

APPLEBY & CO.

INC



FEE STATEMENT

Invoice No: 744750

Records Re: DEBORAH CLARKE

SUSAN HASHEMI, L.Ac., 26700 Towne Centre Dr Ste 250, Foothill Rnch, CA 92610-2854 did not provide Appleby & Company with a receipt for the excess fees paid. This is to confirm the following check(s) was paid to the custodian of records.

Date	Number	Amount
07/23/2018	172092	\$15.00

If you require a copy of the cleared check, there will be a \$15.00 fee per check. Please email customerservice@applebyco.com.

APPLEBY & CO. INC

DOB: 05/29/1949

SS#: XXX-XX-9844

DECLARATION

(Evidence Code §1560 & §1561)

Records Pertaining to: DEBORAH CLARKE
SUSAN HASHEMI, L.Ac.
 Name of Business/Location: _____
 Address: 26700 Towne Centre Dr Ste 250, Foothill Rnch, CA 92610-2854
 Phone: (949) 310-7110

I, the undersigned, being duly authorized custodian of records or other qualified witness in the employ of the above named business and having authority to certify the records declare the following:

CERTIFICATION OF RECORDS COPIED

- That as the custodian, I have the authority to certify the records described in the subpoena and/or authorization attached hereto as given to APPLEBY & COMPANY INC. to reproduce electronically in my office, in my presence, under my direction and control. That the sources of information and the records were prepared by the personnel of the business in the ordinary course of business at or near the time of the act, condition, or event.
- The copy is a true copy of all the records described in the Subpoena Duces Tecum and/or Authorization or pursuant to the subdivision (e) of section 1560. The records were delivered to the attorney, the attorney's representative, or the deposition officer for copying at the custodian's or witness' place of business, as the case may be, with the exception of:

CERTIFICATION OF NO RECORDS

- That a thorough search of our files made by me or under my direction and control revealed no records, documents or other things described in the Subpoena and/or Authorization. And, it is understood that this declaration is limited to the information supplied to me in the attached Subpoena and/or Authorization; such records may exist under another name, spelling or identifying date.
- Records described in the Subpoena and/or Authorization did exist. These records are not available to copy because: _____
- No X-rays available. (Please Explain: _____)

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

Executed on 8/7/18 at Foothill Ranch, CA
City State

Suzan Hashemi

Print Name

Suzan Hashemi

Signature

2828 N. Wishon Avenue, Fresno, California 93704 * (559) 222-8402 * (559) 222-5043
 Other Locations: Bakersfield Office * Sacramento Office * Santa Ana Office
 Toll Free - All Locations: (888) 544-2600 * Toll Free Fax (866) 284-5929
 www.applebyco.com

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- The copy is a true copy of all the records described in the Subpoena Duces Tecum and/or Authorization or pursuant to the subdivision (e) of section 1560. The records were delivered to the attorney, the attorney's representative, or the deposition officer for copying at the custodian's or witness' place of business, as the case may be, with the exception of:

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

Executed on _____ at _____, _____ State

Print Name

Signature

APPLEBY & CO.

INC

NOTICE TO PARTY BEING SUBPOENAED

APPLEBY & COMPANY, INC., has been retained by the law firm/company issuing the attached Subpoena to digitally reproduce/microfilm the subject records at your office, as a convenience to your staff.

It will not be necessary for you to make a personal appearance at the time and place stated on the subpoena, if you will comply with the following:

- a. Allow APPLEBY & COMPANY, INC., the Deposition Notaries to copy your complete file at the time of service, OR
- b. Photocopy your entire file and mail all of the copies (or your original file, which will be returned to you within 48 hours of receipt and by certified mail) together with the

SIGNED & DATED DECLARATION OF CUSTODIAN OF RECORDS TO:

APPLEBY & COMPANY, INC.
Deposition Notaries
2828 North Wishon Ave.,
Fresno, CA 93704

PLEASE TAKE NOTE: If you are mailing the records to the above address, then the subject records must be received by APPLEBY & COMPANY, INC., prior to the scheduled desposition date.

If copies are sent, they must be COMPLETE AND READABLE

RECORDS WILL BE RELEASED NO SOONER THAN: 08/06/2018

Title of Case: **DEBORAH CLARKE vs. CVS CAREMARK CORPORATION**

Records in Reference to: **DEBORAH CLARKE**

Attorney(s)/Representatives(s)
for Plaintiff(s)/Petitioner(s): **NATALIA FOLEY, ESQ. ******

Attorney(s)/Representative(s)
for Defendant(s)/Respondent(s): **PEARLMAN, BROWN & WAX, LLP**

Records Subpoenaed by: **DEFENDANT**

2828 N. Wishon Avenue, Fresno, California 93704 * (559) 222-8402 * (559) 222-5043
Other Locations: Bakersfield Office * Sacramento Office * Santa Ana Office
Toll Free - All Locations: (888) 544-2600 * Toll Free Fax (866) 284-5929
www.applebyco.com

000003

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

DEBORAH CLARKE

Claimant/Applicant,

vs.

CVS CAREMARK CORPORATION;
SEDGWICK CMS

Employer/Insurance Carrier/Defendant.

Case No. ADJ11264523;11264503

(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 number or attaching copy of the 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 the Custodian of Records from:
SUSAN HASHEMI, L.Ac.

26700 Towne Centre Dr Ste 250, Foothill Rnch, CA 92610-2854, (949) 310-7110

WE COMMAND YOU to appear before a qualified notary at APPLEBY & COMPANY, INC., 2828 N. Wishon Avenue, Fresno CA 93704, Ten (10) days from the due date of Subpoena service, to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records:

See attached Addendum

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.

DOB: 05/29/1949 SS#: XXX-XX-9844

Date: 07/20/2018

Workers' Compensation Appeals Board of the State of California



ERNO KANE

Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY, 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.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ11264523;11264503

State of California, County of LOS ANGELES

The undersigned states:

That they are (one of) the attorney(s) of record and/or representative(s) for the DEFENDANT in the action captioned on the reverse hereof.

That SUSAN HASHEMI, L.Ac.

has in their possession or under their control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

THE REQUESTED RECORDS ARE PERTINENT TO THE SUBJECT MATTER AND MAY LEAD TO DISCOVERABLE EVIDENCE.

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 07/20/2018, at Fresno, California.

APPLEBY & COMPANY, INC., DEPOSITION NOTARIES As Agents For:
PEARLMAN, BROWN & WAX, LLP

Handwritten signature of Rachel Appleby

Rachel Appleby Signature

2828 N. Wishon Avenue
Fresno, CA 93704

Address (559) 222-8402

Telephone

cc: NATALIA FOLEY, ESQ.****

DECLARATION OF SERVICE

STATE OF CALIFORNIA, COUNTY OF Fresno

I, the undersigned, state that: I served the foregoing subpoena by showing the original and delivering a true copy of 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: Barbara

Date of Service: 7/25/2018

Place: SUSAN HASHEMI, L.Ac. 26700 Towne Centre Dr Ste 250 Foothill Rnch, CA 92610-2854

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

Executed on 7/25/2018, at Fresno, California.

Handwritten signature

Signature

Addendum

Records concerning the below named individual

FROM 5/29/1949 TO PRESENT DATE

Any and all acupuncture records, both private and industrial, concerning the individual named below pertaining to any care, treatment, or examination.

Records Pertaining To:	DEBORAH CLARKE
From Date:	05/29/1949
To Date:	Present Date

000006

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): Julie Feng, Esq. (Bar #227742) PEARLMAN, BROWN & WAX, LLP 1411 W 190th St Ste 225 Gardena, CA 90248-4324 TELEPHONE NO.: (310) 856-4729 FAX NO. (Optional): (310) 436-0525 E-MAIL ADDRESS (Optional): ATTORNEY/PARTY FOR (Name): CVS CAREMARK CORPORATION, DEFENDANT	FOR COURT USE ONLY
STREET ADDRESS: LOS ANGELES WORKERS COMPENSATION APPEALS BOARD MAILING ADDRESS: 320 W. Fourth St., 9th Fl. CITY AND ZIP CODE: Los Angeles, CA 90013-23298 BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEBORAH CLARKE DEFENDANT/ RESPONDENT: CVS CAREMARK CORPORATION	CASE NUMBER: ADJ11264523;11264503
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): DEBORAH CLARKE

- PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): Julie Feng, Esq.** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): 08/06/2018
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought):**
 SUSAN HASHEMI, L.Ac.
 A copy of the subpoena is attached. 26700 Towne Centre Dr Ste 250, Foothill Rnch, CA 92610-2854, (949) 310-7110
- 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:
 - 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.
 - 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 RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- 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: 7/20/2018

Julie Feng, Esq.  /s/ signature on file
 (TYPE OR PRINT NAME) (SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

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

PLAINTIFF/PETITIONER: DEBORAH CLARKE	CASE NUMBER:
DEFENDANT/RESPONDENT: CVS CAREMARK CORPORATION	ADJ11264523;11264503

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: NATALIA FOLEY, ESQ ****	(3) Date of mailing: 7/20/2018
(2) Address: 8306 Wilshire Blvd Ste 115 Beverly Hills, CA 90211-2304	(4) Place of mailing (city and state): Fresno, CA

(5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
 - c. My residence or business address is (specify): Appleby & Company Inc., 2828 N. Wishon Ave. Fresno, CA 93704
 - d. My phone number is (specify): (559) 222-8402

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 7/20/2018

Brenda Rocha

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (specify):
4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

APPLEBY & CO.
— INC —

PROOF OF SERVICE BY MAIL

I am a resident of the State of California, County of Fresno. I am over the age of 18 years old and not a party to the proceeding. My business address is 2828 N. Wishon Avenue, Fresno, California 93704.

