fire and Casualty Insurance Company

7 **WORKERS' COMPENSATION APPEALS BOARD**
8 **FOR THE STATE OF CALIFORNIA**

9 **BENETIA YOUNG,**) **CASE NO(s): ADJ11334762**
10)
11 **Applicant,**) **NOTICE OF REPRESENTATION**
12)
13 **vs.**)
14)
15 **KEDREN COMMUNITY HEALTH CENTER,**)
16 **INC; REDWOOD FIRE AND CASUALTY**)
17 **INSURANCE COMPANY c/o BERKSHIRE**)
18 **HATHAWAY HOMESTATE COMPANIES,**)
19 **Defendants.**)

20 TO THE WORKERS' COMPENSATION APPEALS BOARD AND ALL PARTIES AND
21 THEIR ATTORNEYS OF RECORD:


22 NOTICE IS HEREBY GIVEN that the **LAW OFFICES OF HARRIGAN POLAN &**
23 **KAPLAN (UAN HARRIGAN POLAN PASADENA 4860010)** have been retained as attorneys for
24 **Redwood Fire and Casualty Insurance Company c/o Berkshire Hathaway Homestate Companies**
25 **(UAN BERKSHIRE HATHAWAY PASADENA 5151079)** in this matter.

26 We request that our firm be entered on the records of the Workers' Compensation Appeals Board
27 as attorneys for the designated party(s) and that copies of all papers, notices and proceedings be served
28 upon the undersigned as well as said defendant.

Please include us in any deposition notice of the applicant by any party.

Dated: June 21, 2018

RECEIVED
JUN 25 2018
LOS ANGELES-WCAB

Respectfully submitted,
Law Offices of Harrigan Polan & Kaplan
By: 
Chante M. Mezzera,
Attorney for Defendant(s)

Representative for Defendant Redwood Fire and Casualty Insurance Company

Benetia Young,
Applicant,
vs.
Kedren Community Health Center,
Inc; Redwood Fire and Casualty
Insurance Company c/o Berkshire
Hathaway Homestate Companies,
Defendant(s).

WCAB CASE NO.: ADJ11334762

DECLARATION PURSUANT TO:

LABOR CODE SECTION 4906(h)

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


COMPLIANCE WITH LABOR CODE SECTION 4906(H):

I, Chante M. Mezzera, attorney for defendant(s), hereby declare under penalty of perjury that I have not violated Labor Code Section 139.3 and have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other consideration whether in the form of money or otherwise, as compensation or inducement for any referral examination or evaluation for any referral for examination or evaluation.

Dated: June 21, 2018

Respectfully submitted,

Law Offices of Harrigan Polan & Kaplan

By: 
Chante M. Mezzera,
Attorney for defendant(s)

PROOF OF SERVICE BY MAIL (C.C.P. 1013a)

I am a resident of the County of Los Angeles. I am over the age of 18 years and not a party to the entitled proceeding. My business address is P.O. Box 7062, Pasadena, CA 91109.

On June 21, 2018, I served the within: **NOTICE OF REPRESENTATION; 4906(H) DECLARATION Re: Benetia Young vs. Kedren Community Health Center, Inc and Redwood Fire and Casualty Insurance Company, ADJ11334762**, on all interested parties in the said action by placing a true copy thereof enclosed in a sealed envelope with postage fully prepaid in the United States mail at Pasadena, California, addressed as follows:

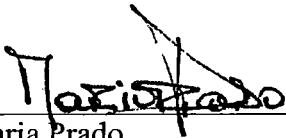
Workers Compensation Appeals Board
320 W. 4th Street, Room 900
Los Angeles CA 90013

Michael Salazar
Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco CA 94188
(Claim No 44040257; via electronic mail)

Law Offices of Natalie Foley
8306 Wilshire Boulevard, Suite 115
Beverly Hills CA 90211

Executed at Pasadena, California on June 21, 2018.

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

By: 

Maria Prado,
Legal Assistant to Chante M. Mezzera

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY "*"

Companion Cases Exist Location:

More than 15 Companion Cases

Date: (MM/DD/YYYY)

Case Number:* SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

ADJ DEU SIF UEF SAU INT RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 3:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 4:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 5:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 6:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 7:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 12:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 13:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 14:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 15:

Specific Injury

(If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
DECLARATION OF READINESS TO PROCEED**

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

Case No

Applicant

First Name*	BENETIA
-------------	---------

MI	
----	--

Last Name*	YOUNG
------------	-------

VS

Employer Information

Employer Name	KEDREN COMMUNITY LOS ANGELES YOUTH NETWORK
---------------	--

Employer Street Address / PO Box	4211 SOUTH AVALON
----------------------------------	-------------------

City	LOS ANGELES
------	-------------

State	CA
-------	----

Zip Code (Numbers Only)	90011
-------------------------	-------

Declarants: Please designate your role (Please Select Only One)*

- Employee
- Applicant
- Defendant
- Lien Claimant

Declarant requests: (Please Select Only One)*

- Mandatory Settlement Conference
- Rating MSC*
- Lien Conference
- Status Conference
- Priority Conference

Select a Hearing Date from the drop-down list: *

Hearing Date

2019/03/06-08:30:00

Search

Hearing Date

Alternate Hearing Date:

At the present time the principal issues are:

(Check all that apply)

- Compensation Rate
- Temporary Disability
- Permanent Disability
- AOE/COE
- Employment
- Other
- Rehabilitation / SJDB
- Self-procured Medical Treatment
- Future Medical Treatment
- Discovery

Declarant relies on the report(s) of:

Doctor(s)

Dated (MM/DD/YYYY)

Declarant states under penalty of perjury that (1) he or she is presently ready to proceed to hearing on the issues below and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below,

APPLICANT HAS NAMED INCORRECT EMPLOYER. APPLICANT'S ATTORNEY WAS TO AMEND APPLICATION BUT HAS FAILED TO DO SO. WCAB ASSISTANCE IS REQUIRED TO LITIGATE EMPLOYMENT ISSUE.

and (2) unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by applicable rules.

If you are a lien claimant filing for a lien conference, you must complete this section:

The lien filing fee or activation fee has been paid.

