

COMPEX

Tomorrow's Solution TODAY

Delivery Types: CD - 1

Records of : Carl Mayfield

Defendant. : State Fund

Client/Insured : CORRECTIONS & REHABILITATION PAROLE AND COMMUNITY

Adjuster: MILTON CARDOZA

Claim #: 07046168

File Number : 07046168

Case Number : ADJ21327631

CA1210905IME1-001

ID# INFO:

CA1210905IME1-001

8896048



Location : Kaiser Permanente Medical Center- Cva/ Custodian of Records

1830 California Avenue Suite 2

Corona, CA 92881-3378

Record Types : Medical

Deliver To : Mark Davidson, M.D

Attention : Mark Davidson, M.D

8733 Beverley Blvd

West Hollywood, California 90048

Attorney : Mark Davidson, M.D

Office Responsible for Delivery

90503

Hand/Mail Delivery Field Office

MAIL

Customer A/c#

106569

Route #

Note(s) :

Primary Provider :

Additional Recipients :

Delivery Types: CD - 1
Records of : Carl Mayfield
Defendant : State Fund
Client/Insured : CORRECTIONS & REHABILITATION PAROLE AND COMMUNITY
Adjuster : MILTON CARDOZA
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1830 California Avenue Suite 2
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Attention : Mark Davidson, M.D
8733 Beverley Blvd
West Hollywood, California 90048

Attorney : Mark Davidson, M.D

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Customer A/c#

106569

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Route #

MAIL

Note(s) :

THE ITEMS IDENTIFIED ABOVE HAVE BEEN RECEIVED IN GOOD ORDER.

RECEIVED BY: _____ DATE: _____

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



* CA 1 2 1 0 9 0 5 I M E 1 - 0 0 1 *

Compex Order #: CA1210905IME1-001

October 17, 2025

Attestation

Mark Davidson, M.D
8733 Beverley Blvd
West Hollywood, CA 90048

Mark Davidson, M.D,
We recently copied the following documents on:
CARL MAYFIELD

From Custodian of Records:
Kaiser Permanente Medical Center- Cva/ Custodian of Records
1830 California Avenue Suite 2
Corona, CA 92881-3378

For Our Client:
Milton Cardoza
STATE COMPENSATION INSURANCE FUND
5880 Owens Drive, 3rd Floor
Pleasanton, CA 94588
Client file number: 07046168

Our client has requested that we send you a set of the documents copied on the above-mentioned patient.
Please contact our office if you have any questions.

Attestation

I am informed and believe our client, STATE COMPENSATION INSURANCE FUND, has complied with Labor Code section 4062.3. **I further attest the total number of pages provided herein is 68 pages.** I certify that the same is true of my own knowledge, except as to those matters which, upon my information or belief, I believe them to be true. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Our client's office has indicated that you have an appointment with the patient on: at .


Compex Legal Services, Inc.

cc: Milton Cardoza, State Compensation Insurance Fund, 5880 Owens Drive, 3rd Floor, Pleasanton, CA 94588

REQUEST: CA1210905

I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 325 Maple Ave
Torrance, CA 90503

On 08/20/2025, I gave notice to: SEE SERVICE LIST BELOW

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

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 Maple Ave
Torrance, CA 90503

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 08/20/2025.

SIGNED: 

Margie Gollena

Whiting Cotter and Hurlimann
Matthew Hurlimann
1851 East 1st Street, Suite 430
Santa Ana, CA 92701

PROOF OF SERVICE BY MAIL

000001

ATTORNEY OR PARTY WITHOUT ATTORNEY: MILTON CARDOZA (BAR #) STATE COMPENSATION INSURANCE FUND 5880 OWENS DRIVE, 3RD FLOOR, PLEASANTON, CA 94588	TELEPHONE NO 707-452-7977	FOR COURT USE ONLY
ATTORNEY FOR: STATE FUND		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE		
STREET ADDRESS: 3737 MAIN ST, 3RD FL		
MAILING ADDRESS:		
CITY AND ZIP CODE: RIVERSIDE, 92501		
BRANCH NAME: RIVERSIDE WCAB		
PLAINTIFF/PETITIONER: CARL MAYFIELD		
DEFENDANT/RESPONDENT: STATE FUND		
CASE NUMBER: ADJ21327631		
NOTICE OF DEPOSITION		

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

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

	DATE	TIME
KAISSER PERMANENTE MEDICAL CENTER- CVA/ CUSTODIAN OF RECORDS 1830 CALIFORNIA AVENUE SUITE 2, CORONA, CA 92881-3378	09/08/2025	

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

Date: 08/19/2025

MILTON CARDOZA
(Type or Print Name)

/S/ MILTON CARDOZA
(Signature)

ATTORNEY AT LAW
(Title)

NOTICE OF DEPOSITION

C.C.P. 1985

000002

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ21327631

STATE OF CALIFORNIA, County of RIVERSIDE

The undersigned states:

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

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

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

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

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

I declare under penalty that the foregoing is true and correct

Executed on 08/20/2025, at PLEASANTON, California.

/S/ Milton Cardoza

Signature

STATE COMPENSATION INSURANCE
FUND
5880 OWENS DRIVE, 3RD FLOOR
PLEASANTON, CA 94588

925-523-5801

Telephone

DECLARATION OF SERVICE

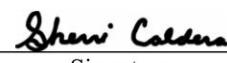
STATE OF CALIFORNIA, County of

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

Name of Person Served	Date	Place
CUSTODIAN	08/20/2025	1830 CALIFORNIA AVENUE SUITE 2 CORONA, CA 92881-3378

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

Executed on 08/20/2025



Signature

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

WORKERS' COMPENSATION APPEALS BOARD

CARL MAYFIELD

Claimant/Applicant,

vs.

STATE FUND

Employer/Insurance Carrier/Defendant.

Case No. **ADJ21327631**

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

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
 Case number or attaching a copy of subpoena)

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

See instruction below.*

The People of the State of California Send Greetings to:

KAISER PERMANENTE MEDICAL CENTER- CVA/ CUSTODIAN OF RECORDS
 1830 CALIFORNIA AVENUE SUITE 2
 CORONA, CA 92881-3378

WE COMMAND YOU to appear before **COMPEX LEGAL SERVICES**

at **325 MAPLE AVENUE, TORRANCE, CALIFORNIA, 90503**

on the **08th day of September, 2025** at **09:00 o'clock A.M.** to testify in the above entitled matter and to bring with you
 and produce the following described documents, papers, books and records:

SEE ATTACHMENT 3

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all
 losses and damages sustained thereby and forfeit one hundred dollars in addition thereto.

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

Date: 08/19/2025

WORKERS' COMPENSATION APPEALS BOARD
 OF THE STATE OF CALIFORNIA



Secretary, Assistant Secretary, Workers' Compensation Judge



***FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990
 AND BEFORE JANUARY 1, 1994**

If no Application for Adjudication of Claim has been filed, a declaration under
 penalty of perjury that the Employee's Claim for Workers' Compensation Benefits
 (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be
 executed properly.

**SEE REVERSE SIDE
 [SUBPOENA INVALID WITHOUT DECLARATION]**

You may fully comply with this subpoena by mailing the records described (or authenticated copies Evid. Code 1561) to the person and place
 stated above within ten (10) days of the date of service of this subpoena.

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice
 from this Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

PLAINTIFF/PETITIONER: **CARL MAYFIELD**CASE NUMBER:
ADJ21327631DEFENDANT/RESPONDENT: **STATE FUND****PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION**

(Code Civ. Proc., §§ 1985.3,1985.6)

 Personal Service/Email 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/Email.** 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: Matthew Hurlimann	(3) Date of mailing: 08/20/2025
(2) Address: 1851 East 1st Street, Suite 430	(4) Place of mailing (<i>city and state</i>): Torrance, 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*): **325 Maple Ave**
Torrance, CA, 90503
- d. My phone number is (*specify*): **800-953-8436**

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

Date: 08/20/2025

Julie Newell

(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 (<i>city and state</i>):
(v) I am a resident of or employed in the county where the <i>Objection to Production of Records</i> 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 (<i>city and state</i>):
(v) I am a resident of or employed in the county where the <i>Objection to Production of Records</i> 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)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): MILTON CARDOZA (BAR#) 5880 OWENS DRIVE, 3RD FLOOR PLEASANTON, CA 94588 TELEPHONE NO.: 707-452-7977 FAX NO. (Optional): 925-416-7250 E-MAIL ADDRESS (Optional): Mjcardoza@scif.com		FOR COURT USE ONLY
ATTORNEY FOR (Name): STATE FUND		
WCAB COURT OF CALIFORNIA, COUNTY OF RIVERSIDE STREET ADDRESS: 3737 MAIN ST, 3RD FL MAILING ADDRESS: CITY AND ZIP CODE: RIVERSIDE, 92501 BRANCH NAME: RIVERSIDE WCAB		
PLAINTIFF / PETITIONER: CARL MAYFIELD DEFENDANT / RESPONDANT: STATE FUND		CASE NUMBER: ADJ21327631
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6)		

NOTICE TO CONSUMER OR EMPLOYEE**TO (name): CARL MAYFIELD****1. PLEASE TAKE NOTICE THAT REQUESTING PARTY (name): STATE FUND**SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): **09/08/2025**

The records are described in the subpoena directed to **witness** (specify name and address of person or entity from whom records are sought): **KAISER PERMANENTE MEDICAL CENTER- CVA/ CUSTODIAN OF RECORDS**
1830 CALIFORNIA AVENUE SUITE 2
CORONA, CA 92881-3378

A copy of the subpoena is attached.

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

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

Date: 08/19/2025

MILTON CARDOZA

(TYPE OR PRINT NAME)

▶ /S/ MILTON CARDOZA

(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)

ATTACHMENT 3

PERTAINING TO:

Carl Mayfield

Date of Birth: 04/26/1985, Social Security Number: 607-32-5062

Including but not limited to records and treatment rendered at: 9961 Sierra Ave , Fontana, California, 92335-6720

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



Order Details	
Order Location:	Kaiser Permanente Medical Center- Cva/ Custodian of Records
Form Created By:	Brian Hafeman
Date & Time :	9/8/2025 11:48:02 AM
Depo Date :	9/8/2025 12:00:00 AM

Record Subject Information	
Subject Name :	Carl Mayfield
AKA:	
SSN :	607-32-5062
DOB :	4/26/1985

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

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

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

ITEM Received	
Status	Comments

Material Received	
Status	Comments

Record Type and Mode of Receipt		
Kaiser Permanente Medical Center- Cva/ Custodian of Records 1830 California Avenue Suite 2, Corona, California, 92881-3378		
	Status	Comments
Medical	All Items Record Types Received - Medical	All Items Record Types Received- Medical

Fee Paid					
Check Number	Payee Name	Amount	Check Date	Payment Type	Memo

Clause Information	
Date Range :	Treated By:
Including but not limited to records and treatment rendered at: 9961 Sierra Ave , Fontana, California, 92335-6720	
All documents and records stored in any format or method including, but not limited to, all medical records, intake forms, patient completed forms and/or documents, correspondence, all office records, emergency room records or reports, inpatient and outpatient charts and records, lien files, SOAP notes, pathology records and reports, lab reports, pharmacy and prescription records, physical therapy records, sign-in sheets, all descriptions of exercises prescribed, documentation which indicate date and time of patient's appointments, insurance documents, all radiology reports and readings, and any other documents maintained pertaining to the care, treatment and examination of the patient.	