On 7/20/2018, I served the Notice to Consumer or Employee and Objection and the Deposition Subpoena for Production of Business Records on all appearing parties and upon any consumer not represented by counsel regarding whose records are being sought, by depositing true copies thereof enclosed in a sealed envelope with postage hereon fully prepaid, in the United States Post Office at Fresno, California, addressed as follows:

NATALIA FOLEY, ESQ.****
8306 Wilshire Blvd Ste 115
Beverly Hills, CA 90211-2304

Executed at Fresno, California on 7/20/2018 I declare under penalty of perjury that the foregoing is true and correct

Signed:

Brenda Rocha

000009

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 7/24/18

Time: 12:00

NOTES

PATIENT NAME:

Deborah Clarke

Right Pulse: Wiry

Left Pulse Wiry

Tongue: Pale / thick T/C

BP: 98/65

HR: 78

BM: daily

Urination: clear / normal

Sleep - Not well PTS

Bruising / both arms

Chest / Neck ⇒ ↓

LBP ⇒ dull deep aching pain L & R

Still using Walker.

Aghi Lumbar / hip
UB23, UB25, GB30
GB31.

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		ICD-10
Problem Focused	99201 55	Central Pain Syndrome G89.0
		Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		
		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joins of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addf 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Return Appointment:

SAH

Payment 15

Amount:

Cash

Check

Credit 15

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

pt. Date: 6/19/18

Time: 2:00

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: deep

Left Pulse: deep

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
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		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red TIB, Sticky TIC
Center TIM

BP: 100/62

HR: 97

BM: constipated /

Urination: clear.

- losing weight -
 - LBP → can't walk too long, sitting / standing too long & pain
 - insomnia - can't fall asleep -

- Cupping, heat, warming gel.
 UB25, UB24, UB28, UB53, UB54, GB30

Return Appointment:

Payment Amount: 15
 Cash
 Check
 Credit 15

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 6/6/18

Time: 12:00

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: Soft

Left Pulse: Soft

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		ICD-10
Problem Focused	99201 55	Central Pain Syndrome G89.0
		Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
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Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		<input checked="" type="checkbox"/> Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cuoping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Purple T/B, sticky
T/C, T/M

BP: 116/71 HR: 74

BM: Not daily / constip.

Urination: Clear / Normal.

- LBP → +3 deep pain
- Stomach pain @ am
- Sleep → Not well all + pain
- cupping, heat, warm gel

Ashi Lumbar, GB30,
Yanran, UB24, UB25
UB17, UB15, UB16

Return Appointment:

Payment	15	-
Amount:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	15	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 5/9/18

Time: 12:00

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: Wiry

Left Pulse: Soft

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
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		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
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		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
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Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		<input checked="" type="checkbox"/> Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red/TIB, NOTIC cracks

BP: 121/84

HR: 101

BM: daily

Urination: Clear Normal

Coughing, fever, pain w/ coughing, chills, ↓ E/L

Sleep - OK

Cupping, heat, warming gel

Ashi Lumban G830, Yoayan.

Return Appointment:

Payment Amount: 15

- Cash
- Check
- Credit

NOTES

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 4/24/18

Time: 12:00

PATIENT NAME: Deborah Clarke

Right Pulse: Rolling

Left Pulse: Wiry

EXAM	FEE	ICD10
New Patient		Current Dx:
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red TIB, Sticky, Whit TIC, TIM

BP: 108/69 HR: 87

BM: daily / Formed

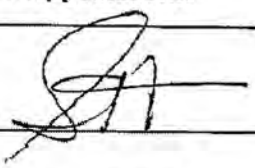
Urination: Clean / Normal

- Sleep -> ok
- PIL today 8/10
before taking medication -
(L) LB (R) LB radiates down -

- UB25, UB26, UB27
UB28, Yaoyan GB36
A8 in Lumbar

- Cupping heat, Warming Set.

Return Appointment:



Payment Amount:	15	-
Cash		
Check		
Credit	15	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 4/10/18

Time: 12:00

PATIENT NAME: Deborah Clarke

NOTES

Right Pulse: Wiry

Left Pulse: Rolling

Tongue: Pale Purple T/B.
Sticky T/C cracks @
Center TIM

BP: 117/66

HR: 92

BM: daily / Formed

Urination: Clean / Normal

- Starting PT today -
- Lumbar Stenosis

EXAM	FEE	ICD10
New Patient		Current Dx:
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Fingers M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Return Appointment:

Payment	15	-
Amount:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	15	-

NOTES

Right Pulse: *rolling*

Left Pulse *rolling*

Tongue: *Red TB, thin TIC*
TIM.

BP: *117/71* HR: *77*

BM: *clearly formed*

Urination: *clear normal*

LBP/hip pain radiating to leg / sitting/walking pain 7/10

- cupping, heat, warming gel

Date: 3/22/18
Time: 12:00

Suzan Hashemi L.Ac

Foothill Ranch

Laguna Hills

PATIENT NAME: *Deborah Clarke*

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		
		Pain in Unspecified Finger M79.646
Minimum	99211 35	Pain in Unspecified Hip M25.559
		Pain in Unspecified Knee M25.569
Problem Focused	99212 60	Pain in Unspecified Joints of Ankle/Foot M25.579
		Pain in Unspecified Joint M25.50
Expanded Problem Focused	99213 80	Myalgia M79.1
		Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/c stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Will pay next time

Return Appointment:

Payment Amount:	10	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input type="checkbox"/> Credit		

NOTES

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 3/13/18

Time: 12:00

PATIENT NAME:

Deborah Clarke

Right Pulse: rolling

Left Pulse rolling

EXAM	FEE	ICD10
New Patient		
		Current Dx: ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		
		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red TIB, thick
Sticky TIC,

BP: 112/71

HR: 83

BM: daily / formed

Urination: clear/Normal.

- LBP
- MRI results => Will
bring next time
- hip pain + 5-7/10

- Cupping, heat,
Warming gel
UB25, UB26, UB27
UB28
Ashi(L) hip

Return Appointment:

[Signature]

Payment Amount:	15	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	15	-

NOTES

Date: 2/13/18
 Time: 12:00

Suzan Hashemi L.Ac

Foothill Ranch
 Laguna Hills

PATIENT NAME: Deborah Clarke

Right Pulse: rolling

Left Pulse rolling

EXAM	FEE	ICD10
New Patient		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red TIB, sticky w/d yellow TIC, TIM.

BP: 107/74

HR: 94

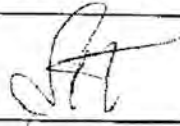
BM: daily / toned

Urination: Normal / clear.

- Balance issue -
- using Walker -
- hip pain
- gate -
- sleep not well -
- HA - wake up w/ throbbing morning -

- cupping, heat, warming gel

(2) hip ASU
 UBB35, UBB36, UBB37, UBB38
 Youfan, GB30, GB ASU
 lumbar region

Return Appointment: 	Payment Amount:	15	-
	<input type="checkbox"/> Cash		
	<input type="checkbox"/> Check		
	<input type="checkbox"/> Credit	15	-

NOTES

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 1/31/18

Time: 12:00 pm

PATIENT NAME: Deborah Clark

Right Pulse: Wiry
Left Pulse: rolling

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		Central Pain Syndrome
		ICD-10 G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma
		ICD-10 G89.11
		Chronic Pain Due to Trauma
		ICD-10 G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified
		ICD-10 R52
		Other Chronic Pain
		ICD-10 G89.29
Detailed	99203 120	Pain in Unspecified Joint
		ICD-10 M25.50
		Pain in Unspecified Shoulder
		ICD-10 M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow
		ICD-10 M25.529
		Pain in Unspecified Wrist
		ICD-10 M25.539
		Pain in Unspecified Hand
		ICD-10 M79.643
Established Patient		Pain in Unspecified Finger
		ICD-10 M79.646
		Pain in Unspecified Hip
		ICD-10 M25.569
Minimum	99211 35	Pain in Unspecified Knee
		ICD-10 M25.569
		Pain in Unspecified Joints of Ankle/Foot
		ICD-10 M25.579
Problem Focused	99212 60	Pain in Unspecified Joint
		ICD-10 M25.50
		Myalgia
		ICD-10 M79.1
Expanded Problem Focused	99213 80	Fibromyalgia
		ICD-10 M79.7
		Cervicalgia
		ICD-10 M54.2
Detailed	99214 120	Sciatica
		ICD-10 M54.3
		Lumbago with Sciatica
		ICD-10 M54.4
		Low Back Pain
		ICD-10 M54.5
Modalities		Pain in Thoracic Spine
		ICD-10 M54.6
		Headache
		ICD-10 R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Pup T/B, thick sticky
whit TIC, T/M, CK

BP: 118/68 HR: 88

BM: daily / soft.