Confirmation No:

A filing fee or activation fee is not required because the lien is exempt, or because either the lien was not filed under Labor Code section 4903(b) or the lien is not a claim of costs.

A filing fee was previously paid under the law in effect from 2004 to 2006 and proof of that payment is attached.

Copies of this Declaration have been served this date as shown on the attached proof of service.

Declarant's Signature	S CHANTE MEZZERA
-----------------------	------------------

Name and Law Firm	HARRIGAN POLAN PASADENA
-------------------	-------------------------

Address	PO BOX 7062 PASADENA CA 91109
---------	-------------------------------

Phone Number	6267442122
--------------	------------

Date (MM/DD/YYYY)	12/04/2018
-------------------	------------

*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

INSTRUCTIONS

1. This Declaration must be completed and filed before any case will be set for hearing at the request of any party.

A party may request a mandatory settlement conference hearing, status conference hearing, rating mandatory settlement conference hearing, or a priority conference hearing.

A **mandatory settlement conference** is held to assist the parties in resolving the dispute. If the dispute cannot be resolved at that time, the parties should be ready to frame issues, record stipulations, list exhibits, and list the witnesses who will testify at trial. A trial is set only at the discretion of the judge and is set for the purpose of receiving evidence.

A **rating mandatory settlement conference** is a mandatory settlement conference but ratings of the medical reports will be available at the time of the conference.

A **status conference** is not a mandatory settlement conference but a proceeding for which judicial attention is required. It can include, but is not limited to, a lien conference or conference in a complicated case in which discovery is not complete and the parties need the judge's guidance.

A **priority conference** is a conference held under Labor Code section 5502(c) in which the injured worker is represented by an attorney and the issues include employment and/or injury arising out of and in the course of employment.

2. Unless notified otherwise, no witness other than the applicant need attend **conference** hearings. **Claims adjusters and lien claimants must be present or available by telephone.**
3. The party requiring an interpreter must arrange for the presence of an interpreter, except that the defendant(s) must arrange for the presence of the interpreter if the injured worker is not represented by an attorney.
4. Continuances are not favored and none will be granted after the filing of this Declaration without a clear and timely showing of good cause.
5. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.
6. The WCJ, upon the receipt of the Declaration of Readiness, may set the case for a type of proceeding other than the one requested (Rule 10417).

UAN: HARRIGAN POLAN PASADENA
EAMS Admin: Martha Hernandez
EAMS Admin phone: (626) 744-2112
EAMS Admin fax: (415) 675-5461
EAMS Admin email: mhernandez@bhhc.com

PROOF OF SERVICE BY MAIL (C.C.P. 1013a)

I am a resident of the County of Los Angeles. I am over the age of 18 years and not a party to the entitled proceeding. My business address is: P.O. Box 7062, Pasadena, CA 91109.

On December 04, 2018, I served the within **DECLARATION OF READINESS TO PROCEED** regarding Benetia Young vs. Kedren Community Health Center, Inc and Redwood Fire and Casualty Insurance Company, ADJ11334762, on all interested parties in the said action, by placing a true copy thereof enclosed in a sealed envelope with postage fully prepaid, in the United States mail at Pasadena, California, addressed as follows:


Workers Compensation Appeals Board
320 W. 4th Street, Suite 900
Los Angeles, CA 90013
(Electronically filed)

Michael Salazar
Redwood Fire and Casualty Insurance Company
P.O. Box 881716
San Francisco, CA 94188
(Claim No.: 44040257; via electronic mail)

Law Offices of Natalie Foley
8306 Wilshire Blvd., Suite 115
Beverly Hills, CA 90211

Executed at Pasadena, California on December 04, 2018.

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

By: 

Lesley A. Maldonado,
Legal Assistant to Chante M. Mezzera

Natalia Foley, Esq
Tel (310) 707 8098
Fax (310) 626 9632



www.nataliafoleylaw.com
nfoleylaw@gmail.com
EAMS: 11964930
EIN: 47-4713032

LAW OFFICES OF NATALIA FOLEY

8306 Wilshire Blvd Ste 115
Beverly Hills, CA 90211
UAN: NATALIA FOLEY BEVERLY HILLS

TO TO DWC LAO CC: BERKSHIRE HATHAWAY PASADENA
320 W. 4TH STREET, 9TH FLOOR PO BOX 881716
LOS ANGELES, CA 90013-1954 SAN FRANCISCO CA 94188

CC: LOS ANGELES YOUTH NETWORK CC: KEDREN COMMUNITY
1754 TAFT AVE MENTAL NEALTH CENTER
LOS ANGELES CA 90028 4211 SOUTH AVALON
LOS ANGELES CA 90011

RE: Benetia Young vs Los Angeles Youth Network Kedren Community
DOI: 01/22/2018 - 03/09/2018
WCAB: ADJ11334762
DOB: 01/08/1965
SSN: 547 08 0936

DATE: 12/18/2018

NOTICE OF AMENDED APPLICATION

Dear Gentleperson(s):

Please be advised that the above Applicant amends her application to correct the name of the employer and to dismiss without prejudice the following parties:


- 1) EMPLOYER - Kedren Community Health Center, Inc and
- 2) INSURANCE - Berkshrie Hathaway PO box 881716 San Francisco CA 94188

The correct name of the employer-defendant in the above case is therefore:

Los Angeles Youth Network
1754 Taft Ave
Los Angeles CA 90028

Should you have any questions, please do not hesitate to contact us at your convenience.