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 4/26/1985	Legal Sex Male	Race Unknown	Ethnic Group Unknown	Preferred Spoken Language English	Preferred Written Language English
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Patient Preferred Languages

Interpreter Needed No	Spoken Language English	Written Language English
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Active Coverages as of 8/20/2025**BLUE CROSS OF CA**

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

KAISER PERMANENTEMayfield, Carl
MRN: 000024368448, DOB: 4/26/1985, Legal Sex: M**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.
Description: RIGHT ANKLE SPRAIN, INIT; RIGHT FOOT SPRAIN, INIT					
04/14/2021	Video Visit	FONTANA MEDICAL CENTER	OCCUPATIONAL MEDICINE	Occupational Medicine	Bascombe, Quincy (M.D.), M.D.
Description: RIGHT ANKLE SPRAIN, SUBSEQ; RIGHT FOOT SPRAIN, SUBSEQ					
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	Encounter Date: 4/14/2021
Status: Signed	Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)
	Creation Time: 4/14/2021 2:39 PM

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	Encounter Date: 4/14/2021
Status: Signed	Editor: Reyes, Yolanda P (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)
	Creation Time: 4/16/2021 3:43 PM

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.	Service: —	Author Type: Physician
Filed: 4/14/2021 4:04 PM	Encounter Date: 4/14/2021	Creation Time: 4/14/2021 3:54 PM
Status: Signed	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

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

Job: PAROLE AGENT I at State of California Task: Driving, standing, walking, making a arrest.
Mechanism of Injury: As I stepped off a curb on to the street and my right foot went into a pot hole causing me to lose balance and fall. I landed on my hands and knees. I immediately felt pain in my right foot and right ankle."

Translation required: No

SUBJECTIVE COMPLAINTS:**Treatment History for This Injury:**

Carl Mayfield states his symptoms started immediately.

The patient was initially seen for the injury at a Kaiser Emergency Room.

X-rays performed relative to this visit: personally reviewed by me

Treatment History and Medications:

X-RAY RIGHT ANKLE 03/05/2021

No acute fracture or dislocation

X-RAY RIGHT FOOT 02/05/2021

No acute fracture or dislocation

Chief Complaint:

PAIN

Nursing notes reviewed by QUINCY BASCOMBE MD.

Current Complaints Today:**Patient Complaints:**

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a 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 Carl Mayfield

Worker was originally seen in Kaiser Emergency Room the same day.

X-ray of right foot/ankle showed no acute fracture or dislocation

Worker was given pain meds with recommended rice therapy

Tolerating full duty

Pain: 6/10 today

Onset: immediate

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

Body parts involved: Right foot/ankle

Radiating? no

Duration/timing: Constant with intermittent flares.

Character: Achy, Sharp

Pain worsened by: Certain activities (getting up from a seated position, standing/walking), palpation

Pain improved by: Rest, pain meds, soaking

Associated symptoms: None

Treatments tried in past & outcome:

Medication?

- not applicable

PT/OT? No

Acupuncture? No

Chiropractor? No

Injection? No

Surgery? No

Consult? No

Denies any significant history of injury to the affected body parts

REVIEW OF SYSTEMS:

The patient completed the Regional Review of Systems Questionnaire and I reviewed.

General: No fever, chills, or sweats

Eyes: No eye pain, blurry vision, double vision, or visual disturbances

Ears, Nose, Throat, and Mouth: No pain, hearing loss, or ear ringing

Cardiovascular: No chest pain or palpitations

Respiratory: No wheezing, cough, or shortness of breath

Gastrointestinal: No nausea, vomiting, or abdominal pain and No rectal bleeding or black stools

Genitourinary: No painful urination and No blood in urine

Skin: Mild swelling.

Neurologic: No numbness or tingling of extremities and No headache

Psychiatric: No anxiety or depression

Endocrine: No unexplained weight loss, excessive thirst or excessive urination

Hematology: No easy bruising or bleeding

Allergy: No known environmental allergies

ROS:

Extended Musculoskeletal:

I reviewed with the patient the following extended musculoskeletal systems.

Lower extremity: right foot and right ankle

Past Medical, Family, and Surgical History:

Reviewed Electronic Medical Records: Yes

Patient did not have a prior work related injury to the same body part(s).

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

Patient did not have a prior non-work related injury to the same body part(s).

Family History Reviewed: Reviewed but does not apply to this Workers' Compensation injury or illness.

SOCIAL HISTORY:

Work Status before this visit: Full Duty

Claim Information: pending.

OBJECTIVE FINDINGS:**Vital Signs:**

There were no vitals taken for this visit.

I confirm that I have performed the following examination(s):

Constitutional: Well developed and well nourished and Alert and conversant

Ears, Nose, Throat, and Mouth: No signs of trauma, or deformity

Eyes: Conjunctivae and EOMs are normal

Respiratory: No respiratory distress

Psychiatric: Pleasant, alert, no distress, mood and affect normal

PHYSICAL EXAMINATION:**Musculoskeletal:**

Right ankle: No swelling or deformity. Decreased range of motion.

X-ray and laboratory ordered today:

no

DIAGNOSIS:

S93.401A RIGHT ANKLE SPRAIN, INIT

S93.601A RIGHT FOOT SPRAIN, INIT

There is no evidence of chemical or toxic compounds being involved.

Diagnosis:

(S93.401A) RIGHT ANKLE SPRAIN, INIT

(S93.601A) RIGHT FOOT SPRAIN, INIT

ARE YOUR FINDINGS AND DIAGNOSIS CONSISTENT WITH PATIENT'S ACCOUNT OF INJURY OR ONSET OF ILLNESS?

Yes

In the absence of any other injury, and based on the patient's clinical history, measurable objective findings, and medical records reviewed, it is my medical opinion that Carl Mayfield medical condition listed in the

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

diagnosis, is more likely than not, has a causal relationship to the traumatic injury (described above) while performing his/her duty during the course of employment. The clear inciting event is described in the mechanism of injury section of this documentation.

IS THERE ANY OTHER CURRENT CONDITION THAT WILL IMPEDE OR DELAY PATIENT'S RECOVERY?

No

TREATMENT RENDERED:

Carl Mayfield has been advised to continue the following previous medication(s):

The medication(s)/supplies/radiological studies ordered this visit:

Orders Placed This Encounter

BRACE, ANKLE, LACE UP

Order Specific Question: Result Release to patient?

Answer: Immediate

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY

Order Comments:

Reason: Initial Physical Therapy

The patient is being referred for physical therapy for foot - right.

Frequency: 2 times a week for 3 weeks - total of 6 treatments.

Physical Therapy is appropriate to help improve function, increase strength, range of motion, flexibility, and help minimize discomfort.

This is appropriate per MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Treatment.

Referral Priority: Routine

Referral Type: Outpatient Service

Referral Reason: Specialty Services Required

Referral Location: *FONTANA

Acetaminophen (TYLENOL) 500 mg Oral Tab

Sig: Take 2 tablets by mouth every 6 hours as needed for pain . Do not exceed 6 tablets in 24 hours

Dispense: 100 tablet

Refill: 0

Order Specific Question: Is this medication for a workers' compensation condition?

Answer: Yes

Treatment and Supplies:

I discussed the patients diagnosis, prognosis, and treatment plan at length and all questions were answered. I spent 20 minutes with face to face time with Carl Mayfield

1. Anti-inflammatories prescribed, take as directed. Risk and benefits discussed.

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

2. X-ray of right foot/ankle performed on date of injury showed no acute fracture or dislocation. Discussed with worker.
3. Apply ice to the affected area for 15 min duration, at 3 to 4 times a day
4. Requested authorization for 6 sessions of physical therapy, 2 times a week
5. Will continue full duty
6. Return to clinic as directed
7. Lace-up ankle brace administer

I anticipate treatment may last 6 to 12 weeks for this worker

Patient was informed to immediately go to emergency department before next appointment if symptoms worsen

FACTORS OF CARE:

Medical Work Up: Reviewed and summarized old records and Diagnostic imaging: ordered/reviewed

Medication: Medication prescribed/ordered with pertinent risks and benefits explained to the patient

Treatment Plans and Integration: Discussion with patient regarding return to work (full, modified or off work)

IF FURTHER TREATMENT REQUIRED, SPECIFY TREATMENT PLAN/ESTIMATED DURATION: More than likely the patient's condition is expected to improve or reach maximum medical improvement or full recovery in week(s).

IF HOSPITALIZED AS INPATIENT, GIVE HOSPITAL NAME, LOCATION, AND DATE ADMITTED:
no

WORK STATUS:

See Below

---End of FORM---

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

Full work today.

Other Needs/Restrictions:

Additional Comments: Carl Mayfield checked into our Kaiser Permanente On-the-Job (KPOJ) virtual visit, 4/14/2021, at 1:15 PM and checked out at 2:37 PM.

The patient has a follow-up virtual visit appointment

4/29/2021 1:10 PM Bascombe, Quincy (M.D.), * FOOHS3 FONU

Please call us at (909)427-3917 for any questions or concerns.