Urination: clear / Normal.

LBP → shooting pain
- leg pain

sleep → insomnia

- cupping, heat, warming gel

UB25, UB28, Yaoyan
GB30, Ashi Lumbas
Uguix

Return Appointment:

[Signature]

Payment Amount:	15	-
Cash		
Check		
<input checked="" type="checkbox"/> Credit	15	-

* New Insurance *

PLEASE PRINT LEGIBLY

Patient Name DEBORAH L CLARKE

Patient, please complete the following questions regarding how you feel today and in the past week.

1. How do you feel today?

Circle your pain level today.

No Pain: 0 1 2 3 4 5 6 7 8 9 10 Unbearable

In the past week, how often have your symptoms been present?

Constantly Frequently Intermittently Occasionally None

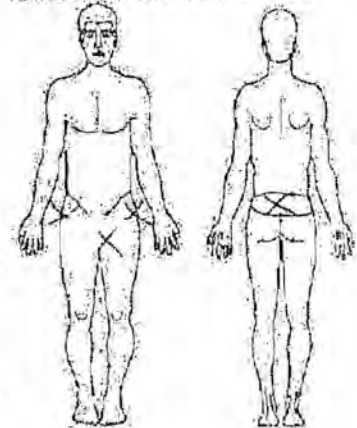
Circle your average and the worst pain level over the past week.

No Pain: 0 1 2 3 4 5 6 7 8 9 10 Unbearable

Currently, how much has your pain interfered with your daily activities?

No Interference: 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.



2. Are you getting better?

Current Condition(s)/Complaint(s)

Rate your overall progress since starting acupuncture

- 1 HIPS
- 2 BACK
- 3 LEGS
- 4 _____

- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse

3. Which type(s) of treatment have been helpful to your condition(s)?

- Acupuncture treatment Nutritional supplements Rehab/Exercise/Home Care
- Chinese herbs Prescription Medication(s) Spinal Adjustment/Manipulation
- Massage therapy Physical therapy Other _____

4. Is there anything new?

Have you had any new complaints/conditions? No Yes Explain _____

Have you had any re-injuries or events that have prolonged your recovery? No Yes

Explain _____

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature Deborah Clarke Date 12/12/17

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 12/12/17

Time: 12:00

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: rolling

Left Pulse Wiry

EXAM	FEE	ICD10
New Patient		Current Dx:
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Purple TIB, thick sticky TIC, TIM.

BP: 123/75

HR: 84

BM: OK daily / formed

urination: Normal / clear.

- Taking antibiotic for infected tooth -

- sleep -> OK
- Hip pain / leg cramp acting

- cupping, heat, warming gel

W823, W825, G830, Yacapan
W860, W862, S13

Return Appointment:

Payment	10	-
Amount:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 12/5/17
Time: 1:00

PATIENT NAME:

Deborah Clarke

NOTES

Right Pulse: Wiry

Left Pulse: rolling

EXAM	FEE	ICD10
New Patient		Current Dx:
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97018 45	
Infrared	97028 45	
Manual Therapy	97140 50	
Herbs		M25.55
		M79.2
Acupuncture		M18.72
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red / Pimp TIB,
Thick sticky TIC, Thru
@ centers.

BP: 91/52 130/93 HR: 90 88

BM: Normal / Formed /
daily

Urination: Clear / burning

- LBP ↑
- leg pain ↑
- hip pain ↑

- cupping heat, warming
gel

UB025, UB026, UB027, G1B30
Yonjan. Ashi hip (2)

Return Appointment:

[Signature]

Payment	10	-
Amount:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	10	-

NOTES

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 11/14/17

Time: 3:00pm

PATIENT NAME: Deborah Mark

Right Pulse: Wiry

Left Pulse: Wiry

EXAM	FEE	ICD10
New Patient		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
		Pain in Thoracic Spine M54.6
		Headache R51
Modalities		
Cupping	97016 45	
Infrared	97026 45	M25.5
Manual Therapy	97140 50	M79.2
Herbs		M78.72
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red/Purp TIB, Dilly
Yellow TIB, CIL, TIM

BP: 147/84 HR: 78

BM: Formed/daily

Urination: Clear/Normal

- Urgent care visit - started PT but it's not helping -
(L) hip Lumbar / Glut. pain
- Using Walker -
- depressed / dlt pain -
- sitting too long ↑ pain -
- deep / dlt + of combined w/ digit. Palp.

- cupping, heat, Euasha, Waindageel
- G830, UB25, UB27, UB28
UB40, Yogan. UB60, UB69
S13 -

Return Appointment:

Payment Amount:	10	-
Cash		
Check		
Credit	10	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

pt. Date: 10/24/17

Time: 12:00

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: rolling

Left Pulse: rolling

EXAM	FEE	ICD10
New Patient		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.843
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	M25.55
Manual Therapy	97140 50	M79.2
Herbs		M70.2
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red T/B, thick sticky
T/C, T/M, C/C

BP: 118/69

HR: 92

BM: daily / Formed

Urination: Clear Normal

- Cupping, heat, warming gel

- Yunnan. GB30, ASlu
(L) hip, UB23, UB25

Return Appointment:

Payment Amount:	10	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 10/17/17

Time: 12:00

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: Wiry

Left Pulse: Wiry

EXAM	FEE	ICD10
New Patient		
		Current Dx: ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		
		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	M25.55
		M79.2
Herbs		M70.7
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Pink T/B, thick
Sticky TIC, TIM,

BP: 127/75

HR: 84

BM: Normal/daily/formed

Urination: Clear/Normal.

- P/L 5/10.

- Sleep - Not well
anxiety

- Cupping, heat,
warming &.

Yanyan, UB25, UB27
UB28

Return Appointment:

Payment Amount:	10	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Date: 10/10/17

NOTES

Foothill Ranch
Laguna Hills

Time: 1:00

PATIENT NAME: Deborah Clarke

Right Pulse: rolling

Left Pulse: wimpy

EXAM	FEE	ICD10
New Patient		
Problem Focused	99201 55	Central Pain Syndrome G89.0
		Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
		Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
		Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Comprehensive / High Complex	99204 145	Pain in Unspecified Joint M25.50
		Myalgia M79.1
		Fibromyalgia M79.7
		Cervicalgia M54.2
		Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
		Pain in Thoracic Spine M54.6
		Headache R51
Established Patient		
Minimum	99211 35	
Problem Focused	99212 50	
Expanded Problem Focused	99213 80	
Detailed	99214 120	
Modalities		
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Pale TIB, thick sticky
TIC, TIM.

BP: 124/75 HR: 87

BM: every other day -

Urination: Normal / clear.


Sleep - Not well at all
Anxiety -

- P/L: Hip 5/10 today
Awan - Aspirin this morning -

- Cupping, heat, warming gel.

- Agui (L) hip - Cupping morning -

- GIBSO, Yayan.

Return Appointment: 	Payment	10	-
	Amount:		
	<input type="checkbox"/> Cash		
	<input type="checkbox"/> Check		
	<input type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Date: 9/29/17

NOTES

Foothill Ranch
Laguna Hills

Time: 12:00

PATIENT NAME: Deborah Clark

Right Pulse: Wiry

Left Pulse Wiry

EXAM	FEE	ICD10
New Patient		
		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		
		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		
		Pain in Thoracic Spine M54.6
		Headache R51
<input type="checkbox"/> Cupping	97016 45	
<input type="checkbox"/> Infrared	97026 45	
<input type="checkbox"/> Manual Therapy	97140 50	
<input type="checkbox"/> Herbs		
Acupuncture		
<input type="checkbox"/> Acupuncture w/o stim	97810 90	
<input type="checkbox"/> Acupuncture addl 15 mins	97811 45	
<input type="checkbox"/> Acupuncture with stim	97813 100	
<input type="checkbox"/> Acupuncture addl 15 mins	97814 50	

Tongue: Pink TIB, thin TIC T/M.