Respectfully:



By Natalia Foley, Esq
The Law Offices of Natalia Foley

E-Filed: NATALIA FOLEY, ESQ
UAN: NATALIA FOLEY BEVERLY HILLS
EAMS #: 11964930
Address: LAW OFFICES OF NATALIA FOLEY
8306 WILSHIRE BLVD STE 115, BEVERLY HILLS CA 90211
Tel 310 707 8098; Fax 310 626 9632; Email: nfoleylaw@gmail.com

PROOF OF SERVICE

Benetia Young vs
Los Angeles Youth Network

WCAB: *ADJ11334762*

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:
8306 WILSHIRE BLVD STE 115
BEVERLY HILLS CA 90211

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 12/18/2018 I served the foregoing documents described as:

NOTICE OF AMENDED APPLICATION FOR ADJUDICATION

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:

DWC LAO
320 W. 4TH STREET, 9TH FLOOR
LOS ANGELES, CA 90013-1954


BENETIA YOUNG
20322 S AMANTHA AVE
CARSON CA 90746

KEDREN COMMUNITY
MENTAL NEALTH CENTER
4211 SOUTH AVALON
LOS ANGELES CA 90011

LOS ANGELES YOUTH NETWORK
1754 TAFT AVE
LOS ANGELES CA 90028

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: 12/18/2018 at Los Angeles, CA


By IRINA PALEES,
Legal Assistant to Attorney
Natalia Foley, Esq

1 Rommel Rosales | SBN: 297689
2 Misa Stefen Koller Ward, LLP
3 18141 Beach Blvd., Suite 290
4 Huntington Beach, CA 92648
5 Telephone: (714) 625-8566
6 Fax: (714) 855-1241

7
8
9
10
11 Attorneys for Defendants, KEDREN COMMUNITY LOS ANGELES YOUTH NETWORK;
12 YORK ROSEVILLE

13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

BENETIA YOUNG,

EAMS No.: ADJ11334762

Applicant,

v.

KEDREN COMMUNITY LOS ANGELES
YOUTH NETWORK,

NOTICE OF REPRESENTATION

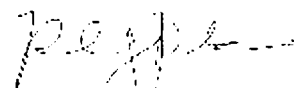
Defendants.

PLEASE TAKE NOTICE that this office has been retained to represent the interests of defendant, Kedren Community Los Angeles Youth Network, administered by YORK ROSEVILLE. The attorney of record for Defendant is as follows:

MSKW HUNTINGTON BEACH
EAMS ID No. 11447821
18141 Beach Blvd Suite290
Huntington Beach, CA 92468
(714) 625-8566

Dated: March 4, 2019

Respectfully submitted,



Rommel Rosales
Attorney for Defendants

1 **COMPLIANCE WITH LABOR CODE §4906(g)**

2
3
4 Applicant: BENETIA YOUNG

5 Employer: KEDREN COMMUNITY LOS ANGELES YOUTH NETWORK

6 Case No.: ADJ11334762
7

8 Pursuant to the requirements set forth in Labor Code §4906, I declare as follows:

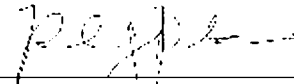
9 I have no violated Labor Code §139.3.

10 I have not offered, delivered, received, or accepted any rebate, refund, commission,
11 preference, patronage, dividend, discount, or other consideration, whether in the form of money or
12 otherwise, as compensation or inducement for any referred examination or evaluation.

13 A photostatic copy of this declaration shall be valid as the original.

14 I declare under penalty of perjury of the laws of State of California that the foregoing is
15 true and correct to the best of my knowledge, information, and belief.

16
17
18 Dated: March 4, 2019



Signature of Declarant

19
20
21 By: Rommel Rosales
22 **MISA STEFEN KOLLER WARD, LLP**
23 18141 Beach Blvd., Suite 290
24 Huntington Beach, CA 92648
25 (714) 625-8566
26
27
28

1 **MSKW HUNTINGTON BEACH**
2 **EAMS Administrator: Ricky Perez**
3 **Phone Number: (714) 625-8566**
4 **Email: rperez@mskwlaw.com**

5 **PROOF OF SERVICE BY MAIL**

6 **RE: Young, Benetia v. Kedren Community Los Angeles Youth Network**
7 **Case No. : ADJ11334762**
8 **Claim No.: NPWA-562714**

9 I, Michael Cervantes, am employed in the County of Orange. I am over 18 years of age, and I am
10 not a party to the within action. My business address is Misa Stefen Koller Ward, LLP, 18141
11 Beach Boulevard, Suite 290, Huntington Beach, California 92648. On March 4, 2019, I served
12 the within:

- 13 • **NOTICE OF REPRESENTATION;**
- 14 • **DECLARATION OF COMPLIANCE WITH LABOR CODE 4906(g)**

15 on the parties listed below in said action by placing a true and correct copy thereof in a sealed
16 envelope with the required postage therein, fully prepaid, for collection and mailing on the date
17 and at the place shown below following ordinary business practices. I am readily familiar with
18 this business' practice for collecting and processing correspondence for mailing. On the same day
19 that this correspondence was placed for collection and mailing, it was deposited in the ordinary
20 course of business in a sealed envelope with postage fully prepaid and deposited in the United
21 States mail at Huntington Beach, California addressed as follows:

22 **[E-Filed]**

23 Workers' Compensation Appeals Board
24 320 W. 4th Street, 9th Floor
25 Los Angeles, CA 90013-2329

26 Ms. Natali Foley
27 Natalia Foley Beverly Hills
28 8306 Wilshire Blvd, Ste 115
Beverly Hills, CA 90211

Harrigan Polan Pasadena
P.O. Box 7062
Pasadena, CA 91109

Kedren Community Los Angeles Youth Network
4211 South Avalon
Los Angeles, CA 90011

\\
\\

1 *[Via Email & U.S. Mail]*

2 Mr. Richard Hernandez
3 York Risk Services Group, Inc.
4 P.O. Box 619079
5 Roseville, CA 95661

6 Berkshire Hathaway Pasadena
7 P.O. Box 881716
8 San Francisco, CA 94188

9 I declare under penalty of perjury under the laws of the State of California that the foregoing is
10 true and correct.

11 Executed on March 4, 2019 at Huntington Beach, California.

12 

13 Michael Cervantes

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION

29

YOUNG, BENETIA

APPLICANT

v.

Kedron Community of Los Angeles Youth Network DEFENDANTS

CASE NUMBER(S): ADJ11334762

MINUTES OF HEARING/ORDER/ORDER AND
DECISION ON REQUEST FOR CONTINUANCE/
ORDER TAKING OFF CALENDAR/

NOTICE OF HEARING

- BEFORE HEARING
- AT HEARING
- MSC
- TRIAL
- EXP HEARING
- PRIORITY CONF
- STATUS CONF
- LIEN CONFERENCE
- LIEN TRIAL

DATE OF: HEARING 03/06/2019 REQUEST _____

APPEARANCES

APPLICANT

PRESENT

NOT PRESENT

APPLICANT REPRESENTED BY _____

ATTORNEY

HEARING REP.