Next Appointment: 4/29/2021

QUINCY BASCOMBE MD

4/14/2021, 3:54 PM

Contact Information:

Electronically signed by Bascombe, Quincy (M.D.), M.D. at 4/14/2021 4:04 PM

Other Orders**Medications****Acetaminophen (TYLENOL) 500 mg Oral Tab [6880914187] (Expired)**

Electronically signed by: **Bascombe, Quincy (M.D.), M.D. on 04/14/21 1411** Status: **Expired**
Ordering user: Bascombe, Quincy (M.D.), M.D. 04/14/21 1411 Authorized by: Bascombe, Quincy (M.D.), M.D.
Ordering mode: Standard
PRN reasons: pain
Frequency: Routine Q6H PRN 04/14/21 - 04/13/25 2359 Class: Fill Now
Diagnoses
RIGHT ANKLE SPRAIN, INIT [S93.401A]
RIGHT FOOT SPRAIN, INIT [S93.601A]

Provider Details

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Is this medication for a workers' compensation condition?	Yes

Admin instructions: . Do not exceed 6 tablets in 24 hours

Indications

RIGHT ANKLE SPRAIN, INIT [S93.401A (ICD-10-CM)]

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

Other Orders (continued)

RIGHT FOOT SPRAIN, INIT [S93.601A (ICD-10-CM)]

Referral

REFERRAL PHYSICAL THERAPY / OCCUPATIONAL THERAPY [6880914177] (Active)

Electronically signed by: **Bascombe, Quincy (M.D.), M.D.** on 04/14/21 1404 Status: **Active**
 Ordering user: Bascombe, Quincy (M.D.), M.D. 04/14/21 1404 Authorized by: Bascombe, Quincy (M.D.), M.D.
 Ordering mode: Standard
 Frequency: Routine 04/14/21 - Class: Internal referral
 Quantity: 1
 Diagnoses
 RIGHT ANKLE SPRAIN, INIT [S93.401A]
 RIGHT FOOT SPRAIN, INIT [S93.601A]

Provider Details

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Reason:	*Consult/Referral

Order comments: Reason: Initial Physical Therapy The patient is being referred for physical therapy for foot - right. Frequency: 2 times a week for 3 weeks - total of 6 treatments. Physical Therapy is appropriate to help improve function, increase strength, range of motion, flexibility, and help minimize discomfort. This is appropriate per MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Treatment.

Referral Details

Referred By	Referred To	Type	Priority
Bascombe, Quincy (M.D.), M.D. 9961 SIERRA AVE FONTANA CA 92335-6720	Diagnoses: RIGHT ANKLE SPRAIN, INIT RIGHT FOOT SPRAIN, INIT Order: Referral Physical Therapy / Occupational Therapy Reason: Specialty Services Required Comment: Reason: Initial Physical Therapy	*FONTANA FOR REFERRALS ONLY FONTANA CA 92335-6720 Specialty: Physical Therapy	Occupational Health Routine

The patient is being referred for physical therapy for foot - right.

Frequency: 2 times a week for 3 weeks - total of 6 treatments.

Physical Therapy is appropriate to help improve function, increase strength, range of motion, flexibility, and help minimize discomfort.

This is appropriate per MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine Treatment.

Indications

RIGHT ANKLE SPRAIN, INIT [S93.401A (ICD-10-CM)]
 RIGHT FOOT SPRAIN, INIT [S93.601A (ICD-10-CM)]

Supplies

BRACE, ANKLE, LACE UP [6880914182] (Final result)

Electronically signed by: **Bascombe, Quincy (M.D.), M.D.** on 04/14/21 1404 Status: **Completed**
 Ordering user: Bascombe, Quincy (M.D.), M.D. 04/14/21 1404 Authorized by: Bascombe, Quincy (M.D.), M.D.
 Ordering mode: Standard
 Frequency: Routine 04/14/21 - Class: Back Office
 Quantity: 1 Lab status: Final result
 Diagnoses
 RIGHT ANKLE SPRAIN, INIT [S93.401A]
 RIGHT FOOT SPRAIN, INIT [S93.601A]

Provider Details

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

Other Orders (continued)

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Result Release to patient?	Immediate

Specimen Information

ID	Type	Source	Collected By
—	—	—	04/16/21

BRACE, ANKLE, LACE UP [6880914182]

Resulted: 04/16/21, Result status: Final result

Order status: Completed

Filed by: Reyes, Yolanda P (L.V.N.), L.V.N. 04/16/21 1545

Collected by: 04/16/21

Lab Technician: Yolanda Reyes LVN

Narrative:

Dispensed

Acknowledged by: Bascombe, Quincy (M.D.), M.D. on 04/16/21 1652

Indications

RIGHT ANKLE SPRAIN, INIT [S93.401A (ICD-10-CM)]
RIGHT FOOT SPRAIN, INIT [S93.601A (ICD-10-CM)]

All Reviewers List

Bascombe, Quincy (M.D.), M.D. on 4/16/2021 16:53

Bascombe, Quincy (M.D.), M.D. on 4/16/2021 16:52

END OF ENCOUNTER

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE

Visit Information

Provider Information

Encounter Provider	Authorizing Provider
Bascombe, Quincy (M.D.), M.D.	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

PHYS TAV, EST PAT, 11-20 MIN OF MEDICAL DISCUSSION

Reason for Visit

Chief Complaint

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

Visit Diagnoses

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Reason for Visit (continued)**

- RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]
- RIGHT FOOT SPRAIN, SUBSEQ [S93.601D]

Clinical Notes**Nursing Note****Reyes, Yolanda P (L.V.N.), L.V.N. at 4/29/2021 1315**

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

Author Type: LICENSED VOCATIONAL
NURSE

Filed: 4/29/2021 1:22 PM

Encounter Date: 4/29/2021

Creation Time: 4/29/2021 1:15 PM

Status: Signed

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

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

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 4/29/2021 1:22 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 4/29/2021 1423

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

Author Type: LICENSED VOCATIONAL
NURSE

Filed: 4/29/2021 2:23 PM

Encounter Date: 4/29/2021

Creation Time: 4/29/2021 2:23 PM

Status: Signed

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

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 4/29/2021 2:23 PM

Progress Notes**Bascombe, Quincy (M.D.), M.D. at 4/29/2021 1324**

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

Service: —

Author Type: Physician

Filed: 4/29/2021 3:28 PM

Encounter Date: 4/29/2021

Creation Time: 4/29/2021 1:24 PM

Status: Signed

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

PHYSICIAN'S PROGRESS NOTES**--- This documentation is for State Form (PR2) ---****SUBJECTIVE COMPLAINTS:****REASON FOR PR2:**

Change in patients condition and Other

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****Chief Complaint:**

PAIN

Translation required: No

CURRENT TREATMENT REVIEW FOR THIS INJURY/ILLNESS:

Date of Injury: 03/05/2021

KPOJ 1st Visit: 04/14/21

Job: PAROLE AGENT I at State of California Task: Driving, standing, walking, making a arrest.

Mechanism of Injury: As I stepped off a curb on to the street and my right foot went into a pot hole causing me to lose balance and fall. I landed on my hands and knees. I immediately felt pain in my right foot and right ankle."

DIAGNOSIS

(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ

(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

IMAGES

X-RAY RIGHT ANKLE 03/05/2021

No acute fracture or dislocation

X-RAY RIGHT FOOT 02/05/2021

No acute fracture or dislocation

PHYSICAL THERAPY

Completed a 1/6 sessions

SPECIALIST

None

TREATMENT COURSE

Clinically improving

Current prescribed/advised treatment detail:

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****TREATMENT PROGRESS:**

The patient's symptoms from the previous visit are:

Improving

Carl Mayfield is a 36 year old male with the following subjective factors:

Patient Complaints:

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a 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 Carl Mayfield

"It's not too bad, feels a little bit better" - with regards to right ankle/foot pain

Pain decreased

Foot/ankle brace helping a lot

Tolerating full duty

Pain: 2/10 today

Onset: immediate

Body parts involved: Right foot/ankle

Radiating? no

Duration/timing: Constant with intermittent flares.

Character: Achy, Sharp

Pain worsened by: Certain activities (getting up from a seated position, standing/walking), palpation

Pain improved by: Rest, pain meds, soaking

Associated symptoms: None

Treatments tried in past & outcome:

Medication?

- not applicable

PT/OT? No

Acupuncture? No

Chiropractor? No

Injection? No

Surgery? No

Consult? No

Initial visit history

Worker was originally seen in Kaiser Emergency Room the same day.

X-ray of right foot/ankle showed no acute fracture or dislocation

Worker was given pain meds with recommended rice therapy

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

Tolerating full duty

Denies any significant history of injury to the affected body parts

REVIEW OF SYSTEMS:

General: No fever, chills, or sweats

Eyes: No eye pain, blurry vision, double vision, or visual disturbances

Ears, Nose, Throat, and Mouth: No pain, hearing loss, or ear ringing

Cardiovascular: No chest pain or palpitations

Respiratory: No wheezing, cough, or shortness of breath

Gastrointestinal: No nausea, vomiting, or abdominal pain and No rectal bleeding or black stools

Skin: No rash, redness, or swelling

Neurologic: No numbness or tingling of extremities

Hematology: No easy bruising or bleeding

SOCIAL HISTORY:

Work Status before this visit: Full Duty

OBJECTIVE FINDINGS:

Vital Signs:

There were no vitals taken for this visit.

I confirm that I have performed the following examination(s):

Constitutional: Alert and conversant

Respiratory: No respiratory distress

Psychiatric: Pleasant, alert, no distress, mood and affect normal

PHYSICAL EXAMINATION:

TELEPHONE VISIT

DIAGNOSES:

S93.401D RIGHT ANKLE SPRAIN, SUBSEQ

S93.601D RIGHT FOOT SPRAIN, SUBSEQ

Diagnoses not noted on current encounter:

(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ

(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

TREATMENT PLAN:

Medications:

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

The medication(s)/supplies/radiological studies ordered this visit:

Orders Placed This Encounter

PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT

Order Specific Question: Result Release to patient?

Answer: Immediate

Treatment Rendered:

I discussed the patients diagnosis, prognosis, and treatment plan at length and all questions were answered. I spent 11 minutes with face to face time with Carl Mayfield. Clinically improving.

1. Anti-inflammatories prescribed, take as directed. Risk and benefits discussed.
2. X-ray of right foot/ankle performed on date of injury showed no acute fracture or dislocation. Discussed with worker.
3. Apply ice to the affected area for 15 min duration, at 3 to 4 times a day
4. Continue physical therapy and maintain home exercise program
5. Will continue full duty
6. Return to clinic as directed
7. Lace-up ankle brace administer
8. Will reassess worker in the next following weeks as he completes more physical therapy. Excellent prognosis moving forward.

I anticipate treatment may last may last 3-4 weeks for this worker

Worker was informed to immediately go to the emergency department before next appointment if symptoms worsen as discussed

This encounter was changed from a video visit to a telephone visit due to technical difficulty with establishing a video visit

Time spent with patient or guardian over the phone was 11 minutes.

FACTORS OF CARE:

Medical Work Up: Reviewed and summarized old records and Diagnostic imaging: ordered/reviewed

Medication: Medication prescribed/ordered with pertinent risks and benefits explained to the patient

Treatment Plans and Integration: Discussion with patient regarding return to work (full, modified or off work)

WORK STATUS:

See Below

Primary Treating Physician:

I declare under the penalty of perjury that this report is true and correct to the best of my knowledge and I

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

have not violated Labor Code §139.3.