BP: 112/78

HR: 92

BM: OK Normal.

Urination: Normal.

- Balance problems -

M25.552 LBP => improved
M79.7 When standing too long
M70.7 P/L ↑

Not taking tremocodol -

- sleep > dreams -

Cupping, heat, warming

Agui Lumbax.

UB23, UB25, UB26,
UB28, GB30, Yaoyan.

Return Appointment:

Payment Amount:	10	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 9/19/17

Time: 1:00

NOTES

PATIENT NAME: Deborah Clark

Right Pulse: rolling

Left Pulse: rolling

Tongue: Pink T/B, moist greasy
TK, TH.

BP: 114/68 HR: 87

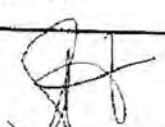
BM: daily / formed

Urination: Normal / clear

-Cupping, heat, warming
80

Abli Lumban Region
UB23, UB25, UB26,
UB28, GB30, Yongja

EXAM	FEE	ICD10
New Patient		
Problem Focused	99201 55	Central Pain Syndrome G89.0
		Acute Pain Due to Trauma G89.11
Expanded Problem Focused	99202 95	Chronic Pain Due to Trauma G89.21
		Pain, Unspecified R52
Detailed	99203 120	Other Chronic Pain G89.29
		Pain in Unspecified Joint M25.50
Comprehensive / High Complex	99204 145	Pain in Unspecified Shoulder M25.519
		Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
		Pain in Unspecified Finger M79.645
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
		Pain in Thoracic Spine M54.6
		Headache R51
Modalities		
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	M25.592
Herbs		M79.2
		M79.3
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Return Appointment:


Payment Amount:	10	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Date: 9/5/17

Time: 1:30

NOTES

PATIENT NAME: Deborah Clark

Right Pulse: falling

Left Pulse: Wiry

Tongue: Red T/B, thick T/C
C/C -> TIM

BP: 121/76

HR: 77

BM: daily / 2-3x/day

Urination: Normal/Clear

- sleep - Not well
wakes up w/ sweat
stress ↑
- anxious-depressed
- Groin pain / LBP / Hip pain
Sharp shooting pain -

- feels better / but she
has to work which
requires bending,
stretching knees/back
which causes the p/L
to come back ↑

Cupping heat, warming
gel

Agui (L) Lat. leg,
Yin tang, Shenmen, Liv3
Liv4. GB31

EXAM	FEE	ICD10
New Patient		Current Dx:
		ICD-10
Problem Focused	99201 55	Central Pain Syndrome G89.0
		Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	X M25.552
Herbs		X M79.2
Acupuncture		X (L) hip bursitis M70.72
Acupuncture w/o stim	97810 90	
Acupuncture add: 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture add: 15 mins	97814 50	

Return Appointment:

Payment Amount: 10

Cash
 Check
 Credit 10

Suzan Hashemi L.Ac

Feothill Ranch
Laguna Hills

Date: 8/22/17

Time: 1:30

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: Soft

Left Pulse: rolling

EXAM	FEE	ICD10
New Patient		Current Dx:
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Red / Purple T/B
Thin T / thickened in
Cent. T/H.

BP: 112/68 HR: 80

BM: loose/daily

Urination: Normal/clear.

- Sleep ok.

- Pain → LB dull
travels bilateral hips
standing P/L ↑ + leg
pain sides -

- Pt walking w/ cane, slight
gate - she fell at work

- Pain ↑ groin area.

- Cupping - heat - warming
set

- UB23, UB24, UB25,
Yao-yao, Ashi (L) hip
Lateral.

Return Appointment:

Payment	10	-
Amount:		
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

App. Date: 8/15/17

NOTES

Foothill Ranch
Laguna Hills

Time: 12:30

PATIENT NAME: Deborah Clarke

Right Pulse: rolling

Left Pulse: rolling

EXAM	FEE	ICD10
New Patient		Current Dx:
		ICD-10
		Central Pain Syndrome G89.0
Problem Focused	99201 55	Acute Pain Due to Trauma G89.11
		Chronic Pain Due to Trauma G89.21
Expanded Problem Focused	99202 95	Pain, Unspecified R52
		Other Chronic Pain G89.29
Detailed	99203 120	Pain in Unspecified Joint M25.50
		Pain in Unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Pain in Unspecified Elbow M25.529
		Pain in Unspecified Wrist M25.539
		Pain in Unspecified Hand M79.643
Established Patient		Pain in Unspecified Finger M79.646
		Pain in Unspecified Hip M25.559
Minimum	99211 35	Pain in Unspecified Knee M25.569
		Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Pain in Unspecified Joint M25.50
		Myalgia M79.1
Expanded Problem Focused	99213 80	Fibromyalgia M79.7
		Cervicalgia M54.2
Detailed	99214 120	Sciatica M54.3
		Lumbago with Sciatica M54.4
		Low Back Pain M54.5
Modalities		Pain in Thoracic Spine M54.6
		Headache R51
Cupping	97016 45	
Infrared	97026 45	
Manual Therapy	97140 50	
Herbs		
Acupuncture		
Acupuncture w/o stim	97810 90	
Acupuncture addl 15 mins	97811 45	
Acupuncture with stim	97813 100	
Acupuncture addl 15 mins	97814 50	

Tongue: Purp / Red TIB
Thin TIC, TIM.

BP: 116/74 HR: 78

BM: Not regular -

Urination: clear -

(L) hip / LBP
- some improvement

- P/L: 4/10
- tramadol / Aspirin - NSAID

- LTR
- sleep -> OK
- sitting long periods
P/L A. Standing P/L ↑
- walking helps -

Cupping, heat, warming gel.
Yeayan, Aslin hips, GB30
UB25, UB28

Return Appointment:

[Signature]

Payment Amount:	10	-
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	10	-

Suzan Hashemi L.Ac

Foothill Ranch

Laguna Hills

Date: 7/11/17

Time: 1:30

PATIENT NAME: Deborah Clarke

DOB:

EXAM	FEE	Special Codes	FEE	ICD10
New Patient				
Problem Focused	99201 55	Int / Pro / Narrative Report	99058	Central Pain Syndrome G89.0
Expanded Problem Focused	99202 95	Med Conference 30	99360	Acute Pain Due to Trauma G89.11
Detailed	99203 120	Med Conference 60	99361	Pain, Unspecified R52
Comprehensive / High Complex	99204 145	Int / Pro / Narrative Report	99080	Chronic Pain Due to Trauma G89.21
Established Patient				
Minimum	99211 35	PR2 - Progress Report	99081	Other Chronic Pain G89.29
Procedure 15 mins				
Problem Focused	99212 60	Physical Rehab / Ther.	97110	Pain in Unspecified Joint M25.50
Expanded Problem Focused	99213 80	Massage	97124	Pain in unspecified Shoulder M25.519
Detailed	99214 120	Manual Therapy	97140 50	Pain in Unspecified Elbow M25.529
Modalities				
Cupping	97016 45	NMR	97112	Pain in Unspecified Wrist M25.539
Infrared	97026 45	Herbs		Pain in Unspecified Hand M79.643
		Supplies	99070	Pain in Unspecified Finger M79.646
Acupuncture				
Acupuncture w/o stim	97810 90			Pain in Unspecified Hip M25.559
Acupuncture addl 15 mins	97811 45			Pain in Unspecified Knee M25.569
Acupuncture with stim	97813 100			Pain in Unspecified Joints of Ankle/Foot M25.579
Acupuncture addl 15 mins	97814 50			Pain in Unspecified Joint M25.50
				Myalgia M79.1
				Fibromyalgia M79.7
				Cervicalgia M54.2
				Sciatica M54.3
				Lumbago with Sciatica M54.4
				Pain Thoracic Spine M54.6
				Low Back Pain M54.5
				Headache R51

M79.72

M25.552

M79.2

Return Appointment:

PT. BALANCE DUE:
COPAY DUE:
TOTAL DUE:

Payment Amount:	10	
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check		
<input checked="" type="checkbox"/> Credit	10	

Suzan Hashemi L.Ac

Foothill Ranch
Laguna Hills

Jt. Date: 6/27/17
Time: 1:30

NOTES

PATIENT NAME: Deborah Clarke

Right Pulse: Wiry

Left Pulse Wiry

Tongue: Red / Purple TIB.
Thin sticky TIC

BP: 136/71

HR: 67

BM: Not daily

Urination: Namad / clear.

- some congestion,
Balance problem -
Falling forward.