DEFENDANT REPRESENTED BY

Harrigan Polan by Chante Mezzera
NISKW HUNTINGTON BEACH - RUMMEL ROSALES FOR YORK

ATTORNEY

HEARING REP.

OTHERS APPEARING ** (SEE ATTACHED SIGN-IN ADDENDUM-PAGE 2)

ATTORNEY

HEARING REP.

INTERPRETER _____

CERTIFICATION NO. _____

PARTY MAKING REQUEST

JOINT

APPLICANT

DEFENDANT

OTHER _____

REQUEST FOR: CONTINUANCE

OTOC

REQUEST BY:

LETTER

TELEPHONE

POSITION OF OPPOSING PARTY

AGREE

OPPOSE

UNREACHABLE

UNKNOWN

REASON FOR REQUEST

- FURTHER DISCOVERY: APP MED DEF MED AME DEPO
- CALENDAR CONFLICT: APPLICANT DEFENSE L.C.
- SETTLEMENT PENDING
- IMPROPER/INSUFFICIENT NOTICE BY PARTY
- IMPROPER DECLARATION OF READINESS/VALID OBJECTION
- NON APPEARANCE APP DEF LIEN CLAIMANT WITNESS
- APPLICANT DEF COUNSEL VACATION ILLNESS
- UNAVAILABILITY OF WITNESSES APP DEFENSE
- DISPUTE RESOLVED BY AGREEMENT NO ISSUES PENDING
- JOINDER CONSOLIDATION VENUE NEW APPLICATION
- AUTO REASSIGN DISQUALIFY APP DEFENDANT
- APPLICANT NOW REPRESENTED REQUESTS REPRESENTATION
- CHANGE OF CIRCUMSTANCES

BOARD REASON

- INSUFFICIENT TIME TO START TO FINISH
- REASSIGNMENT: REFUSED NOT AVAILABLE
- REPORTER INTERPRETER NOT AVAILABLE
- WCJ NOT AVAILABLE RECUSAL
- UEF ISSUES SERVICE DEFECTIVE BANKRUPTCY PENDING
- DEFECTIVE WCAB NOTICE
- ARBITRATION

OTHER/COMMENTS _____

GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR CONT OTOC IS GRANTED DENIED

____ DAYS FOR C&R STIPS, OTHERWISE: OTOC RESET _____

OTOC C&R/STIPS SUBMITTED FOR APPROVAL C&R/STIPS APPROVED

LIEN STIPS AND ORDER APPROVED N.O.I. TO ALLOW/DISALLOW ISSUED

SET FOR MSC CONF TRIAL LIEN TRIAL CONTD TESTIMONY TIME: 1 HR 2 HRS 4 HRS ____ DAY

SET ON _____ AT _____ LOCATION _____ BEFORE JUDGE _____

SUPPLEMENTAL PAGES ATTACHED _____ PAGES

DATE 03/06/2019

ROGER A. TOLMAN, JR.

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

NOTICE TO: ABHHC

Pursuant to Rule 10500, you are designated to serve this/these document(s) on all parties as shown on the Official Address Record.

Date _____ By _____

Served on parties and lien claimants present

STATE OF CALIFORNIA
DIVISION OF WORKER'S COMPENSATION
WORKER'S COMPENSATION APPEALS BOARD

Case No(s): ADJ 11334762

Benetia Young

Applicant.

**STIPULATION(S)
and
AWARD and/or ORDER**

vs.
Kedren Community BHHC

Defendants.

Having waived the provisions of Labor Code §5313, the parties hereby stipulate as follows:

Per Applicant's Attorney's 12/18/18 Amended Application naming Los Angeles Youth Network as the proper employer and on agreement of their TPA - York, Kedren Community Center, Redwood Fire and Casualty Insurance Company do Berkshire Hathaway Homestate Companies are hereby dismissed as party Defendants, without prejudice

[Signature]
Applicant
[Signature]
Representative/Attorney for Applicant

[Signature]
~~Inspector~~ Defendant York
[Signature]
Representative/Attorney for Defendant (BHHC)

- IT IS SO ORDERED/AWARDED
- IT IS ORDERED THAT:

Dated: *06 March 2019*

[Signature]
ROGER A. TOLMAN
WORKERS' COMPENSATION APPEALS BOARD JUDGE

On _____, this document was
 personally served on all persons appearing at the hearing on
aid date, as set forth in the Minutes of that hearing
 was personally served on:

NOTICE TO: *Δ BHHC*
Pursuant to Rule 10500, you are designated to serve this document on all parties shown on the Official Address Record, together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a dispute arises regarding service.

was served by mail on all parties listed on the Official Address record

was served by mail on following party or parties:

By: _____



**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
COMPROMISE AND RELEASE**

ADJ11334762

Case Number 1

Case Number 4

Case Number 2

Case Number 5

Case Number 3

SSN (Numbers Only)

Venue Choice is based upon: (Completion of this section is required)

- County of residence of employee (Labor Code section 5501.5(a)(1) or (d).)
- County where injury occurred (Labor Code section 5501.5(a)(2) or (d).)
- County of principal place of business of employee's attorney (Labor Code section 5501.5(a)(3) or (d).)

LAO

Select 3 Letter Office Code For Place/Venue of Hearing (From Document Cover Sheet)

Employee(Completion of this section is required)

BENETIA

First Name

MI

YOUNG

Last Name



Employer Information (Completion of this section is required)

- Insured
- Self-Insured
- Legally Uninsured
- Uninsured

LOS ANGELES YOUTH NETWORK

Employer Name (Please leave blank spaces between numbers, names or words)

1754 TAFT AVE

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

LOS ANGELES

City

CA

State

90028

Zip Code

Claims Administrator Information (if known and if applicable)

YORK ROSEVILLE

Name (Please leave blank spaces between numbers, names or words)

PO BOX 619079

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

ROSEVILLE

City

CA

State

95661

Zip Code

IT IS CLAIMED THAT:

1. The injured employee, born [REDACTED], alleges that while employed as a(n)

(DATE OF BIRTH: MM/DD/YYYY)



CASE MANAGER

, sustained injury

(OCCUPATION AT THE TIME OF INJURY)

arising out of and in the course of employment at the locations and during the dates listed below:

(State with specificity the date(s) of injury(ies) and what part(s) of body, conditions or systems are being settled.)