---End of Progress Notes---

Activity RX/Forms

Full work today.

Other Needs/Restrictions:

Additional Comments: Carl Mayfield checked into our Kaiser Permanente On-the-Job (KPOJ) virtual visit, 4/29/2021, at 1:15 PM and checked out at 2:22 PM.

The patient has a follow-up virtual visit appointment

5/17/2021 1:10 PM Bascombe, Quincy (M.D.), * FOOHS3 FONU

Please call us at (909)427-3917 for any questions or concerns.

Next Appointment: 5/17/2021

QUINCY BASCOMBE MD

4/29/2021, 1:24 PM

Contact Information:

Electronically signed by Bascombe, Quincy (M.D.), M.D. at 4/29/2021 3:28 PM

Procedures

PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT [6880914191] (Active)

04/29/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)

Procedures (continued)

Electronically signed by: **Bascombe, Quincy (M.D.), M.D. on 04/29/21 1333** Status: **Active**
 Ordering user: Bascombe, Quincy (M.D.), M.D. 04/29/21 1333
 Ordering mode: Standard
 Frequency: Routine 04/29/21 -
 Quantity: 1
 Diagnoses
 RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]
 RIGHT FOOT SPRAIN, SUBSEQ [S93.601D]

Authorized by: Bascombe, Quincy (M.D.), M.D.

Class: Back Office
Released by: Bascombe, Quincy (M.D.), M.D. 04/29/21 1333

Provider Details

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Result Release to patient?	Immediate

Indications

RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D (ICD-10-CM)]
 RIGHT FOOT SPRAIN, SUBSEQ [S93.601D (ICD-10-CM)]

END OF ENCOUNTER

05/14/2021 - Telephone in OCCUPATIONAL MEDICINE

Visit Information

Nursing Assessment

No Nursing Assessment available for this encounter.

Communication Tracking

Calls/Messages

Phone (Incoming) on 5/14/2021 1459

Caller name: Mayfield, Carl	Relation: Self	Phone number: 909-900-8316 (H)
-----------------------------	----------------	--------------------------------

Reason for Visit

Chief Complaint

- APPOINTMENT (Change apt to earlier or later apt MD has a meeting), onset date 5/14/2021

Clinical Notes

Telephone Encounter

Cervantes, Maria at 5/14/2021 1458

Author: Cervantes, Maria	Service: —	Author Type: —
Filed: 5/14/2021 3:01 PM	Encounter Date: 5/14/2021	Creation Time: 5/14/2021 2:58 PM
Status: Signed	Editor: Cervantes, Maria	

Call To Patient

Date of Injury: 03/05/21

05/14/2021 - Telephone in OCCUPATIONAL MEDICINE (continued)

Clinical Notes (continued)

Reason for Call:

- Confirmation of Appointment for DOS
- DNK appointment, called to reschedule
- Workers Compensation Potential
- Schedule appointment. Type of appointment - Change his apt to earlier apt time As MD has meeting that afternoon.

- Clinic Cancellation
 - Left message with appointment date and time
 - Left message to return call
- Review Medical Results. Type
- Call per request of physician regarding

Outcome

- Contact made with patient
- Left message with
- No answer, unable to leave message- Tried reaching pt all week no answer and VM is full.**
- Left detail message with DR. regarding (see response below)
- Left message to return call

Electronically signed by Cervantes, Maria at 5/14/2021 3:01 PM

END OF ENCOUNTER

05/14/2021 - Telephone in OCCUPATIONAL MEDICINE

Visit Information**Nursing Assessment**

No Nursing Assessment available for this encounter.

Communication Tracking**Calls/Messages****Phone (Outgoing) on 5/14/2021 1645**

Caller name: Mayfield, Carl

Relation: Self

Phone number: 909-900-8316 (H)

Result: No Answer/Busy

Phone (Incoming) on 5/17/2021 1137

Caller name: Mayfield, Carl

Relation: Self

Phone number: 909-900-8316 (H)

Phone (Incoming) on 5/17/2021 1141

05/14/2021 - Telephone in OCCUPATIONAL MEDICINE (continued)**Communication Tracking (continued)**

Caller name: Mayfield, Carl

Relation: Self

Phone number: 909-900-8316 (H)

Clinical Notes**Telephone Encounter****Reyes, Yolanda P (L.V.N.), L.V.N. at 5/14/2021 1645**

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

Author Type: LICENSED VOCATIONAL
NURSE

Filed: 5/14/2021 4:48 PM

Encounter Date: 5/14/2021

Creation Time: 5/14/2021 4:45 PM

Status: Signed

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

I attempted to contact patient regarding, the need to reschedule 5/17/21, 1:10 PM appointment with Dr. Bascombe, due to scheduling conflict. MD in meeting.

No answer, I was unable to leave a message, patient's mail box is full.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 5/14/2021 4:48 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 5/14/2021 1648

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

Author Type: LICENSED VOCATIONAL
NURSE

Filed: 5/14/2021 4:49 PM

Encounter Date: 5/14/2021

Creation Time: 5/14/2021 4:48 PM

Status: Signed

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

Our master scheduler Maria C. will follow up with rescheduling patient's appointment on 5/17/21.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 5/14/2021 4:49 PM

Cervantes, Maria at 5/17/2021 1137

Author: Cervantes, Maria

Service: —

Author Type: —

Filed: 5/17/2021 11:42 AM

Encounter Date: 5/14/2021

Creation Time: 5/17/2021 11:37 AM

Status: Signed

Editor: Cervantes, Maria

Late entry

[9:15 AM]

Call To Patient

Date of Injury: 03/05/21

Reason for Call:

- Confirmation of Appointment for DOS
- DNK appointment, called to reschedule
- Workers Compensation Potential
- Schedule appointment. Type of appointment
- Clinic Cancellation reschedule apt to earlier time.
 - Left message with appointment date and time
 - Left message to return call
- Review Medical Results. Type
- Call per request of physician regarding

05/14/2021 - Telephone in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****Outcome**

- Contact made with patient
- Left message with
- No answer, unable to leave message VM remains full-
Called contact on file Latoya Thomas @ 909-609-9665 she said she would relay message to patient. However patient did not call KPOJ back.

Latoya Thomas (Wife)

Showing 1 of 1

909-609-9665

- Left detail message with DR. regarding (see response below)
- Left message to return call

Electronically signed by Cervantes, Maria at 5/17/2021 11:42 AM

END OF ENCOUNTER

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE**Visit Information****Provider Information**

Encounter Provider	Authorizing Provider
Bascombe, Quincy (M.D.), M.D.	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
PHYS TAV, EST PAT, 11-20 MIN OF MEDICAL DISCUSSION

Reason for Visit**Chief Complaint**

- PAIN (DOI 3-5-21 RIGHT FOOT/ANKLE)

Visit Diagnoses

- RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]
- RIGHT FOOT SPRAIN, SUBSEQ [S93.601D]

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes****Nursing Note****Farris, Regina A (L.V.N.), L.V.N. at 5/17/2021 1316**

Author: Farris, Regina A (L.V.N.), L.V.N.	Service: —	Author Type: LICENSED VOCATIONAL NURSE
Filed: 5/17/2021 1:17 PM	Encounter Date: 5/17/2021	Creation Time: 5/17/2021 1:16 PM
Status: Signed	Editor: Farris, Regina A (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)	

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a 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

DOI: 3-5-21

Body Parts: RIGHT FOOT/ANKLE

Allergies Reviewed: Yes

Pharmacy Reviewed with patient Yes

REGINA A FARRIS LVN 5/17/2021 1:16 PM

Electronically signed by Farris, Regina A (L.V.N.), L.V.N. at 5/17/2021 1:17 PM

Gamboa, Jacqueline (L.V.N.), L.V.N. at 5/17/2021 1436

Author: Gamboa, Jacqueline (L.V.N.), L.V.N.	Service: —	Author Type: LICENSED VOCATIONAL NURSE
Filed: 5/17/2021 2:36 PM	Encounter Date: 5/17/2021	Creation Time: 5/17/2021 2:36 PM
Status: Signed	Editor: Gamboa, Jacqueline (L.V.N.), L.V.N. (LICENSED VOCATIONAL NURSE)	

Work status for today's visit was e-mailed to patient to the e-mail address provided by patient.

JACQUELINE GAMBOA LVN 5/17/2021 2:36 PM

Electronically signed by Gamboa, Jacqueline (L.V.N.), L.V.N. at 5/17/2021 2:36 PM

Progress Notes**Bascombe, Quincy (M.D.), M.D. at 5/17/2021 1416**

Author: Bascombe, Quincy (M.D.), M.D.	Service: —	Author Type: Physician
Filed: 5/17/2021 2:40 PM	Encounter Date: 5/17/2021	Creation Time: 5/17/2021 2:16 PM
Status: Signed	Editor: Bascombe, Quincy (M.D.), M.D. (Physician)	

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****PHYSICIAN'S PROGRESS NOTES****--- This documentation is for State Form (PR2) ---****SUBJECTIVE COMPLAINTS:****REASON FOR PR2:**

Other

Chief Complaint:

PAIN

Translation required: No

CURRENT TREATMENT REVIEW FOR THIS INJURY/ILLNESS:

Date of Injury: 03/05/2021

KPOJ 1st Visit: 04/14/21

Job: PAROLE AGENT I at State of California Task: Driving, standing, walking, making a arrest.

Mechanism of Injury: As I stepped off a curb on to the street and my right foot went into a pot hole causing me to lose balance and fall. I landed on my hands and knees. I immediately felt pain in my right foot and right ankle."

DIAGNOSIS

(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ

(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

IMAGES

X-RAY RIGHT ANKLE 03/05/2021

No acute fracture or dislocation

X-RAY RIGHT FOOT 02/05/2021

No acute fracture or dislocation

PHYSICAL THERAPY

Completed a 1/6 sessions

SPECIALIST

None

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****TREATMENT COURSE**

Symptoms persistent

Current prescribed/advised treatment detail:

TREATMENT PROGRESS:

The patient's symptoms from the previous visit are:

Persistent

Carl Mayfield is a 36 year old male with the following subjective factors:

Patient Complaints:

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a 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 Carl Mayfield

"Still a little sore" - with regards to affected extremity

"Still feel pain when getting up from seated position"

"Still tender when I walk"

Reports he has only been to one therapy sessions because he has been slammed at work

At present time, patient indicates that the right ankle/foot pain is aching.

Pain severity: 4 (scale 0-10)

Pain radiation pattern to: none.

Aggravating factors: prolonged weight bearing and getting up from seated position.

Associated symptoms: none.

Current working status: working regular duty.

Treatments tried in past & outcome:

Medication?