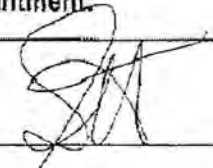
Hip pain ->

HA -> today -

Cupping, heat, warming
SSP

Ashi (L) hip -
Yin yang, Shenmen

EXAM	FEE	CD10		
New Patient			Current Dx:	ICD-10
			Central Pain Syndrome	G89.0
Problem Focused	99201	55	Acute Pain Due to Trauma	G89.11
			Chronic Pain Due to Trauma	G89.21
Expanded Problem Focused	99202	95	Pain, Unspecified	R52
			Other Chronic Pain	G89.29
Detailed	99203	120	Pain in Unspecified Joint	M25.50
			Pain in Unspecified Shoulder	M25.519
Comprehensive / High Complex	99204	145	Pain in Unspecified Elbow	M25.529
			Pain in Unspecified Wrist	M25.539
			Pain in Unspecified Hand	M79.643
Established Patient			Pain in Unspecified Finger	M79.646
			Pain in Unspecified Hip	M25.559
Minimum	99211	35	Pain in Unspecified Knee	M25.569
			Pain in Unspecified Joints of Ankle/Foot	M25.579
Problem Focused	99212	60	Pain in Unspecified Joint	M25.50
			Myalgia	M79.1
Expanded Problem Focused	99213	80	Fibromyalgia	M79.7
			Cervicalgia	M54.2
Detailed	99214	120	Sciatica	M54.3
			Lumbago with Sciatica	M54.4
			Low Back Pain	M54.5
Modalities			Pain in Thoracic Spine	M54.6
			Headache	R51
Cupping	97016	45		
Infrared	97026	45		M70.2
Manual Therapy	97140	50		M25.552
Herbs				M79.2
Acupuncture				
Acupuncture w/o stim	97810	90		
Acupuncture addl 15 mins	97811	45		
Acupuncture with stim	97813	100		
Acupuncture addl 15 mins	97814	50		

Return Appointment: 

Payment	10
Amount:	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check	
<input checked="" type="checkbox"/> Credit	10

Suzan Hashemi L.Ac

App e: 6/23/17

Foothill Ranch

Time: 1:30

Laguna Hill's

PATIENT NAME: Deborah Clarke

DOB: 5/29/1949

EXAM	FEE	FEE	ICD10
New Patient			
Problem Focused	99201 55	Int / Pro / Narrative Report 99058	Central Pain Syndrome G89.0 Acute Pain Due to Trauma G89.11 Pain, Unspecified R52
Expanded Problem Focused	99202 95	Med Conference 30 99360	Chronic Pain Due to Trauma G89.21 Other Chronic Pain G89.29
Detailed	99203 120	Med Conference 60 99361	Pain in Unspecified Joint M25.50 Pain in unspecified Shoulder M25.519
Comprehensive / High Complex	99204 145	Int / Pro / Narrative Report 99080	Pain in Unspecified Elbow M25.529 Pain in Unspecified Wrist M25.539
		PR2 - Progress Report 99081	Pain in Unspecified Hand M79.643 Pain in Unspecified Finger M79.646
Established Patient			
		Procedure 15 mins	Pain in Unspecified Hip M25.569 Pain in Unspecified Knee M25.569
Minimum	99211 35	Physical Rehab / Ther. 97110	Pain in Unspecified Joints of Ankle/Foot M25.579
Problem Focused	99212 60	Massage 97124	Pain in Unspecified Joint M25.50 Myalgia M79.1
Expanded Problem Focused	99213 80	Manual Therapy 97140 50	Fibromyalgia M79.7 Cervicalgia M54.2
Detailed	99214 120	NMR 97112	Sciatica M54.3 Lumbargia with Sciatica M54.4 Pain Thoracic Spine M54.6 Low Back Pain M54.5
Modalities			Headache R51
Cupping	97016 45	Acupuncture	
Infrared	97026 45	Herbs	
		Supplies 99070	
			K M70.72
Acupuncture			
Acupuncture w/o stim	97810 90		M25.562
Acupuncture addl 15 mins	97811 45		M79.2
Acupuncture with stim	97813 100		
Acupuncture addl 15 mins	97814 50		

Return Appointment:	PT. BALANCE DUE:	Payment Amount:	10
	COPAY DUE:	Cash	
	TOTAL DUE:	Check	
		Credit	10

Suzan Hashemi L.Ac

Foothill Ranch

Ap Date: 6/6/17

Time: 1:30


PATIENT NAME: Deborah Clarke

DOB: 5/29/1949

EXAM	FEE	FEE	CD 10
New Patient		Special Codes	
Problem Focused	99201 55	Int / Pro / Narrative Report	99058
Expanded Problem Focused	99202 95	Med Conference 30	99360
Detailed	99203 120	Med Conference 60	99361
Comprehensive / High Complex	99204 145	Int / Pro / Narrative Report	99080
		PR2 - Progress Report	99081
Established Patient		Procedure 15 mins	
Minimum	99211 35	Physical Rehab / Ther.	97110
Problem Focused	99212 50	Massage	97124
Expanded Problem Focused	99213 80	Manual Therapy	97140 50
Detailed	99214 120	NMR	97112
Modalities			
Cupping	97016 45	Acupuncture	
Infrared	97026 45	Herbs	
		Supplies	99070
Acupuncture			
Acupuncture w/o stim	97810 90		
Acupuncture addl 15 mins	97811 45		
Acupuncture with stim	97813 100		
Acupuncture addl 15 mins	97814 50		

Current Dx:	ICD-10
Central Pain Syndrome	G89.0
Acute Pain Due to Trauma	G89.11
Pain, Unspecified	R52
Chronic Pain Due to Trauma	G89.21
Other Chronic Pain	G89.29
Pain in Unspecified Joint	M25.50
Pain in unspecified Shoulder	M25.519
Pain in Unspecified Elbow	M25.529
Pain in Unspecified Wrist	M25.539
Pain in Unspecified Hand	M79.643
Pain in Unspecified Finger	M79.646
Pain in Unspecified Hip	M25.559
Pain in Unspecified Knee	M25.569
Pain in Unspecified Joints of Ankle/Foot	M25.579
Pain in Unspecified Joint	M25.50
Myalgia	M79.1
Fibromyalgia	M79.7
Cervicalgia	M54.2
Sciatica	M54.3
Lumbago with Sciatica	M54.4
Pain Thoracic Spine	M54.6
Low Back Pain	M54.5
Headache	R51

M70.72
M25.552
M79.2

Return Appointment:	Payment 10
	Amount:
	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check
PT. BALANCE DUE:	<input checked="" type="checkbox"/> Credit 10
COPAY DUE:	
TOTAL DUE:	

PATIENT PROGRESS

Patient completes this form. Acupuncture and Oriental Medicine

PLEASE PRINT LEGIBLY

Patient Name DEBORAH CLARKE

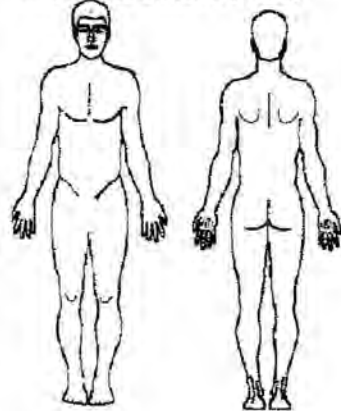
Patient, please complete the following questions regarding how you feel today and in the past week.

1. How do you feel today?

Circle your pain level today.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS



In the past week, how often have your symptoms been present?

Constantly Frequently Intermittently Occasionally None

Circle your average and the worst pain level over the past week.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

Currently, how much has your pain interfered with your daily activities?

No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

2. Are you getting better?

Current Condition(s)/Complaint(s)

Rate your overall progress since starting acupuncture

- 1. HIP PAIN
- 2. LEG PAIN
- 3. BACK PAIN
- 4. KNEE PAIN

- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse

3. Which type(s) of treatment have been helpful to your condition(s)?

- Acupuncture treatment Nutritional supplements Rehab Exercise/Home Care
- Chinese herbs Prescription Medication(s) Spinal Adjustment/Manipulation
- Massage therapy Physical therapy Other EXERCISE

4. Is there anything new?

Have you had any new complaints/conditions? No Yes Explain _____

Have you had any re-injuries or events that have prolonged your recovery? No Yes

Explain FELL AT WORK ON KNEES AND HANDS

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature [Signature]

Date 9-19-17

PATIENT PROGRESS

Patient completes this form. Acupuncture and Oriental Medicine

PLEASE PRINT LEGIBLY

Patient Name DEBORAH L. CLARKE

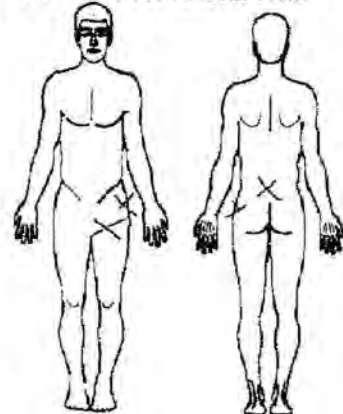
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1. How do you feel today?