Specific Injury

ADJ11334762

Case Number 1

Cumulative Injury

01/22/2018

(Start Date: MM/DD/YYYY)

03/09/2018

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: ENTIRE 200 NECK Body Part 2: ENTIRE 420 BACK Body Part 3: BILATERAL 450 SHOULDER S

Body Part 4: BILATERAL 500 LOWER EXT Other Body Parts: 841 STRESS, ANXIETY, DEPRESSION

The injury occurred at JOB SITE

(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City

CA

State

Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

Case Number 2

Cumulative Injury

(Start Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

Case Number 3

Cumulative Injury

(Start Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

Case Number 4

Cumulative Injury

(Start Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

(End Date: MM/DD/YYYY)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

Specific Injury

Case Number 5

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____ Body Part 2: _____ Body Part 3: _____

Body Part 4: _____ Other Body Parts: _____

The injury occurred at _____
(Street Address/PO Box - Please leave blank spaces between numbers, names or words)

City State Zip Code

Body parts, conditions and systems may not be incorporated by reference to medical reports.

2. Upon approval of this compromise agreement by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge and payment in accordance with the provisions hereof, the employee releases and forever discharges the above-named employer(s) and insurance carrier(s) from all claims and causes of action, whether now known or ascertained or which may hereafter arise or develop as a result of the above-referenced injury(ies), including any and all liability of the employer(s) and the insurance carrier(s) and each of them to the dependents, heirs, executors, representatives, administrators or assigns of the employee. Execution of this form has no effect on claims that are not within the scope of the workers' compensation law or claims that are not subject to the exclusivity provisions of the workers' compensation law, unless otherwise expressly stated.

3. This agreement is limited to settlement of the body parts, conditions, or systems and for the dates of injury set forth in Paragraph No. 1 and further explained in Paragraph No. 9 despite any language to the contrary elsewhere in this document or any addendum.

4. Unless otherwise expressly stated, approval of this agreement RELEASES ANY AND ALL CLAIMS OF APPLICANT'S DEPENDENTS TO DEATH BENEFITS RELATING TO THE INJURY OR INJURIES COVERED BY THIS COMPROMISE AGREEMENT. The parties have considered the release of these benefits in arriving at the sum in Paragraph 7. Any addendum duplicating this language pursuant to Sumner v WCAB (1983) 48 CCC 369 is unnecessary and shall not be attached.

5. Unless otherwise expressly ordered by the Workers' Compensation Appeals Board or a workers' compensation administrative law judge, approval of this agreement does not release any claim applicant may have for vocational rehabilitation benefits or supplemental job displacement benefits.

6. The parties represent that the following facts are true: (If facts are disputed, state what each party contends under Paragraph No. 9.)

EARNINGS AT TIME OF INJURY \$ IN DISPUTE

TEMPORARY DISABILITY INDEMNITY PAID 0 Weekly Rate \$ _____

Period(s) Paid _____
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

PERMANENT DISABILITY INDEMNITY PAID 0 Weekly Rate \$ _____

Period(s) Paid _____ End date _____
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

TOTAL MEDICAL BILLS PAID \$ PER PROOF Total Unpaid Medical Expense to be Paid By: DEFENDANT PER LC

Unless otherwise specified herein, the employer will pay no medical expenses incurred after approval of this agreement.

7. The parties agree to settle the above claim(s) on account of the injury(ies) by the payment of the SUM OF

\$ 5,000.00

Settlement Amount

The following amounts are to be deducted from the settlement amount:

\$ _____ for permanent disability advances through _____

\$ _____ for temporary disability indemnity overpayment, if any.

\$ _____ payable to _____

\$ _____ payable to _____

\$ _____ payable to _____

\$ _____ payable to _____

\$ 750.00 requested as applicant's attorney's fee.

LEAVING A BALANCE OF \$ 4,250.00, after deducting the amounts set forth above and less further permanent disability advances made after the date set forth above. Interest under Labor Code section 5800 is included if the sums set forth herein are paid within 30 days after the date of approval of this agreement.

8. Liens not mentioned in Paragraph No. 7 are to be disposed of as follows (Attach an addendum if necessary):

DEFENDANT TO ADJUST PAY OR LITIGATE ALL VALID LIENS OF RECORD PER OMFS AND THE CALIFORNIA LABOR CODE. THE WCAB TO RETAIN JURISDICTION.

THIS C&R AGREEMENT INCORPORATES THE ATTACHED ADDENDUMS AND RESOLVES ALL ISSUES INITIALED BY THE PARTIES UNDER PARAGRAPH 9. THIS SETTLEMENT IS BASED UPON THE FACT THAT NO MEDICAL OR FACTUAL EVIDENCE HAS BEEN PROVIDED TO SUBSTANTIATE AN INDUSTRIAL INJURY BY THE APPLICANT WHILE EMPLOYED BY LOS ANGELES YOUTH NETWORK. APPLICANT WISHES TO FOREGO ADDITIONAL LITIGATION AND DISCOVERY AND BUY HER PEACE AT THIS TIME. APPLICANT REPRESENTS TO DEFENDANT THAT APPLICANT HAS NEITHER APPLIED FOR NOR RECEIVED ANY SOCIAL SECURITY BENEFITS INCLUDING MEDICARE AND WILL NOT APPLY FOR EITHER BENEFIT WITHIN THE NEXT 30 MONTHS. APPLICANT HAS BEEN INFORMED OF AND WAIVES HER RIGHT TO A FINAL MMI REPORT FROM THE PRIMARY TREATING PHYSICIAN AND HER RIGHT TO UTILIZE A PANEL QME OR AME IN THIS MATTER.

THIS SETTLEMENT RESOLVES ALL CLAIMS, BOTH PLED OR UNPLED, BETWEEN THE PARTIES WITHIN THE JURISDICTION OF THE WCAB FOR THE INJURIES LISTED ABOVE, EXCEPT LIEN CLAIMS.