- not applicable

PT/OT? No

Acupuncture? No

Chiropractor? No

Injection? No

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

Surgery? No
Consult? No

Initial visit history

Worker was originally seen in Kaiser Emergency Room the same day.
X-ray of right foot/ankle showed no acute fracture or dislocation
Worker was given pain meds with recommended rice therapy
Tolerating full duty

Denies any significant history of injury to the affected body parts

REVIEW OF SYSTEMS:

General: No fever, chills, or sweats
Eyes: No eye pain, blurry vision, double vision, or visual disturbances
Ears, Nose, Throat, and Mouth: No pain, hearing loss, or ear ringing
Cardiovascular: No chest pain or palpitations
Respiratory: No wheezing, cough, or shortness of breath
Gastrointestinal: No nausea, vomiting, or abdominal pain and No rectal bleeding or black stools
Skin: No rash, redness, or swelling
Neurologic: No numbness or tingling of extremities
Hematology: No easy bruising or bleeding

SOCIAL HISTORY:

Work Status before this visit: Full Duty

OBJECTIVE FINDINGS:

Vital Signs:
There were no vitals taken for this visit.

I confirm that I have performed the following examination(s):

Constitutional: Alert and conversant
Respiratory: No respiratory distress
Psychiatric: Pleasant, alert, no distress, mood and affect normal

PHYSICAL EXAMINATION:

TELEPHONE VISIT

DIAGNOSES:

S93.401D RIGHT ANKLE SPRAIN, SUBSEQ
S93.601D RIGHT FOOT SPRAIN, SUBSEQ

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

Diagnoses not noted on current encounter:
(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ
(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

TREATMENT PLAN:

Medications:

The medication(s)/supplies/radiological studies ordered this visit:

Orders Placed This Encounter

PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT

Order Specific Question: Result Release to patient?

Answer: Immediate

Treatment Rendered:

I discussed the patients diagnosis, prognosis, and treatment plan at length and all questions were answered. I spent 15 minutes with face to face time with Carl Mayfield. Clinically improving.

1. Anti-inflammatories prescribed, take as directed. Risk and benefits discussed.
2. X-ray of right foot/ankle performed on date of injury showed no acute fracture or dislocation. Discussed with worker.
3. Apply ice to the affected area for 15 min duration, at 3 to 4 times a day
4. Continue physical therapy and maintain home exercise program
5. Will continue full duty
6. Return to clinic as directed
7. Lace-up ankle brace administered
8. Worker has only been to 1 therapy session since authorized. Worker is advised that he needs to attend all sessions to help improve pain/discomfort in affected extremity. Worker is advised to call and schedule an appointment as soon as possible. Reported verbal understanding and agreement. Will re-evaluate worker after he has completed several sessions of physical therapy.

I anticipate treatment may last 3-4 weeks + for this worker

Worker was informed to immediately go to the emergency department before next appointment if symptoms worsen as discussed

This encounter was changed from a video visit to a telephone visit due to technical difficulty with establishing a video visit

Time spent with patient or guardian over the phone was 15 minutes.

FACTORS OF CARE:

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

Medical Work Up: Reviewed and summarized old records and Diagnostic imaging: ordered/reviewed
Medication: Medication prescribed/ordered with pertinent risks and benefits explained to the patient
Treatment Plans and Integration: Discussion with patient regarding return to work (full, modified or off work)

WORK STATUS:

See Below

Primary Treating Physician:

I declare under the penalty of perjury that this report is true and correct to the best of my knowledge and I have not violated Labor Code §139.3.

---End of Progress Notes---**Activity RX/Forms**

Full work today.

Other Needs/Restrictions:

Additional Comments: Carl Mayfield checked into our Kaiser Permanente On-the-Job clinic (KPOJ) 5/17/2021 at 1:15 PM and checked out at 2:34 PM . The patient has a VIDEO follow-up appointment at Fontana KPOJ on:

Future Appointments

6/7/2021 1:50 PM Bascombe, Quincy (M.D.), * FOOHS3 FONU

Patient has been advised to arrive 15 minutes prior to their appt time. Please call us at (909) 427-3917 for any questions or concerns.

Next Appointment: 6/7/2021

05/17/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

Quincy Bascombe, MD, MPH
Occupational Medicine - Board Certified
KPOJ - Fontana
05/17/21, 2:17 PM

Electronically signed by Bascombe, Quincy (M.D.), M.D. at 5/17/2021 2:40 PM

Procedures**PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT [6880914197] (Active)**

Electronically signed by: **Bascombe, Quincy (M.D.), M.D. on 05/17/21 1419** Status: **Active**
Ordering user: Bascombe, Quincy (M.D.), M.D. 05/17/21 1419 Authorized by: Bascombe, Quincy (M.D.), M.D.
Ordering mode: Standard
Frequency: Routine 05/17/21 - Class: Back Office
Quantity: 1 Released by: Bascombe, Quincy (M.D.), M.D. 05/17/21 1419
Diagnoses
RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]
RIGHT FOOT SPRAIN, SUBSEQ [S93.601D]

Provider Details

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Result Release to patient?	Immediate

Indications

RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D (ICD-10-CM)]
RIGHT FOOT SPRAIN, SUBSEQ [S93.601D (ICD-10-CM)]

END OF ENCOUNTER**06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE****Visit Information****Provider Information**

Encounter Provider	Authorizing Provider
Bascombe, Quincy (M.D.), M.D.	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 EST LEVEL 4

Reason for Visit

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Reason for Visit (continued)****Chief Complaint**

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

Visit Diagnosis

- RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]

Clinical Notes**Nursing Note****Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1328**

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

Author Type: LICENSED VOCATIONAL NURSE

Filed: 6/7/2021 1:29 PM

Encounter Date: 6/7/2021

Creation Time: 6/7/2021 1:28 PM

Status: Signed

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

I attempted to contact patient for intake questions for today's virtual appointment, at 1:50 PM with Dr. Bascombe.

Patient did not answer phone call. I left a message on patient's recorder, informing him of today's virtual appointment, and that our office will attempt to reach him again, in a few minutes.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1:29 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1347

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

Author Type: LICENSED VOCATIONAL NURSE

Filed: 6/7/2021 1:48 PM

Encounter Date: 6/7/2021

Creation Time: 6/7/2021 1:47 PM

Status: Signed

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

I attempted to contact patient for intake questions for today's virtual appointment, at 1:50 PM with Dr. Bascombe.

Patient did not answer phone call. I left a message on patient's recorder, informing him of today's virtual appointment, and that our office will attempt to reach him again, in a few minutes.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1:48 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1354

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

Author Type: LICENSED VOCATIONAL NURSE

Filed: 6/7/2021 1:54 PM

Encounter Date: 6/7/2021

Creation Time: 6/7/2021 1:54 PM

Status: Signed

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

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

- 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.
- The patient consented to receive health care services via telehealth for this encounter.

Patient verified with two patient identifiers: Yes

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

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

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1:54 PM

Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 1415

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

Author Type: LICENSED VOCATIONAL
NURSE

Filed: 6/7/2021 2:16 PM

Encounter Date: 6/7/2021

Creation Time: 6/7/2021 2:15 PM

Status: Signed

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

I e-mailed patient's work status, to e-mail address on file.

Electronically signed by Reyes, Yolanda P (L.V.N.), L.V.N. at 6/7/2021 2:16 PM

Progress Notes**Bascombe, Quincy (M.D.), M.D. at 6/7/2021 1408**

Author: Bascombe, Quincy (M.D.), M.D. Service: —

Author Type: Physician

Filed: 6/7/2021 2:23 PM

Encounter Date: 6/7/2021

Creation Time: 6/7/2021 2:08 PM

Status: Signed

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

PHYSICIAN'S PROGRESS NOTES

--- This documentation is for State Form (PR2) ---

SUBJECTIVE COMPLAINTS:**REASON FOR PR2:**

Released from care

This patient is discharged/released and return to regular work with no need for future medical care and no ratable impairment per AMA guides, 5th edition as of today.

Chief Complaint:

PAIN

Translation required: No

CURRENT TREATMENT REVIEW FOR THIS INJURY/ILLNESS:

Date of Injury: 03/05/2021

KPOJ 1st Visit: 04/14/21

Job: PAROLE AGENT I at State of California Task: Driving, standing, walking, making a arrest.

Mechanism of Injury: As I stepped off a curb on to the street and my right foot went into a pot hole causing me to lose balance and fall. I landed on my hands and knees. I immediately felt pain in my right foot and right ankle."

DIAGNOSIS

(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

IMAGES

X-RAY RIGHT ANKLE 03/05/2021

No acute fracture or dislocation

X-RAY RIGHT FOOT 02/05/2021

No acute fracture or dislocation

PHYSICAL THERAPY

Completed a 1/6 sessions. Reports compliance with home exercise program

SPECIALIST

None

TREATMENT COURSE

Clinically improved. Reports no more significant pain/discomfort to affected body part. Tolerating full duty with no restrictions.

Current prescribed/advised treatment detail:

TREATMENT PROGRESS:

The patient's symptoms from the previous visit are:

Improved

Carl Mayfield is a 36 year old male with the following subjective factors:

Patient Complaints:

TELEHEALTH CONSENT

Prior to rendering the telehealth services:

1. I explained that there is available a 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 Carl Mayfield

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

"Doing pretty good" - regards to affected extremity

Reports no more significant pain/discomfort to affected body part. Tolerating full duty with no restrictions.

Reports he has not needed PT but he has been compliant with home exercise program which has helped significantly to improve his pain/discomfort in affected body part

At present time, patient indicates that the right ankle/foot pain is aching.

Pain severity: 0 (scale 0-10). Discomfort may go up to 2/10

Pain radiation pattern to: none.

Aggravating factors: prolonged weight bearing and getting up from seated position.

Associated symptoms: none.

Current working status: working regular duty.

Treatments tried in past & outcome:

Medication?

- not applicable

PT/OT? No

Acupuncture? No

Chiropractor? No

Injection? No

Surgery? No

Consult? No

Initial visit history

Worker was originally seen in Kaiser Emergency Room the same day.

X-ray of right foot/ankle showed no acute fracture or dislocation

Worker was given pain meds with recommended rice therapy

Tolerating full duty

Denies any significant history of injury to the affected body parts

REVIEW OF SYSTEMS:

Respiratory: No wheezing, cough, or shortness of breath

Skin: No rash, redness, or swelling

Neurologic: No numbness or tingling of extremities

Hematology: No easy bruising or bleeding

SOCIAL HISTORY:

Work Status before this visit: Full Duty

OBJECTIVE FINDINGS:

Vital Signs:

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)**

There were no vitals taken for this visit.

