

Outpatient

Patient

Kaiser Permanente Disclosure of Patient Medical Information

Kaiser Permanente documents patient medical record information in a Federally certified electronic medical record.

The output contained in this file is one or more of the following:

- A true and accurate copy of the requested patient medical record information for the timeframe requested as authorized by the patient or allowed by law or regulation
- If a medical certification form was requested, we may have substituted relevant medical records in lieu of form completion
- We may have also substituted a standardized electronic form, generated from our certified electronic medical record in lieu of form completion

State and federal law permit the use of electronic signatures (e-signatures) and electronic records in connection with transactions between parties.

- Medical certification forms and electronic records that are signed using electronic signatures can be audited and validated to prevent fraud
- The relevant laws provide that electronic signatures are as legally valid and as legally acceptable as wet signatures

This record output was generated on 9/8/25 and certified by Kaiser Permanente Release of Medical Information

Demographics

Name: Carl Mayfield		
Address: 17351 PEAR ST FONTANA CA 92337		
Date of birth: 4/26/1985	Legal sex: Male	Gender identity: Male
Ethnicity: Unknown	Race: Unknown	Language: English
Home phone: 909-900-8316	Mobile Phone #: 909-900-8316	

Relationships

Name	Relation to Patient	Phone Number
THOMAS, LATOYA	Wife	Mobile: 909-609-9665 (primary)

Basic Information

Date Of Birth	Legal Sex	Race	Ethnic Group	Preferred Spoken Language	Preferred Written Language
4/26/1985	Male	Unknown	Unknown	English	English

Patient Preferred Languages

Interpreter Needed	Spoken Language	Written Language
No	English	English

Active Coverages as of 8/20/2025

BLUE CROSS OF CA		
Plan: BC OF CA	Group: W0051483	Member: xxxxxxxx0910
Effective from: 1/1/2021	Subscriber: MAYFIELD,CARL	Subscriber ID: xxxxxxxx0910

Patient (continued)

Active Coverages (continued) as of 8/20/2025

Guarantor: MAYFIELD,CARL

Care Team

Active

No active care team members

Problem List

Problems last reviewed by Bascombe, Quincy (M.D.), M.D. on 6/7/2021 1422
No problems documented.

Allergies

Allergies last reviewed by Bascombe, Quincy (M.D.), M.D. on 6/7/2021 1422
No Known Allergies

Mayfield, Carl
MRN: 000024368448, DOB: 4/26/1985, Legal Sex: M



IMMUNIZATION RECORD
Comprobante de inmunización

KAISER MR# 000024368448

PRINTED: 09/08/2025

Name

nombre MAYFIELD, CARL

Birthdate

fecha de nacimiento 04/26/1985

Sex

sexoM

Allergies

alergias

Vaccine Reactions

reacciones a la vacu

RETAIN THIS DOCUMENT — CONSERVE ESTE DOCUMENTO

[illegible]

Parents: Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this Record as proof of

Padres: Su niño debe cumplir con los requisitos de vacunas par asistir a la escuela y a la guardería. Marienga esta

DT/TdDTaP/T = Difteria,tetanus [difteria,tetano]= Difteria,tetanus,pertussis(whooping cough)[difteria,tetano,y los

DTPHEPA = Difteria, tetanus, pertussis (whooping cough) [difteria, tetano, y los forino] = Hepatitis A

HEPBHIB = Hepatitis B= HIB Meningitis (Haemophilus influenzae type B) [meningitis Hib]

HPVINFV = Human papilloma virus [viris del papiloma humana]= Influenza [la gripa]

MENINGOCOCC = Meningococcal vaccine [vacuna meningococia]= Measles, mumps, rubella [sarampion, papras rubeola]

PNEUMOPOLIO = Pneumococcae vaccine [pneumococica]= Poliomyelitis [poliomyelitis]

RVVZV	= Rotavirus [rotavirus]= Varicella (chickenpox) [varicela]
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VACCINE	DATE GIVEN	DOCTOR OFFICE OR CLINIC	DATE NEXT DOSE
Eva			
Chicken			

Chicken

TB SKIN TESTS¹ *Pruebas de la Tuberculosis*

Type ²	Date given	Given by	Date read	Read by	mm/indur	Impression
PPD						
PPD						
PPD						

¹ A chest x-ray may be indicated if skin test is positive.² If required for school entry, must be Mantoux unless exception

CHEST X-RAY Film date: ____/____/____ Interpretation: []normal []abnormal[Radiografia] Person is
(Necessary if skin test positive.) Signature/Agency

Patient (continued)

Current Medications

Medications

ⓘ This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Current Medications

None

Advance Care Planning

Plan

Patient Capacity

The patient has full capacity. There is no history of patient status change.

Current Code Status

Date Active	Code Status	Order ID	Comments	User	Context
Not on file					

Active Health Care Decision Makers

There are no active Health Care Decision Makers on file.