PARTIES STIPULATE TO 3 HOURS OF LABOR CODE 5710 FEES AT \$400.00 PER HOUR TOTALING \$1,200.00 FOR THE DEPOSITION HELD ON MAY 16, 2019.

Defendants to withhold attorney's fees in trust pending the receipt of a written fee split agreement between Applicant's current and prior attorneys or an order is issued by the WCAB.

9. The parties wish to settle these matters to avoid the costs, hazards and delays of further litigation, and agree that a serious dispute exists as to the following issues (initial only those that apply). ONLY ISSUES INITIALED BY THE APPLICANT OR HIS/HER REPRESENTATIVE AND DEFENDANTS OR THEIR REPRESENTATIVES ARE INCLUDED WITHIN THIS SETTLEMENT.

Applicant Defendant

- BYJ RJR earnings
- BYJ RJR temporary disability
- BYJ RJR jurisdiction
- BYJ RJR apportionment
- BYJ RJR employment
- BYJ RJR injury AOE/COE
- BYJ RJR serious and willful misconduct
- BYJ RJR discrimination (Labor Code §132a)
- BYJ RJR statute of limitations
- BYJ RJR future medical treatment
- BYJ RJR other PENALTIES, INTEREST, OUT OF POCKET EXPENSES, MILEAGE
- BYJ RJR permanent disability _____
- BYJ RJR self-procured medical treatment, except as provided in Paragraph 7
- _____ vocational rehabilitation benefits/supplemental job displacement benefits

COMMENTS:

NO PENALTIES OR INTEREST SHALL ATTACH TO PAYMENT UNDER ORDER APPROVING C&R IF MADE WITHIN 30 DAYS OF SERVICE OF ORDER ON DEFENDANTS. APPLICANT STIPULATES THE ADDRESS ON PAGE 1 IS CORRECT FOR ALL PURPOSES INCLUDING PAYMENTS RELATED TO THIS SETTLEMENT. APPLICANT IS NEITHER A MEDICARE BENEFICIARY NOR HAS A REASONABLE EXPECTATION OF BECOMING ELIGIBLE WITHIN 30 MONTHS. THIS SETTLEMENT IS INTENDED TO RESOLVE ALL ISSUES BETWEEN THE PARTIES WHICH ARE WITHIN THE JURISDICTION OF THE WCAB, INCLUDING ENTITLEMENT TO SJDV AS THERE HAS BEEN NO FINDING OF PERMANENT DISABILITY ASSOCIATED WITH APPLICANT'S CLAIMS. CLAIM IS DENIED AND PARTIES SETTLE IN LIEU OF LITIGATION.

Any accrued claims for Labor Code section 5814 penalties are included in this settlement unless expressly excluded.


10. It is agreed by all parties hereto that the filing of this document is the filing of an application, and that the workers' compensation administrative law judge may in its discretion set the matter for hearing as a regular application, reserving to the parties the right to put in issue any of the facts admitted herein and that if hearing is held with this document used as an application, the defendants shall have available to them all defenses that were available as of the date of filing of this document, and that the workers' compensation administrative law judge may thereafter either approve this Compromise and Release or disapprove it and issue Findings and Award after hearing has been held and the matter regularly submitted for decision.

11. WARNING TO EMPLOYEE: SETTLEMENT OF YOUR WORKERS' COMPENSATION CLAIM BY COMPROMISE AND RELEASE MAY AFFECT OTHER BENEFITS YOU ARE RECEIVING TO WHICH YOU BECOME ENTITLED TO RECEIVE IN THE FUTURE FROM SOURCES OTHER THAN WORKERS' COMPENSATION, INCLUDING BUT NOT LIMITED TO SOCIAL SECURITY, MEDICARE AND LONG-TERM DISABILITY BENEFITS.

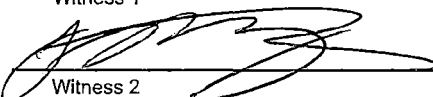
THE APPLICANT'S (EMPLOYEE'S) SIGNATURE MUST BE ATTESTED TO BY TWO DISINTERESTED PERSONS OR ACKNOWLEDGED BEFORE A NOTARY PUBLIC

By signing this agreement, applicant (employee) acknowledges that he/she has read and understands this agreement and has had any questions he/she may have had about this agreement answered to his/her satisfaction.

Witness the signature hereof this 16 day of May, 2019, at Newington, Conn.

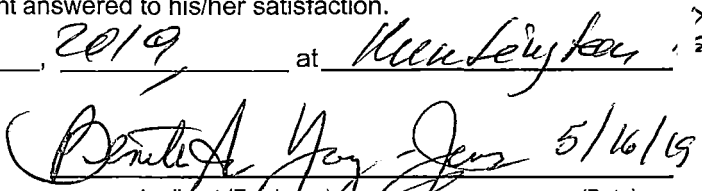


Witness 1 (Date) 5/16/19




Witness 2 (Date) 5/16/19

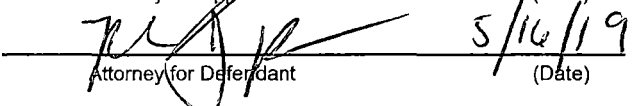
Interpreter (Date)



Applicant (Employee) (Date) 5/16/19



Attorney for Applicant (Date) 5/16/19



Attorney for Defendant (Date) 5/16/19

Attorney for Defendant (Date)

Attorney for Defendant (Date)

Attorney for Defendant (Date)

ACKNOWLEDGMENT

State of California
County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

ADDENDUM "A"
TO COMPROMISE AND RELEASE

RE: **Young, Benetia v. Kedren Community Los Angeles Youth Network**

WCAB Number : ADJ11334762

Claim Number : NPWA-562714

Date(s) of Injury : CT 03/09/2018

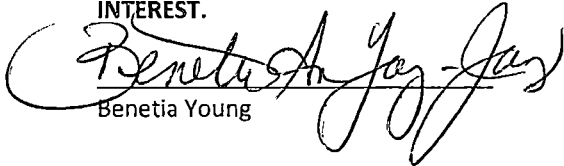
I, **Benetia Young**, Applicant in the above-captioned case, choose to resolve my case(s) now WITHOUT fully determining industrial causation or having a final report find me at maximum medical improvement. I understand that without a final report, a doctor has not determined my level of disability, if any, and the need for future medical treatment which affects the value of my case. I desire to resolve my case now which allows me to control my medical treatment and avoid the risk of additional litigation.