I confirm that I have performed the following examination(s):

Constitutional: Alert and conversant

Eyes: Conjunctivae and EOMs are normal

Respiratory: No respiratory distress

Psychiatric: Pleasant, alert, no distress, mood and affect normal

PHYSICAL EXAMINATION:

EXAM DEFERRED

PRESENT FOR EXAM IN VEHICLE

DIAGNOSES:

S93.401D RIGHT ANKLE SPRAIN, SUBSEQ

Diagnoses not noted on current encounter:

(S93.401D) RIGHT ANKLE SPRAIN, SUBSEQ

(S93.601D) RIGHT FOOT SPRAIN, SUBSEQ

TREATMENT PLAN:

Medications:

The medication(s)/supplies/radiological studies ordered this visit:

Orders Placed This Encounter

PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT

Order Specific Question: Result Release to patient?

Answer: Immediate

Treatment Rendered:

I discussed the patients diagnosis, prognosis, and treatment plan at length and all questions were answered. I spent 15 minutes with face to face time with Carl Mayfield. Clinically improved. Reports no more significant pain/discomfort to affected extremity. Tolerating full duty.

1. Return to work with no restrictions, no need for follow-up, and no ratable impairment as per AMA 5th edition guidelines

FACTORS OF CARE:

Medical Work Up: Reviewed and summarized old records and Diagnostic imaging: ordered/reviewed

Medication: Medication prescribed/ordered with pertinent risks and benefits explained to the patient

Treatment Plans and Integration: Discussion with patient regarding return to work (full, modified or off work)

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Clinical Notes (continued)****WORK STATUS:**

See Below

Primary Treating Physician:

I declare under the penalty of perjury that this report is true and correct to the best of my knowledge and I have not violated Labor Code §139.3.

---End of Progress Notes---

Activity RX/Forms

Discharge/Release Status: This patient is discharged/released and may return to full unrestrictive work with no need for future medical care and no ratable impairment per AMA guides, 5th edition

Other Needs/Restrictions:

Additional Comments: Carl Mayfield checked into our Kaiser Permanente On-the-Job (KPOJ) virtual visit, 6/7/2021, at 1:56 PM and checked out at 2:15 PM.

Please call us at (909)427-3917 for any questions or concerns.

Quincy Bascombe, MD, MPH
Occupational Medicine - Board Certified
KPOJ - Fontana
06/07/21, 2:09 PM

Electronically signed by Bascombe, Quincy (M.D.), M.D. at 6/7/2021 2:23 PM

06/07/2021 - Video Visit in OCCUPATIONAL MEDICINE (continued)**Procedures****PHYS SPECIAL REPORT, PR-2 TREATING PHYS'S PROGRESS REPORT [6880914200] (Active)**Electronically signed by: **Bascombe, Quincy (M.D.), M.D. on 06/07/21 1414**Status: **Active**

Ordering user: Bascombe, Quincy (M.D.), M.D. 06/07/21 1414

Authorized by: Bascombe, Quincy (M.D.), M.D.

Ordering mode: Standard

Frequency: Routine 06/07/21 -

Class: Back Office

Quantity: 1

Released by: Bascombe, Quincy (M.D.), M.D. 06/07/21 1414

Diagnoses

RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D]

Provider Details

Provider	NPI
Bascombe, Quincy (M.D.), M.D.	1467847608

Questionnaire

Question	Answer
Result Release to patient?	Immediate

Indications

RIGHT ANKLE SPRAIN, SUBSEQ [S93.401D (ICD-10-CM)]

END OF ENCOUNTER

03/05/2021 - ED in FMC FMED EMG

Visit Information

Admission Information

Arrival Date/Time:	03/05/2021 1446	Admit Date/Time:	03/05/2021 1459	IP Adm. Date/Time:
Admission Type:		Point of Origin:		Admit Category:
Means of Arrival:		Primary Service:	Emergency Medicine	Secondary Service:
Transfer Source:		Service Area:	SOUTHERN CALIFORNIA REGION	Unit:
Admit Provider:	Chao, Jeffrey Chung (M.D.), M.D.	Attending Provider:	Chao, Jeffrey Chung (M.D.), M.D.	Referring Provider:

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Home	Stable	Chao, Jeffrey Chung (M.D.), M.D.	Fri Mar 5, 2021 3:48 PM	--

Discharge Information

Date/Time: 03/05/2021 1628	Disposition: Home Or Self Care.	Destination: —
Provider: Chao, Jeffrey Chung (M.D.), M.D.	Unit: FMC FMED EMG	

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
FMC FMED EMG	Emergency Medicine		If symptoms worsen	9961 Sierra Ave. Fontana California 92335-6720 888-750-0036

Level of Service

Level of Service
ED VISIT LEVEL 1

Location

Name	Address	Phone
FONTANA MEDICAL CENTER L	9961 SIERRA AVE Fontana CA 92335-6720	574-2273

Reason for Visit

Chief Complaint

- ANKLE PAIN (right ankle pain, he reports rolling his ankle)

Visit Diagnoses

Name	Code	Is ED?
RIGHT ANKLE SPRAIN, INIT (primary)	S93.401A	Yes
RIGHT FOOT SPRAIN, INIT	S93.601A	Yes

Vitals

Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight
03/05/21 1600	—	69	18	117/72	97 %	—
03/05/21 1452	36.3 °C (97.3 °F)	82	18	173/84 !	95 %	135.6 kg (298 lb 15.1 oz)

03/05/2021 - ED in FMC FMED EMG (continued)

Treatment Team

Provider	Service	Role	Provider Team	Specialty	From	To
Chao, Jeffrey Chung (M.D.), M.D.	—	Admitting	—	Emergency Medicine	—	—
Chao, Jeffrey Chung (M.D.), M.D.	—	Attending	—	Emergency Medicine	03/05/21 1459	—

Events

Admission at 3/5/2021 1459

Transfer Out at 3/5/2021 1628

Unit: FMC FMED EMG **Room: FT01** **Bed: 01**
Patient class: Emergency **Service: Emergency Medicine**

Transfer In at 3/5/2021 1628

Unit: FMC FMED EMG Room: NDC Bed: 01
Patient class: Emergency Service: Emergency Medicine

Discharge at 3/5/2021 1628

Unit: FMC FMED EMG **Room: NDC** **Bed: 01**
Patient class: Emergency **Service: Emergency Medicine**

Medication Administrations

Acetaminophen Tab 1,000 mg (TYLENOL) [6880914155]

Ordering Provider: Chao, Jeffrey Chung (M.D.), M.D.
Ordered On: 03/05/21 1548
Ordered Dose (Remaining/Total): 1,000 mg (0/1)
Frequency: ONE TIME
Status: Completed (Past End Date/Time)
Starts/Ends: 03/05/21 1600 - 03/05/21 1552
Route: Oral
Ordered Rate/Order Duration: — / —

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/21 1552	Given	1,000 mg	Oral	Performed by: Barthik, Jessica (R.N.), R.N. Scanned Package: 0904-6730-61, 0904-6730-61

Flu Vaccine QS 2020-21 (6 mos up) PF IM Syg 0.5 mL (FLUARIX QUAD) [6880914116]

Ordering Provider: Chao, Jeffrey Chung (M.D.), M.D. Status: Discontinued (Past End Date/Time), Reason: Patient Discharged

Ordered On: 03/05/21 1452 Starts/Ends: 03/05/21 1500 - 03/05/21 2047
Ordered Dose (Remaining/Total): 1 Each (1/1) Route: intraMUSCULAR

Admin Instructions: 1. Give as scheduled on admission or alternate date and time ordered by the provider using the "Given" MAR action. If it is not possible to administer the vaccine at the scheduled date and time, the nurse or pharmacist may reschedule the administration for up to 24 hours later. The nurse will give the vaccine BEFORE discharge if patient will leave prior to scheduled administration. Provide current Vaccine Information Statement (VIS) to patient prior to vaccination and document in Immunization Information box on MAR.

2. If the patient or caregiver refuses the vaccine, document using

2. If the patient or caregiver refuses the vaccine, document using

03/05/2021 - ED in FMC FMED EMG (continued)

Medication Administrations (continued)

the "Refused" MAR action with patient's stated reason for refusal in the comment and notify physician of refusal. Confirm refusal before discharge.

3. If the patient has already received the influenza vaccine this season which is not yet documented in Immunizations, document a HISTORICAL administration in Immunizations.

Notify the physician to discontinue the flu vaccine order.

4. If any of the following contraindications exist, notify the physician of the contraindication to place orders for both "Do Not Administer Flu Vaccine" order and "Discontinue" flu vaccine order.

Patient has allergy/sensitivity to influenza vaccine including Guillain Barre Syndrome within 6 weeks of getting vaccine (confirm documentation in Allergies)

Patient will have an organ transplant during this hospitalization

5. If the patient has a condition or order specifying that IM injections are contraindicated, confirm with physician that the vaccine should be held. Document using the "Held" MAR action with reason. Confirm the contraindication still applies upon discharge.

Patient has had a bone marrow transplant within the last 6 months.

Timestamps	Action	Dose	Route	Other Information
Performed 03/05/21 1500 Documented: 03/05/21 1553	Refused	0.5 mL	intraMUSCULAR	Performed by: Bartnik, Jessica (R.N.), R.N.

ED Provider Note

ED Provider Notes by Chao, Jeffrey Chung (M.D.), M.D. at 3/5/2021 1507

Author: Chao, Jeffrey Chung (M.D.), M.D.
Filed: 3/5/2021 3:50 PM
Status: Signed

Service: —
Date of Service: 3/5/2021 3:07 PM
Editor: Chao, Jeffrey Chung (M.D.), M.D. (Physician)

Author Type: Physician
Creation Time: 3/5/2021 3:07 PM

NOTE: Portions of this chart may have been created with MModal Fluency Direct voice recognition software. Occasional wrong-word or "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software. Please read the chart carefully and recognize, using context, where these substitutions have occurred.

KAISER PERMANENTE FMC/OMC EMERGENCY DEPARTMENT NOTE:

(The patient was seen by this author around 3:07 PM)

CARL MAYFIELD
MRN: 000024368448
DOB: 4/26/1985

Reliability of historian: good

CC: ANKLE PAIN

HPI: Carl Mayfield is a 35 year old male presenting with right ankle/foot pain after he sustained an inversion injury shortly prior to arrival. Patient reports that he stepped into a pothole which he did not see, and inverted his ankle. He immediately fell to the ground, and has since been unable to bear weight on the affected extremity.

03/05/2021 - ED in FMC FMED EMG (continued)**ED Provider Note (continued)****Review of Systems**

Musculoskeletal: Positive for **arthralgias**.

PAST MEDICAL HISTORY:

None

PAST SURGICAL HISTORY:

Gastric sleeve

HOME MEDICATIONS:

None

ALLERGY:

Patient has no known allergies.