Circle your pain level today.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS



In the past week, how often have your symptoms been present?

Constantly Frequently Intermittently Occasionally None

Circle your average and the worst pain level over the past week.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

Currently, how much has your pain interfered with your daily activities?

No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

2. Are you getting better?

Current Condition(s)/Complaint(s)

- 1 SORE GROIN
- 2 HIP PAIN
- 3 BACK PAIN
- 4 KNEE PAIN

Rate your overall progress since starting acupuncture

- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse

3. Which type(s) of treatment have been helpful to your condition(s)?

- Acupuncture treatment Nutritional supplements Rehab Exercise/Home Care
- Chinese herbs Prescription Medication(s) Spinal Adjustment/Manipulation
- Massage therapy Physical therapy Other _____

4. Is there anything new?

Have you had any new complaints/conditions? No Yes Explain _____

Have you had any re-injuries or events that have prolonged your recovery? No Yes

Explain - FELL AT WORK

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature Deborah L. Clarke

Date 9-5-17

PATIENT PROGRESS

Patient completes this form. Acupuncture and Oriental Medicine

PLEASE PRINT LEGIBLY

Patient Name DEBORAH LO NORE CLARKE

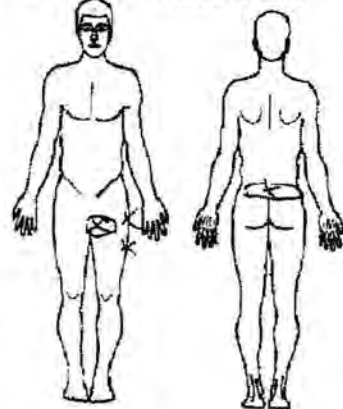
Patient, please complete the following questions regarding how you feel today and in the past week.

1. How do you feel today?

Circle your pain level today.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

MARK AN X ON THE PICTURE WHERE YOU HAVE PAIN OR OTHER SYMPTOMS.



In the past week, how often have your symptoms been present?

Constantly Frequently Intermittently Occasionally None

Circle your average and the worst pain level over the past week.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Unbearable

Currently, how much has your pain interfered with your daily activities?

No Interference 0 1 2 3 4 5 6 7 8 9 10 Unable to carry on any activities

2. Are you getting better?

Current Condition(s)/Complaint(s)

- 1 GROIN AREA PAIN
- 2 HIP PAIN
- 3 BACK PAIN
- 4 LEG PAIN

Rate your overall progress since starting acupuncture

- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse
- Excellent Good Fair Poor Worse

3. Which type(s) of treatment have been helpful to your condition(s)?

- Acupuncture treatment
- Chinese herbs
- Massage therapy
- Nutritional supplements
- Prescription Medication(s)
- Physical therapy
- Rehab Exercise/ Home Care
- Spinal Adjustment/Manipulation
- Other _____

4. Is there anything new?

Have you had any new complaints/conditions? No Yes Explain _____

Have you had any re-injuries or events that have prolonged your recovery? No Yes

Explain FELL AT WORK-

I certify that the above information is complete and accurate to the best of my knowledge. I agree to notify this practitioner immediately whenever I have changes in my health condition or health plan coverage in the future.

Patient Signature Deborah Clarke Date 8-22-17

Suzan Hashemi LAc

Follow Up Visit

Name Deborah Clarke Date 7/11/17 Tx # _____

Payment Type _____

Previous Complaint: Resolved Improved Sl. Improved Unchanged

Chief Complaint

LBP / hip pain -
BM → daily - formed
Menses → Normal
Sleep → Not well d/t pain

BP: 121/77 HR: 74

Pulse:

Left: Wiry Right: Wiry
Tongue: _____

Purp Tib, Thick Sticky Tlc, TIM.
TCM Diagnosis _____

Acupuncture Treatment:

Ashi (L) hip, UB28, UB49, UB50, UB25, UB26, GB30.

Herbal Formula:

Other Therapies: Cupping, heat, Warming gel.

Recommendations:

Practitioner Signature [Signature]

Suzan Hashemi L.Ac

Follow Up Visit

Name Deborah Clarke Date 6/23/17 Tx# 2

Payment Type _____

Previous Complaint: Rescived Improved Sl. Improved Unchanged

Chief Complaint

- back pain → sl. improved.
- Sleep ok

Pulse:

Left: Wiry Right: Wiry

Tongue:

Pimp Red TB, NOTIC.

TCM Diagnosis

Acupuncture Treatment:

UB23, UB25, UB28, UB30, UB51, Yaoyan

Herbal Formula:

Other Therapies: cupping, heat, Warming gel.

Recommendations:

Practitioner Signature

Suzan Hashemi, LAc

New Patient Questionnaire
Acupuncture Intake Form

Date: 6/6/17

Please help us provide you with a complete evaluation by taking the time to fill out this questionnaire carefully. This information is considered confidential. Please fill it out as completely as possible even if you do not feel certain questions pertain to your present condition. Thank You.

Personal Information

Patient Name DEBORAH CLARICE
Email address _____
Address 30751 EL CORAZON #116
City RSM State CA Zip 92688
Phone: (Cell) 916-705-6658 (Home) _____
Height: 5'1" Weight: 123 Sex: F
Date of Birth: 5/29/49 Age: 68
Employer: CVS PHARMACY
Occupation: CASHIER
Drivers License #: R0967340
Social Security #: 565-78-9844
 Single Married Divorced Widowed Other (circle)
Physician: DR. GLORIA MARTINEZ
In Emergency, Notify: VICKIE ELKAN
Relationship: SISTER Phone: 949-630-0040

Spouse/Parental Information

Name _____
Date of Birth _____ Relationship ~~_____~~
Address _____ City _____
State _____ Zip _____
Home Phone _____ Cell phone _____

How did you hear about us?

- Google Search
- Other Internet Search
- Event (Please specify _____)
- Facebook
- Twitter
- Referral (Please provide the name of the person who referred you so that we can properly thank them _____)
- Other (Please specify _____)

Patient Name: _____ Date: _____

Past Medical History

Check any of the following conditions you currently have or have had in the past. Please also check if you feel any of the following are a significant part of your medical history.

- | | | | |
|-----------------------------------------------------------|----------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Thyroid Disorders |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Typhoid Fever |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Goiter | <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Gout | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Polio | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Birth Trauma
(your own birth) | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Herpes | <input type="checkbox"/> Scarlet Fever | _____ |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Seizures | _____ |
| | <input type="checkbox"/> Measles | <input type="checkbox"/> Stroke | _____ |

List medications you are currently taking:
Strength, dose, for how long

⁶
Narco, Advavan, tramadol, Gabapentin, Oxycodone

List substances or medications you are allergic to:

N/A

List any major surgeries you have had:

(L) hip replacement

List significant trauma/injuries you have had (auto accident, falls, etc.):

N/A

List significant family history:

Cancer (Mother) Heart disease (grandparents)

Lifestyle

Please describe your average daily diet: Be specific.

Morning: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Supplements/Herbs/Vitamins/Minerals: (Please list brand, product name, & reason for taking)

- | | | |
|------------------------------------|-----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Drugs | <input type="checkbox"/> Regular Exercise |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Stress | |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Occupational Hazards | |

Patient Name: _____ Date: _____

Reason for Visit

Chief Complaints:

1. MIP PAIN
2. GROIN PAIN
- 3.

Date Began: 2016

Have you been given a medical diagnosis for the above complaint(s)? If so, what?
- yos -

What kind of treatments have you tried? Other concurrent therapies:

Does this condition bother you when you
Sleep Work Other all

What seems to make this condition better? _____
What seems to make this condition worse? _____

Are you currently under the care of a doctor? Yes No
If yes, please provide your doctor's name and phone number.
Name _____
Phone number _____

Have you had acupuncture before? Yes No

Have you taken Chinese herbal formulas before? Yes No

Extremities (edema, deformity, ROM):

Menstrual Hx (cycle, amt, color, discharge, spotting, etc.):

Urine: Normal	Stool: daily constip.
Pulse	Tongue

Left: Wiry	
Right: Wiry	

TCM Diagnosis

Acupuncture Treatment:
(L) Hipashi, UB25, UB27, UB28

Herbal Formula:

Other Therapies: Cupping, heat, Warming gel

Recommendations: Stretching -

Practitioner Signature 

Suzan Hashemi LAc

Name Deborah Clark Date 6/6/17 DOB 5/29/1949
Payment Type _____

Chief Complaint

- Sleep - OK
(L) Hip replace \Rightarrow March 2016
- Walks w/ Cane/Walker.