Furthermore, there are personal circumstances that make it in my best interest to resolve my case now.

I have been advised and fully understand:

1. I have a right to be evaluated by panel qualified medical examiner at no expense to me and I choose not to do so.
2. I have a right to reach maximum medical improvement prior to resolving my case against the employer.
3. I may have the right future medical care on an industrial basis.
4. This letter will be presented to the judge.
5. The judge will therefore allow total resolution of my claims against the defendants upon receiving the signed release which is attached to the Compromise and Release.

I HAVE BEEN ADVISED THAT SIGNING THIS DOCUMENT SHOULD ONLY OCCUR IF THIS SETTLEMENT IS IN MY BEST INTEREST.


Benetia Young

5/16/19
Date

Young, Benetia v. Kedren Community Los Angeles Youth Network

WCAB Number: ADJ11334762

Claim Number: NPWA-562714

ADDENDUM TO COMPROMISE AND RELEASE

Applicant guarantees and the parties stipulate, that Applicant did not sustain any compensable injury as a result of Applicant's employment by defendant other than the alleged injuries listed in this Compromise and Release, and that because of alleged injuries Applicant did not suffer injury to any body part, system, or condition not listed or identified in this Compromise and Release. Any and all claims of injury to any body part, system or condition not listed in this Compromise and Release are hereby dismissed with prejudice.

Defendant is only responsible for unpaid medical expense incurred through the date of the Order Approving Compromise and Release. Applicant shall be solely responsible for all medical expense incurred after the date of the Order Approving Compromise and Release.

Defendant does not intend to transfer liability for future medical treatment to the Federal Government. The parties have taken into account Medicare's interests. Applicant is solely responsible for dealing with and satisfying any future claims by Medicare out of the proceeds of this settlement. Neither Applicant's Attorney nor Defendant will have any duty to respond to or liability to reimburse Medicare for any benefit received by Applicant.

Applicant guarantees that he/she is not eligible for Social Security or Medicare benefits, and has not applied for Social Security benefits, and Applicant does not intend to apply for Social Security benefits within the next 30 months.

As long as the defendant employer maintained a medical provide network, the following is hereby stipulated to by the applicant: The defendant has satisfied all statutes and regulations regarding the medical provider network; the defendant has had at all times since the date(s) of injury the right to medical provider network control; the defendant provided all statutorily required medical provider network notices to the applicant on a timely basis; and, the applicant received all required medical provider network notices and had access to defendant's medical provider network at all relevant times.

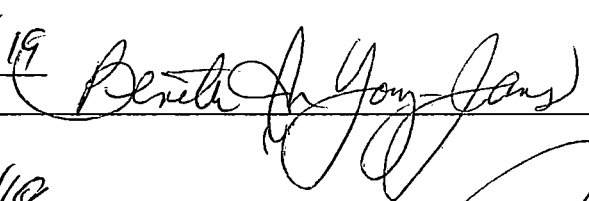
The defendant disputes all medical bills and lien claims relating to treatment provided by any person or entity not within the defendant's medical provider network. The defendant reserves the right to litigate the issue of reasonableness and necessity of all costs, treatment, and services obtained outside the medical provider network, and the defendant expressly asserts all statutory and regulatory defenses, whether expressly or implicitly set forth in the Labor Code and all applicable regulatory sections. WCAB to retain jurisdiction for all liens.

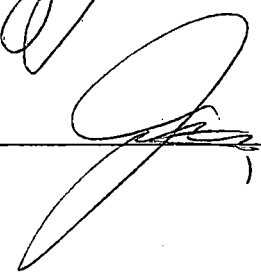
In further consideration of Defendant's payment of the settlement proceeds from the Compromise and Release, Applicant forever releases and waives all rights to supplemental job displacement benefits pursuant to Labor Code sections 4658.5 and 4658.6.

Any and all claims and petitions alleging violation of Labor Code section 132a and/or 4553 by defendant employer are dismissed with prejudice. The parties stipulate that defendant employer has not violated Labor Code sections 132a or 4553.

Defendant asserts credit for any and all permanent disability advances, including any not listed in paragraph 7. All permanent disability advances are to be deducted from the settlement amount.

This Compromise and Release resolves all claims for penalties per Labor Code sections 4650 and 5814, claims for interest under Labor Code section 5800, Attorney's fees, sanctions and costs under Labor Code sections 4607, 5814.5, and Labor Code section 5813 from the date(s) of injury herein through the 30th day after service of the Order Approving Compromise and Release.

DATED: 5/16/19 
_____) APPLICANT

DATED: 5/16/19 
_____) ATTORNEY FOR APPLICANT

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

Benetia Young <div style="text-align: right;"><i>Applicant</i></div>	vs. Los Angeles Youth Network; York Roseville <div style="text-align: right;"><i>Defendants.</i></div>
---	--

Case No.
ADJ11334762

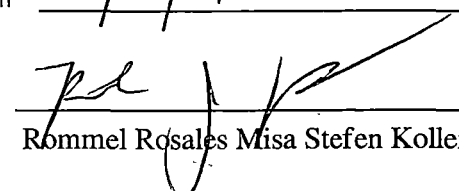
**DECLARATION OF DEFENDANT
RE: RESOLUTION OF LIENS**

I, Rommel Rosales Misa Stefen Koller Ward, LLP, am the attorney or representative for defendant Los Angeles Youth Network; York Roseville in the above-entitled matter.

I have made the following good faith efforts to resolve each of the liens in this case. List ALL lien claims below. Use supplemental pages as necessary.

Lien Claimant	Nature and Date of Lien Resolution Efforts	Result
	THERE ARE NO OUTSTANDING LIEN CLAIMANTS OF RECORD PER EAMS.	