Patient (continued)

Advance Care Planning (continued)

Patient Contacts

Patient Contacts

Name	Relationship	Phone	Roles
THOMAS, LATOYA	Wife	909-609-9665	

Visit List as of 8/20/2025

Date	Type	Location	Department	Specialty	Provider
03/05/2021	Message	FONTANA MEDICAL CENTER	FMC FMED EMG	Emergency Medicine	Chao, Jeffrey Chung (M.D.), M.D.
Description: OTHER (encounter created for ED Chao, Jeffrey Chung (M.D.),)					
03/05/2021	ED	FONTANA MEDICAL CENTER	FMC FMED EMG	Emergency Medicine	Chao, Jeffrey Chung (M.D.), M.D.
04/14/2021	Video Visit	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Bascombe, Quincy (M.D.), M.D.
Description: RIGHT ANKLE SPRAIN, INIT; RIGHT FOOT SPRAIN, INIT					
04/29/2021	Video Visit	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Bascombe, Quincy (M.D.), M.D.
Description: RIGHT ANKLE SPRAIN, SUBSEQ; RIGHT FOOT SPRAIN, SUBSEQ					
05/14/2021	Telephone	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Bascombe, Quincy (M.D.), M.D.
Description: APPOINTMENT (Change apt to earlier or later apt MD has a meeting)					
05/14/2021	Telephone	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Reyes, Yolanda P (L.V.N.), L.V.N.
05/17/2021	Video Visit	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Bascombe, Quincy (M.D.), M.D.
Description: RIGHT ANKLE SPRAIN, SUBSEQ; RIGHT FOOT SPRAIN, SUBSEQ					
06/07/2021	Video Visit	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Bascombe, Quincy (M.D.), M.D.
Description: RIGHT ANKLE SPRAIN, SUBSEQ					

03/05/2021 - Message in FMC FMED EMG

Visit Information

Provider Information

Encounter Provider

Chao, Jeffrey Chung (M.D.), M.D.

Department

Name	Address	Phone
FMC FMED EMG	9961 SIERRA AVE. Fontana CA 92335-6720	888-750-0036

Reason for Visit

Chief Complaint

- OTHER (encounter created for ED Chao, Jeffrey Chung (M.D.),); onset date 3/5/2021

END OF ENCOUNTER

04/14/2021 - Video Visit in OCCUPATIONAL MEDICINE

Visit Information

Provider Information

Encounter Provider

Bascombe, Quincy (M.D.), M.D.

Authorizing Provider

Bascombe, Quincy (M.D.), M.D.

Department

Name	Address	Phone	Fax
OCCUPATIONAL MEDICINE	9961 SIERRA AVE Fontana CA 92335-6720	909-427-3917	909-427-5158

Level of Service

Level of Service

OUTPT NEW LEVEL 4

Reason for Visit

Chief Complaint

- PAIN (right ankle/foot DOI: 3/5/21)

Visit Diagnoses

- RIGHT ANKLE SPRAIN, INIT [S93.401A]
- RIGHT FOOT SPRAIN, INIT [S93.601A]

Clinical Notes

Nursing Note

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/14/2021 1320

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —

Author Type: LICENSED VOCATIONAL NURSE

Filed: 4/14/2021 1:20 PM

Encounter Date: 4/14/2021

Creation Time: 4/14/2021 1:20 PM

Status: Signed

Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

04/14/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

1. I explained that there is an available face-to-face appointment with a provider to render the same health care services as this telehealth encounter.
2. The patient consented to receive health care services via telehealth for this encounter.

Patient verified with two patient identifiers: Yes

Body Parts: right ankle/foot DOI: 3/5/21

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 4/14/2021 1:20 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/14/2021 1439

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —

Author Type: LICENSED VOCATIONAL NURSE

Filed: 4/14/2021 2:43 PM
Status: Signed

Encounter Date: 4/14/2021

Creation Time: 4/14/2021 2:39 PM

Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

I informed patient of all orders placed in this encounter. Patient verbalized understanding.

I e-mailed patient's work status and follow up appointment information, to e-mail address on file.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 4/14/2021 2:43 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/16/2021 1543

Author: Reyes, Yolanda P (L.V.N.), L.V.N. Service: —

Author Type: LICENSED VOCATIONAL NURSE

Filed: 4/16/2021 3:44 PM
Status: Signed

Encounter Date: 4/14/2021

Creation Time: 4/16/2021 3:43 PM

Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)

Patient walked into clinic today for ankle brace.

Per doctors order, patient was provided with STABILIZING ANKLE SUPPORT L-CODE L1902

Brace was fitted and dispensed to patient.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 4/16/2021 3:44 PM

Progress Notes**Bascombe, Quincy (M.D.), M.D. at 4/14/2021 1554**

Author: Bascombe, Quincy (M.D.), M.D.
Filed: 4/14/2021 4:04 PM
Status: Signed

Service: —

Encounter Date: 4/14/2021

Author Type: Physician

Creation Time: 4/14/2021 3:54 PM

Editor: Bascombe, Quincy (M.D.), M.D. (Physician)

DOCTOR'S FIRST REPORT OF OCCUPATIONAL INJURY OR ILLNESS

--- This document is for State Form (DFR) ---

Origin of Injury:

Date of Injury: 03/05/2021

KPOJ 1st Visit: 04/14/21