SOCIAL HISTORY:

The patient is a non-smoker, and uses minimal alcohol.

FAMILY HISTORY:

None

VITAL SIGNS:

ED Triage Vitals [03/05/21 1452]

Enc Vitals Group

BP	(!) 173/84
Pulse	82
Resp	18
Temp	97.3 °F (36.3 °C)
Temp src	
SpO2	95 %
Weight	135.6 kg (298 lb 15.1 oz)

Physical Exam

Vitals signs and nursing note reviewed.

Constitutional:

General: He is not in acute distress.

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

Musculoskeletal:

Right knee: Normal.

Right ankle: He exhibits **decreased range of motion** and **swelling**. **Tenderness**. **Lateral malleolus, AITFL** and **head of 5th metatarsal** tenderness found. No medial malleolus, no CF ligament, no posterior TFL and no proximal fibula tenderness found. Achilles tendon normal.

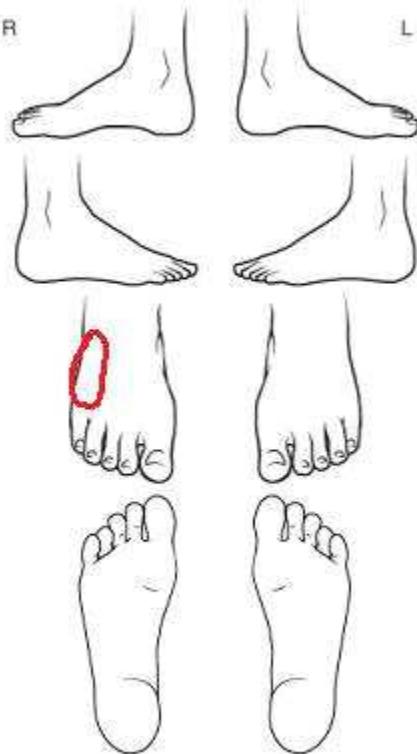
03/05/2021 - ED in FMC FMED EMG (continued)

ED Provider Note (continued)

Right lower leg: Normal.

Right foot: Decreased range of motion. Tenderness and bony tenderness present. No swelling.

Feet:

Neurological:

Mental Status: He is alert.

RADIOLOGIC STUDIES:

- 1.) XR R ankle/foot: No fracture or dislocation noted based on my interpretation

IMPRESSION/PLAN:

ICD-10-CM

1. RIGHT ANKLE SPRAIN, INIT	S93.401A
2. RIGHT FOOT SPRAIN, INIT	S93.601

A

- x-rays negative for fracture dislocation
- will provide crutches and Ace bandage for compression
- Tylenol given for pain relief
- recommend icing, rest, compression, elevation, and Tylenol p.r.n. pain

Electronically signed by:
JEFFREY CHUNG CHAO MD

03/05/2021 - ED in FMC FMED EMG (continued)**ED Provider Note (continued)**

3/5/2021
3:49 PM

New Prescriptions

No medications on file

Electronically signed by Chao, Jeffrey Chung (M.D.), M.D. at 3/5/2021 3:50 PM

ED Notes**ED Notes by Bartnik, Jessica (R.N.), R.N. at 3/5/2021 1557**

Author: Bartnik, Jessica (R.N.), R.N. Service: Emergency Medicine Author Type: REGISTERED NURSE
Filed: 3/5/2021 3:57 PM Date of Service: 3/5/2021 3:57 PM Creation Time: 3/5/2021 3:57 PM
Status: Signed Editor: Bartnik, Jessica (R.N.), R.N. (REGISTERED NURSE)

Pt assessed by ED provider and cleared safe for discharge. Pt ambulates with crutches. VSS. NAD AOX4. Pt to follow up with PCP. Pt educated to return to ED if worsening symptoms arise. Pt verbalizes understanding of education.

Electronically signed by:
JESSICA BARTNIK RN
3/5/2021
3:57 PMle

Electronically signed by Bartnik, Jessica (R.N.), R.N. at 3/5/2021 3:57 PM

Clinical Notes**Discharge Instructions****Chao, Jeffrey Chung (M.D.), M.D. at 3/5/2021 1548**

Author: Chao, Jeffrey Chung (M.D.), M.D. Service: — Author Type: Physician
Filed: 3/5/2021 3:48 PM Date of Service: 3/5/2021 3:48 PM Creation Time: 3/5/2021 3:48 PM
Status: Written Editor: Chao, Jeffrey Chung (M.D.), M.D. (Physician)

Electronically signed by Chao, Jeffrey Chung (M.D.), M.D. at 3/5/2021 3:48 PM

Procedures**Filed on 3/5/2021 1707**

Procedure Orders

1. XR RIGHT ANKLE 3 OR MORE VIEWS [6880914124] ordered by Chao, Jeffrey Chung (M.D.), M.D. at 03/05/21 1452

03/05/2021 - ED in FMC FMED EMG (continued)**Clinical Notes (continued)**

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Electronically signed by Cheung, Gilbert Y (M.D.), M.D. at 3/5/2021 5:07 PM

Filed on 3/5/2021 1707

Procedure Orders

1. XR RIGHT FOOT 3 OR MORE VIEWS [6880914143] ordered by Chao, Jeffrey Chung (M.D.), M.D. at 03/05/21 1504

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Electronically signed by Cheung, Gilbert Y (M.D.), M.D. at 3/5/2021 5:07 PM

Imaging**Imaging****XR RIGHT ANKLE 3 OR MORE VIEWS [6880914124] (Final result)**

Electronically signed by: **Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1621**

Status: **Completed**

Mode: Ordering in Telephone with Readback mode

Communicated by: Jacobo, Roberto C (R.N.), R.N.

Ordering user: Jacobo, Roberto C (R.N.), R.N. 03/05/21 1452

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D.

03/05/2021 - ED in FMC FMED EMG (continued)

Imaging (continued)

Authorized by: Chao, Jeffrey Chung (M.D.), M.D.
 Frequency: STAT Once 03/05/21 1500 - 1 occurrence
 Quantity: 1

Ordering mode: Telephone with Readback
 Class: Normal
 Lab status: Final result

Provider Details

Provider	NPI
Chao, Jeffrey Chung (M.D.), M.D.	1922201698
Jacobo, Roberto C (R.N.), R.N.	—

Questionnaire

Question	Answer
Method of transportation?	WHEELCHAIR
For transportation, Portable O2?	No
For transportation, IV pole?	No
For transportation, Infusion Device?	No
Result Release to patient?	Auto release after 4 days
Special View?	NONE

Order comments: Reason: Injury, evaluate for fracture

XR RIGHT ANKLE 3 OR MORE VIEWS [6880914124]

Resulted: 03/05/21 1539, Result status: Final result

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed
 1452

Filed by: Interface, Scal_Radiology 03/05/21 1707 Accession number: 98904574
 Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Auto release after 4 days Special View?->NONE

Acknowledged by

Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98904574	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on
 3/5/2021 5:01 PM

Testing Performed By

03/05/2021 - ED in FMC FMED EMG (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR RIGHT ANKLE 3 OR MORE VIEWS [6880914124]

Resulted: 03/05/21 1539, Result status: Preliminary result

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed

1452

Filed by: Interface, Scal_Radiology 03/05/21 1707

Accession number: 98904574

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Auto release after 4 daysSpecial View?->NONE

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98904574	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Reviewed by

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
 Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
 Jones, Samantha (R.N.), R.N. on 03/05/21 1710
 Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR RIGHT ANKLE 3 OR MORE VIEWS [6880914124]

Resulted: 03/05/21 1539, Result status: In process

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed

1452

Filed by: Interface, Scal_Radiology 03/05/21 1539

Accession number: 98904574

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Auto release after 4 daysSpecial View?->NONE

03/05/2021 - ED in FMC FMED EMG (continued)

Imaging (continued)

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98904574	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Reviewed by

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
 Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
 Jones, Samantha (R.N.), R.N. on 03/05/21 1710
 Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR RIGHT ANKLE 3 OR MORE VIEWS [6880914124]

Resulted: 03/05/21 1526, Result status: In process

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed
1452Filed by: Interface, Scal_Radiology 03/05/21 1526 Accession number: 98904574
Resulting lab: SCAL RADIOLOGY INTERFACE
Narrative:

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98904574	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

03/05/2021 - ED in FMC FMED EMG (continued)

Imaging (continued)

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Reviewed by

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
 Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
 Jones, Samantha (R.N.), R.N. on 03/05/21 1710
 Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

All Reviewers List

Chao, Jeffrey Chung (M.D.), M.D. on 3/5/2021 17:57
 Chao, Jeffrey Chung (M.D.), M.D. on 3/5/2021 17:57
 Jones, Samantha (R.N.), R.N. on 3/5/2021 17:10
 Jones, Samantha (R.N.), R.N. on 3/5/2021 17:10

XR RIGHT FOOT 3 OR MORE VIEWS [6880914143] (Final result)

Electronically signed by: **Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1504** Status: **Completed**
 Ordering user: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 1504 Ordering provider: Chao, Jeffrey Chung (M.D.), M.D.
 Authorized by: Chao, Jeffrey Chung (M.D.), M.D. Ordering mode: Standard
 Frequency: STAT Once 03/05/21 1515 - 1 occurrence Class: Normal
 Quantity: 1 Lab status: Final result

Provider Details

Provider	NPI
Chao, Jeffrey Chung (M.D.), M.D.	1922201698

Questionnaire

Question	Answer
Method of transportation?	WHEELCHAIR
For transportation, Portable O2?	No
For transportation, IV pole?	No
For transportation, Infusion Device?	No
Result Release to patient?	Auto release after 4 days

Order comments: Reason: inversion injury, r/o fracture

XR RIGHT FOOT 3 OR MORE VIEWS [6880914143]

Resulted: 03/05/21 1539, Result status: Final result

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 1504 Order status: Completed

Filed by: Interface, Scal_Radiology 03/05/21 1707 Accession number: 98905055

03/05/2021 - ED in FMC FMED EMG (continued)

Imaging (continued)

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Auto release after 4 days

Acknowledged by

Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98905055	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR RIGHT FOOT 3 OR MORE VIEWS [6880914143]

Resulted: 03/05/21 1539, Result status: Preliminary result

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed
1504

Filed by: Interface, Scal_Radiology 03/05/21 1707 Accession number: 98905055

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Auto release after 4 days

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98905055	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

03/05/2021 - ED in FMC FMED EMG (continued)**Imaging (continued)**

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Reviewed by

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
Jones, Samantha (R.N.), R.N. on 03/05/21 1711
Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR RIGHT FOOT 3 OR MORE VIEWS [6880914143]

Resulted: 03/05/21 1539, Result status: In process

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed

1504

Filed by: Interface, Scal_Radiology 03/05/21 1539

Accession number: 98905055

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Result Release to patient?->Auto release after 4 days

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98905055	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

03/05/2021 - ED in FMC FMED EMG (continued)**Imaging (continued)**

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Reviewed by

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
Jones, Samantha (R.N.), R.N. on 03/05/21 1711
Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

XR RIGHT FOOT 3 OR MORE VIEWS [6880914143]

Resulted: 03/05/21 1526, Result status: In process

Ordering provider: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 Order status: Completed

1504

Filed by: Interface, Scal_Radiology 03/05/21 1526

Accession number: 98905055

Resulting lab: SCAL RADIOLOGY INTERFACE

Narrative:

Transcription

Type	ID	Date and Time	Dictating Provider
Diagnostic imaging	98905055	3/5/2021 5:06 PM	Cheung, Gilbert Y (M.D.), M.D.