Heart Rate: <u>89</u>	Respiratory Rate:	Body Wt. _____ lb.
Blood Pressure: mm/hg <u>129/88</u>	Temp:	Consciousness:

Head (Tenderness, location, severity):

Occip

Eyes (tearing, dryness, blurry):

N/A

Ears (hearing, discharge, nodule):

Low Pitch Ringing -

Nose Throat (congestion, sinuses, discharge.):

Sinus -

Abdomen (pain, distention, bowel sound, tenderness, mass):

brackings

Spine (scoliosis, lordosis, kyphosis, ROM):

Patient Name: _____ Date: _____

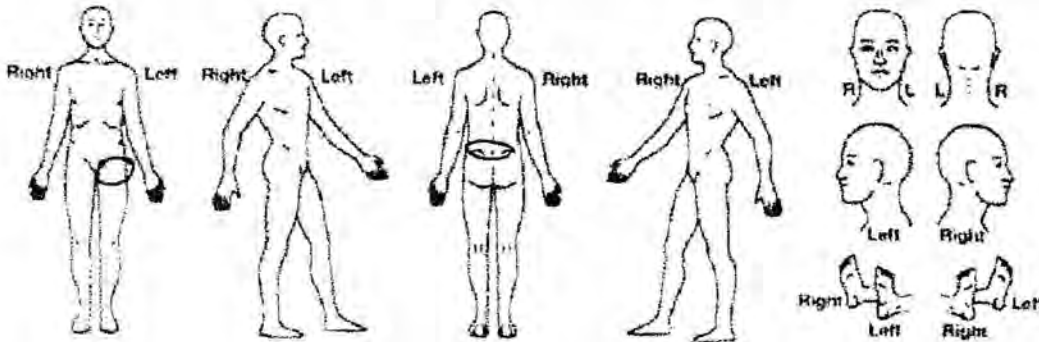
Women Only:

Are you pregnant: (Y / N) Number of pregnancy's _____ Number of Children: _____
Age of first menses: _____

Number of days between cycles: _____ Number of flow days: _____
Typical Color: dark red/ bright red/ pale red /purple

Muscle/Bones/Joints:

Do you have pain or tightness? (No Yes If yes, please indicate the location on the chart below.



The pain is (circle all that apply):

Sharp Aching Superficial Pain Tingling Deep Pain
Dull Numb Burning Shooting

Pain worse in (am/pm) _____
Pain (worse/better) with heat _____
Pain (worse/better) with cold _____
Pain (worse/better) with pressure _____

I have (circle all that apply):

Swollen Joints Arthritis/Joint Pain Tendonitis
Muscle Cramping Repetitive strain injury Bone Pain
Fractured Bone

END OF FILE

APPLEBY & CO. INC

DOB: 05/29/1949

SS#: XXX-XX-9844

DECLARATION (Evidence Code §1560 & §1561)

Records Pertaining to: DEBORAH CLARKE
DAVID JOHNSON, D.C.

Name of Business/Location: _____

Address: 29851 Aventura Ste M, Rancho Santa Margarita, CA 92688-2014

Phone: (949) 459-9163

I, the undersigned, being duly authorized custodian of records or other qualified witness in the employ of the above named business and having authority to certify the records declare the following:

CERTIFICATION OF RECORDS COPIED

- That as the custodian, I have the authority to certify the records described in the subpoena and/or authorization attached hereto as given to APPLEBY & COMPANY INC. to reproduce electronically in my office, in my presence, under my direction and control. That the sources of information and the records were prepared by the personnel of the business in the ordinary course of business at or near the time of the act, condition, or event.
- The copy is a true copy of all the records described in the Subpoena Duces Tecum and/or Authorization or pursuant to the subdivision (c) of section 1560. The records were delivered to the attorney, the attorney's representative, or the deposition officer for copying at the custodian's or witness' place of business, as the case may be, with the exception of:

CERTIFICATION OF NO RECORDS

- That a thorough search of our files made by me or under my direction and control revealed no records, documents or other things described in the Subpoena and/or Authorization. And, it is understood that this declaration is limited to the information supplied to me in the attached Subpoena and/or Authorization; such records may exist under another name, spelling or identifying date.
- Records described in the Subpoena and/or Authorization did exist. These records are not available to copy because: Some records previous to these have been stored off premises & would require substantial effort & money to obtain. complian
- No X-rays available. (Please Explain: In these records are similar to these

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

Executed on 8-16-10 at Foothill Ranch, CA
City State

David A. Johnson, Jr _____
 Print Name Signature

APPLEBY & CO.

INC

DOB: 05/29/1949

SS#: XXX-XX-9844

DECLARATION

(Evidence Code §1560 & §1561)

Records Pertaining to: DEBORAH CLARKE

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The copy is a true copy of all the records described in the Subpoena Duces Tecum and/or Authorization or pursuant to the subdivision (e) of section 1560. The records were delivered to the attorney, the attorney's representative, or the deposition officer for copying at the custodian's or witness' place of business, as the case may be, with the exception of:

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No X-rays available. (Please Explain: _____)

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

Executed on _____ at _____, _____ State

Print Name Signature

2828 N. Wishon Avenue, Fresno, California 93704 * (559) 222-8402 * (559) 222-5043
Other Locations: Bakersfield Office * Sacramento Office * Santa Ana Office
Toll Free - All Locations: (888) 544-2600 * Toll Free Fax (866) 284-5929
www.applebyco.com

APPLEBY & CO.

INC

NOTICE TO PARTY BEING SUBPOENAED

APPLEBY & COMPANY, INC., has been retained by the law firm/company issuing the attached Subpoena to digitally reproduce/microfilm the subject records at your office, as a convenience to your staff.

It will not be necessary for you to make a personal appearance at the time and place stated on the subpoena, if you will comply with the following:

- a. Allow APPLEBY & COMPANY, INC., the Deposition Notaries to copy your complete file at the time of service, OR
- b. Photocopy your entire file and mail all of the copies (or your original file, which will be returned to you within 48 hours of receipt and by certified mail) together with the

SIGNED & DATED DECLARATION OF CUSTODIAN OF RECORDS TO:

APPLEBY & COMPANY, INC.

Deposition Notaries

2828 North Wishon Ave.,

Fresno, CA 93704

PLEASE TAKE NOTE: If you are mailing the records to the above address, then the subject records must be received by **APPLEBY & COMPANY, INC., prior to the scheduled deposition date.**

If copies are sent, they must be **COMPLETE AND READABLE**

RECORDS WILL BE RELEASED NO SOONER THAN: 08/06/2018

Title of Case: **DEBORAH CLARKE vs. CVS CAREMARK CORPORATION**

Records in Reference to: **DEBORAH CLARKE**

Attorney(s)/Representatives(s)
for Plaintiff(s)/Petitioner(s): **NATALIA FOLEY, ESQ. ******

Attorney(s)/Representative(s)
for Defendant(s)/Respondent(s): **PEARLMAN, BROWN & WAX, LLP**

Records Subpoenaed by: **DEFENDANT**

2828 N. Wishon Avenue, Fresno, California 93704 * (559) 222-8402 * (559) 222-5043
Other Locations: Bakersfield Office * Sacramento Office * Santa Ana Office
Toll Free - All Locations: (888) 544-2600 * Toll Free Fax (866) 284-5929
www.applebyco.com

000003

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

Case No. ADJ11264523;11264503

DEBORAH CLARKE

Claimant/Applicant.

vs.

**CVS CAREMARK CORPORATION;
SEDGWICK CMS**

Employer/Insurance Carrier/Defendant.

(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 number or attaching copy of the 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 the Custodian of Records from:
DAVID JOHNSON, D.C

29851 Aventura Ste M, Rancho Santa Margarita, CA 92688-2014, (949) 459-9163

WE COMMAND YOU to appear before a qualified notary at APPLEBY & COMPANY, INC., 2828 N. Wishon Avenue, Fresno CA 93704, Ten (10) days from the due date of Subpoena service, to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records:

See attached Addendum

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.

DOB: 05/29/1949 SS#: XXX-XX-9844

Date: 07/20/2018

Workers' Compensation Appeals Board of the State of California



Eric Kane

Secretary, Assistant Secretary, Workers' Compensation Judge

***FOR INJURIES OCCURRING ON OR AFTER JANUARY, 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.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ11264523;11264503

State of California, County of LOS ANGELES

The undersigned states:

That they are (one of) the attorney(s) of record and/or representative(s) for the DEFENDANT in the action captioned on the reverse hereof.

That DAVID JOHNSON, D.C.

has in their possession or under their control the documents described on the reverse hereof. That said documents are material to the issues involved in the case for the following reasons:

THE REQUESTED RECORDS ARE PERTINENT TO THE SUBJECT MATTER AND MAY LEAD TO DISCOVERABLE EVIDENCE.