I declare under penalty of perjury that the foregoing is true and correct and that this affidavit was executed at

HUNTINGTON BEACH, California on 5/16/19

Rommel Rosales Misa Stefen Koller Ward, LLP

1 **MSKW HUNTINGTON BEACH**
2 **EAMS Administrator: Ricky Perez**
3 **Phone Number: (714) 625-8566**
4 **Email: rperez@mskwlaw.com**

5 **PROOF OF SERVICE BY MAIL**

6 **RE: Young, Benetia v. Kedren Community Los Angeles Youth Network**
7 **Case No. : ADJ11334762**
8 **Claim No.: NPWA-562714**

9 I, Lisa Lucio, am employed in the County of Orange. I am over 18 years of age, and I am not a
10 party to the within action. My business address is Misa Stefen Koller Ward, LLP, 18141 Beach
11 Blvd., Suite 290, Huntington Beach, CA 92648. On May 21, 2019, I served the within:

- 12 • **COMPROMISE & RELEASE**
- 13 • **ADDENDUM "A" TO COMPROMISE & RELEASE**
- 14 • **ADDENDUM TO COMPROMISE & RELEASE**
- 15 • **DECLARATION OF DEFENDANT RE: RESOLUTION OF LIENS**

16 on the parties listed below in said action by placing a true and correct copy thereof in a sealed
17 envelope with the required postage therein, fully prepaid, for collection and mailing on the date
18 and at the place shown below following ordinary business practices. I am readily familiar with
19 this business' practice for collecting and processing correspondence for mailing. On the same day
20 that this correspondence was placed for collection and mailing, it was deposited in the ordinary
21 course of business in a sealed envelope with postage fully prepaid and deposited in the United
22 States mail at Westminster, California addressed as follows:

23 Workers' Compensation Appeals Board
24 320 W. 4th Street, 9th Floor
25 Los Angeles, CA 90013-2329

Mr. Richard Hernandez
York Risk Services
PO Box 619079
Roseville, CA 95661

26 Natalia Foley Beverly Hills
27 8306 Wilshire Blvd, Ste 115
28 Beverly Hills, CA 90211

Kedren Community Los Angeles Youth
Network
4211 South Avalon
Los Angeles, CA 90011

Harrigan Polan Pasadena
PO Box 7062
Pasadena, CA 91109

Los Angeles Youth Network Inc
1853 Taft Avenue
Los Angeles, CA 90028

Berkshire Hathaway Pasadena
PO Box 881716
San Francisco, CA 94188

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28



I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 21, 2019 at Huntington Beach, California.



Lisa Lucio

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Benefia Young Applicant,

vs.

Los Angeles Youth Network;
Non profits
United c/o York Defendants.

Case No(s): ADJ 1133 4762

ORDER APPROVING
COMPROMISE AND RELEASE
And
AWARD

JOINT ORDER APPROVING C&R

The parties have filed a Compromise and Release in the above-entitled action together with the entire medical record, which is admitted into evidence and have waived the provisions of Labor Code § 5313. For the reasons set forth in the Compromise and Release and based upon an evaluation of the entire record, the settlement appears adequate and should be approved.

- The court has considered the release of applicant's dependents' rights to death benefits in determining the adequacy of the Compromise and Release. **Sumner v. WCAB**, 48 CCC 369.
- This settlement resolves applicant's right to a SJDB.
- In view of the contested issues as set forth in the offer of proof, there are good faith issues, which, if resolved against the employee, would defeat the employee's right to compensation.

Now therefore, **IT IS ORDERED** that said Compromise and Release is approved.

AWARD is made in favor of Applicant Benefia Young and against defendants Non profits United c/o York in the sum of \$ 5,000.00

less the sum of attorney fees of \$ 750.00

- payable to _____
- to be held in trust by defendant pending an agreement or further order of the Board.
 - and less permanent disability advances of \$ _____
 - and less _____ of \$ _____
 - leaving a balance payable to applicant of \$ 4,250.00

The Board retains jurisdiction over liens filed to date and penalties and interest thereon.

Dated: 05/23/2019


Penny Barbosa
Workers' Compensation Judge

- Defendant/ applicant Ordered to serve
- Service on Official Address Record: By _____ Date: _____

STATE OF CALIFORNIA
 DIVISION OF WORKERS' COMPENSATION
 WORKERS' COMPENSATION APPEALS BOARD

Benetia Young
 Applicant,
 vs.
*Los Angeles Youth Network;
 York*
 Defendants.

WALK THROUGH APPEARANCE SHEET

ADJ 11334762

Efiler: Yes _____ No _____

Case set for hearing: Yes _____ No

Walk through document:
 C&R _____ STIP WITH AWARD

_____ 5710 DEPOSITION ATTORNEY'S FEES

_____ PETITION TO COMPEL ATTENDANCE AT
 MEDICAL EVALUATION/DEPO

_____ PETITION FOR STAY ORDER-PJ ONLY

APPEARANCES

APPLICANT PRESENT NOT PRESENT

APPLICANT REPRESENTED BY _____ ATTORNEY HEARING REP.

DEFENDANT REPRESENTED BY MSKW HUNTINGTON BEACH - ATTORNEY HEARING REP.

OTHERS APPEARING ROMMEL ROSALES ATTORNEY HEARING REP.

INTERPRETER _____ CERTIFICATION NO. _____

DISPOSITION: NOTOC ORDER SUSPENDING ACTION ON C&R/STIPS C&R/STIPS APPROVED

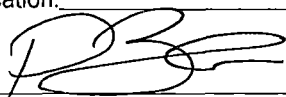
ORDER(s)/COMMENT(s): _____

PETITION APPROVED : 5710 FEES PETITION TO COMPEL ATTENDANCE AT MEDICAL EVALUATION/DEPO
 PETITION FOR STAY ORDER

30 DAYS TO SUBMIT REQUESTED DOC. PETITION DISAPPROVED SET FOR STATUS CONF.

Date: _____ Time: _____ Judge: _____ Location: _____

DATE: 05/23/2019


 Penny Barbosa
 WORKERS' COMPENSATION JUDGE

NOTICE TO: Def Pursuant to Rule 10500, you are designated to serve this/ these document(s) on all interested parties including all
 lien claimants.

Served on parties and lien claimants present

Date _____ By _____

FOR WCAB USE ONLY:

JUDGE ASSIGNED: _____