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 07/20/2018, at Fresno, California.

APPLEBY & COMPANY, INC., DEPOSITION NOTARIES As Agents For:
PEARLMAN, BROWN & WAX, LLP



Signature

Rachel Appleby

2828 N. Wishon Avenue
Fresno, CA 93704

Address

(559) 222-8402

Telephone

cc: NATALIA FOLEY, ESQ. ****

DECLARATION OF SERVICE

STATE OF CALIFORNIA, COUNTY OF Fresno

I, the undersigned, state that: I served the foregoing subpoena by showing the original and delivering a true copy of 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:

Dr Johnson

Date of Service:

7/25/2018

Place:

DAVID JOHNSON, D.C.
29851 Aventura Ste M
Rancho Santa Margarita, CA 92688-2014

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

Executed on 7/25/2018, at Fresno, California.



Signature

Addendum

Records concerning the below named individual

FROM 5/29/1949 TO PRESENT DATE

Any and all records, both private and industrial, concerning the individual named below pertaining to any care, treatment, or examination.

Records Pertaining To:	DEBORAH CLARKE
From Date:	05/29/1949
To Date:	Present Date

000006

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address): Julie Feng, Esq. (Bar #227742) PEARLMAN, BROWN & WAX, LLP 1411 W 190th St Ste 225 Gardena, CA 90248-4324 TELEPHONE NO.: (310) 856-4729 FAX NO. (Optional): (310) 436-0525 E-MAIL ADDRESS (Optional): ATTORNEY/PARTY FOR (Name): CVS CAREMARK CORPORATION, DEFENDANT	FOR COURT USE ONLY
LOS ANGELES WORKERS COMPENSATION APPEALS BOARD STREET ADDRESS: MAILING ADDRESS: 320 W. Fourth St., 9th Fl. CITY AND ZIP CODE: Los Angeles, CA 90013-23298 BRANCH NAME:	
PLAINTIFF/ PETITIONER: DEBORAH CLARKE DEFENDANT/ RESPONDENT: CVS CAREMARK CORPORATION	CASE NUMBER: ADJ11264523;11264503
<p style="text-align: center;">NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)</p>	

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): DEBORAH CLARKE

- PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): Julie Feng, Esq.** SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): 08/06/2018
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought):**
 DAVID JOHNSON, D.C.
 A copy of the subpoena is attached. 29851 Aventura Ste M, Rancho Santa Margarita, CA 92688-2014, (949) 459-9163
- 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:
 - 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.
 - 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 RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- 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: 7/20/2018

_____ Julie Feng, Esq. /s/ signature on file
 (TYPE OR PRINT NAME) (SIGNATURE OF REQUESTING PARTY ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

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

PLAINTIFF/PETITIONER: DEBORAH CLARKE	CASE NUMBER:
DEFENDANT/RESPONDENT: CVS CAREMARK CORPORATION	ADJ11264523;11264503

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

- At the time of service I was at least 18 years of age and **not a party to this legal action.**
- I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: NATALIA FOLEY, ESQ. ****	(3) Date of mailing: 7/20/2018
(2) Address: 8306 Wilshire Blvd Ste 115 Beverly Hills, CA 90211-2304	(4) Place of mailing (city and state): Fresno, CA

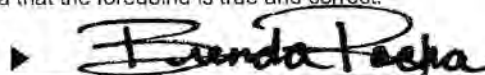
(5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
 - My residence or business address is (specify): Appleby & Company Inc., 2828 N. Wishon Ave, Fresno, CA 93704
 - My phone number is (specify): (559) 222-8402

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 7/20/2018

Brenda Rocha

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
(Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

- At the time of service I was at least 18 years of age and **not a party to this legal action.**
 - I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - ON THE REQUESTING PARTY
 - Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - ON THE WITNESS
 - Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):

(v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - My residence or business address is (specify):
 - My phone number is (specify):
- I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
- Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

APPLEBY & CO.

INC

PROOF OF SERVICE BY MAIL

I am a resident of the State of California, County of Fresno. I am over the age of 18 years old and not a party to the proceeding. My business address is 2828 N. Wishon Avenue, Fresno, California 93704.

On 7/20/2018, I served the Notice to Consumer or Employee and Objection and the Deposition Subpoena for Production of Business Records on all appearing parties and upon any consumer not represented by counsel regarding whose records are being sought, by depositing true copies thereof enclosed in a sealed envelope with postage hereon fully prepaid, in the United States Post Office at Fresno, California, addressed as follows:

NATALIA FOLEY, ESQ.****
8306 Wilshire Blvd Ste 115
Beverly Hills, CA 90211-2304

Executed at Fresno, California on 7/20/2018 I declare under penalty of perjury that the foregoing is true and correct

Signed:

Bunda Pasha

000009

David A. Johnson, D.C.
29851 Aventura Suite M
Rancho Santa Margarita, CA 92688
(949) 459-9163

Deborah Clarke

Patient ID: 76159881 DOB: 05/29/1949 Sex: F Account No.:

Encounter ID: 163896053 Encounter Date: 03/20/2018

Encounter Type: Office Visit

SUBJECTIVE:

Chief Complaint: Px c/o neck and lower back pain moderate to severe. Pain has been there for some time but within the past 6 months has become worse.

History of Hip surgery on 2016 and spinal stenosis

OBJECTIVE:

Objective Notes: C/S and L/S ROM decreased and painful. - MFC and SLR tests. moderate hypertonicity of the paraspinal muscles

ASSESSMENT:

Diagnosis:

ICD-10 Codes:

- 1)M9901; Segmental and somatic dysfunction of cervical regi
- 2)S161XXA; Strain of muscle, fascia and tendon at neck level.
- 3)S29012A; Strain of muscle and tendon of back wall of thorax, initial encounter

PLAN:

Procedures: 1) 99203; New Patient Initial Encounter Detailed
2) 98940; Chiropractic Manipulation 1-2 Areas

Procedure Notes: adjustment with activator

Patient Instructions: PRN

[Electronically Signed] - Date: 8/16/2018 8:27:22 AM

[Provider]: David Johnson, DC

000010

David A. Johnson, D.C.
29851 Aventura Suite M
Rancho Santa Margarita, CA 92688
(949) 459-9163

Deborah Clarke

Patient ID: 76159881 DOB: 05/29/1949 Sex: F Account No.:

Encounter ID: 163896795 Encounter Date: 05/10/2018

Encounter Type: Office Visit

SUBJECTIVE:

Chief Complaint: Px c/o neck and lower back pain moderate to severe. Pain has been there for some time but within the past 6 months has become worse.

History of Hip surgery on 2016 and spinal stenosis

OBJECTIVE:

Objective Notes: C/S and L/S ROM decreased and painful. - MFC and SLR tests. moderate hypertonicity of the paraspinal muscles

ASSESSMENT:

Diagnosis:

ICD-10 Codes:

- 1)M9901; Segmental and somatic dysfunction of cervical regi
- 2)S161XXA; Strain of muscle, fascia and tendon at neck level,
- 3)S29012A; Strain of muscle and tendon of back wall of thorax, initial encounter

PLAN:

Procedures: 1) 98940; Chiropractic Manipulation 1-2 Areas

Procedure Notes: adjustment with activator

Patient Instructions: PRN

[Electronically Signed] - Date: 8/16/2018 8:28:40 AM

[Provider]: David Johnson, DC

000011

David A. Johnson, D.C.
29851 Aventura Suite M
Rancho Santa Margarita, CA 92688
(949) 459-9163

Deborah Clarke

Patient ID: 76159881 DOB: 05/29/1949 Sex: F Account No.:

Encounter ID: 165827043 Encounter Date: 06/27/2018

Encounter Type: Office Visit

SUBJECTIVE:

Chief Complaint: Px c/o neck and lower back pain moderate to severe. Pain has been there for some time but within the past 6 months has become worse.

History of Hip surgery on 2016 and spinal stenosis

OBJECTIVE:

Objective Notes: C/S and L/S ROM decreased and painful. px ambulates with a walker

ASSESSMENT:

Diagnosis:

ICD-10 Codes:

- 1)M9901; Segmental and somatic dysfunction of cervical regi
- 2)S161XXA; Strain of muscle, fascia and tendon at neck level.
- 3)S29012A; Strain of muscle and tendon of back wall of thorax, initial encounter

PLAN:

Procedures: 1) 98940; Chiropractic Manipulation 1-2 Areas

Procedure Notes: adjustment with activator

Patient Instructions: PRN

[Electronically Signed] - Date: 8/16/2018 8:29:54 AM

[Provider]: David Johnson, DC

000012

END OF FILE