Signed by Cheung, Gilbert Y (M.D.), MEDICAL DOCTOR on 03/05/21 at 1707

CLINICAL HISTORY: Reason: Injury, evaluate for fracture

COMPARISON: No previous study available.

FINDINGS/

IMPRESSION:

No acute fracture is identified. The alignment is normal. No significant joint disease is noted. No significant soft tissue abnormality is identified.

This report electronically signed by Gilbert Y Cheung, M.D. on 3/5/2021 5:01 PM

Reviewed by

Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1757
Jones, Samantha (R.N.), R.N. on 03/05/21 1711

03/05/2021 - ED in FMC FMED EMG (continued)

Imaging (continued)

Jones, Samantha (R.N.), R.N. on 03/05/21 1710

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
120 - SCA	SCAL RADIOLOGY INTERFACE	Unknown	Unknown	02/13/04 0000 - Present

All Reviewers List

Chao, Jeffrey Chung (M.D.), M.D. on 3/5/2021 17:57
 Chao, Jeffrey Chung (M.D.), M.D. on 3/5/2021 17:57
 Jones, Samantha (R.N.), R.N. on 3/5/2021 17:11
 Jones, Samantha (R.N.), R.N. on 3/5/2021 17:10

Other Orders**Medications****Flu Vaccine QS 2020-21 (6 mos up) PF IM Syg 0.5 mL (FLUARIX QUAD) [6880914116] (Discontinued)**

Electronically signed by: **Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1621** Status: **Discontinued**
 Mode: Ordering in Telephone with Readback mode Communicated by: Jacobo, Roberto C (R.N.), R.N.
 Ordering user: Jacobo, Roberto C (R.N.), R.N. 03/05/21 1452 Ordering provider: Chao, Jeffrey Chung (M.D.), M.D.
 Authorized by: Chao, Jeffrey Chung (M.D.), M.D. Ordering mode: Telephone with Readback
 Frequency: Routine X1 03/05/21 1500 - 1 occurrence Class: Normal
 Discontinued by: Discontinue, Auto 03/05/21 2047 [Patient Discharged]
 Acknowledged: Bartnik, Jessica (R.N.), R.N. 03/05/21 1509 for Placing Order

Provider Details

Provider	NPI
Chao, Jeffrey Chung (M.D.), M.D.	1922201698
Jacobo, Roberto C (R.N.), R.N.	—

Admin instructions: 1. Give as scheduled on admission or alternate date and time ordered by the provider using the "Given" MAR action. If it is not possible to administer the vaccine at the scheduled date and time, the nurse or pharmacist may reschedule the administration for up to 24 hours later. The nurse will give the vaccine BEFORE discharge if patient will leave prior to scheduled administration. Provide current Vaccine Information Statement (VIS) to patient prior to vaccination and document in Immunization Information box on MAR.

2. If the patient or caregiver refuses the vaccine, document using the "Refused" MAR action with patient's stated reason for refusal in the comment and notify physician of refusal. Confirm refusal before discharge.
3. If the patient has already received the influenza vaccine this season which is not yet documented in Immunizations, document a HISTORICAL administration in Immunizations.
Notify the physician to discontinue the flu vaccine order.
4. If any of the following contraindications exist, notify the physician of the contraindication to place orders for both "Do Not Administer Flu Vaccine" order and "Discontinue" flu vaccine order.

Patient has allergy/sensitivity to influenza vaccine including Guillain Barre Syndrome within 6 weeks of getting vaccine (confirm documentation in Allergies)

Patient has had a bone marrow transplant within the last 6 months.
 Patient will have an organ transplant during this hospitalization

5. If the patient has a condition or order specifying that IM injections

03/05/2021 - ED in FMC FMED EMG (continued)

Other Orders (continued)

are contraindicated, confirm with physician that the vaccine should be held. Document using the "Held" MAR action with reason. Confirm the contraindication still applies upon discharge.

Acetaminophen Tab 1,000 mg (TYLENOL) [6880914155] (Completed)

Electronically signed by: **Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1548** Status: **Completed**
 Ordering user: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 1548 Ordering provider: Chao, Jeffrey Chung (M.D.), M.D.
 Authorized by: Chao, Jeffrey Chung (M.D.), M.D. Ordering mode: Standard
 Frequency: Routine X1 03/05/21 1600 - 1 occurrence Class: Normal
 Acknowledged: Bartnik, Jessica (R.N.), R.N. 03/05/21 1556 for Placing Order

Provider Details

Provider	NPI
Chao, Jeffrey Chung (M.D.), M.D.	1922201698

Nursing**ALUMINUM CRUTCHES PAIR, UNDERARM (NO WOOD) [6880914167] (Discontinued)**

Electronically signed by: **Chao, Jeffrey Chung (M.D.), M.D. on 03/05/21 1549** Status: **Discontinued**
 Ordering user: Chao, Jeffrey Chung (M.D.), M.D. 03/05/21 1549 Ordering provider: Chao, Jeffrey Chung (M.D.), M.D.
 Authorized by: Chao, Jeffrey Chung (M.D.), M.D. Ordering mode: Standard
 Frequency: STAT Once 03/05/21 1600 - 1 occurrence Class: Normal
 Quantity: 1
 Acknowledged: Bartnik, Jessica (R.N.), R.N. 03/05/21 1556 for Placing Order

Provider Details

Provider	NPI
Chao, Jeffrey Chung (M.D.), M.D.	1922201698

Questionnaire

Question	Answer
Result Release to patient?	Immediate

Care Plan**Active****Problem: Adult Inpatient Plan of Care**

Disciplines: Nursing, Pt Care Team

Goal: Plan of Care Review

Dates: Start: 03/05/21
 Disciplines: Nursing, Pt Care Team

Goal: Patient-Specific Goal (Individualized)

Dates: Start: 03/05/21
 Disciplines: Nursing, Pt Care Team

Goal: Absence of Hospital-Acquired Illness or Injury

Disciplines: Nursing, Pt Care Team

Intervention: Identify and Manage Fall Risk

Frequency: Per CPG
 Description: Perform standard risk assessment with a validated tool or comprehensive approach appropriate to the patient on admission; reassess fall risk frequently, with change in status or transfer to another level of care.
 Communicate fall injury risk to interprofessional healthcare team.
 Determine need for increased observation, equipment and environmental modification, such as low bed and signage, as well as supportive, nonskid footwear.

03/05/2021 - ED in FMC FMED EMG (continued)**Care Plan (continued)**

Adjust safety measures to individual developmental age, stage and identified risk factors.

Reinforce the importance of safety and physical activity with patient and family.

Perform regular intentional rounding to assess need for position change, pain assessment, personal needs, including assistance with toileting.

Intervention: Prevent Skin Injury

Frequency: Per CPG

Description: Assess skin risk on admission and at regular intervals throughout hospital stay.

Keep all areas of skin (especially folds) clean and dry.

Maintain adequate skin hydration.

Relieve and redistribute pressure and protect bony prominences; implement measures based on patient-specific risk factors.

Match turning and repositioning schedule to clinical condition.

Encourage weight shift frequently; assist with reposition if unable to complete independently.

Float heels off bed. Avoid pressure on the Achilles tendon.

Keep skin free from extended contact with medical devices.

Use aids (e.g., slide boards, mechanical lift) during transfer.

Intervention: Prevent and Manage VTE (venous thromboembolism) Risk

Frequency: Per CPG

Description: Assess for VTE risk.

Encourage/assist with early ambulation.

Initiate and maintain compression or other therapy, as indicated based on identified risk in accordance with organizational protocol/provider order.

Encourage both active and passive leg exercises while in bed, if unable to ambulate.

Intervention: Prevent Infection

Frequency: Per CPG

Description: Maintain skin and mucous membrane integrity; promote hand, oral and pulmonary hygiene.

Optimize fluid balance, nutrition, sleep and glycemic control to maximize infection resistance.

Identify potential sources of infection early to prevent or mitigate progression of infection (e.g., wound, lines, devices).

Evaluate ongoing need for invasive devices; remove promptly when no longer indicated.

Goal: Optimal Comfort and Wellbeing

Disciplines: Nursing, Pt Care Team

Intervention: Monitor Pain and Promote Comfort

Frequency: Per CPG

Description: Assess pain level, treatment efficacy and patient response at regular intervals using a consistent pain scale.

Consider the presence and impact of preexisting chronic pain.

Encourage patient and caregiver involvement in pain assessment, interventions and safety measures.

Intervention: Provide Person-Centered Care

Frequency: Per CPG

Description: Use a family-focused approach to care.

Develop trust and rapport by proactively providing information, encouraging questions, addressing concerns and offering reassurance.

Acknowledge emotional response to hospitalization.

Recognize and utilize personal coping strategies.

Honor spiritual and cultural preferences.

END OF ENCOUNTER



Southern California Permanente Medical Group
Kaiser Foundation Hospitals-Southern California

Kaiser Permanente - Central ROI Unit
Corona Admin Building
1830 California Ave., 2nd Floor
Corona, CA 92881-3378
Email: centralroiunit@kp.org

DECLARATION OF CUSTODIAN OF MEDICAL / BILLING RECORDS

Patient Name: MAYFIELD,CARL

Date of Birth: 4/26/1985 Kaiser Permanente Medical Record Number: 000024368448

Plaintiff: CARL MAYFIELD Defendant: _____
STATE FUND

Case or Reference Number: _____ ADJ12327631

Says as follows:

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

The attached medical / billing records are a true copy of the records described in the subpoena duces tecum, court order, or other request, that are permitted to be disclosed by law.

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

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

I, Ardella Calhoun, Supervisor, SCAL Central Release of Information Unit, declare under perjury that the foregoing is true and correct.

Electronically Signed by Ardella Calhoun Date: 9/8/2025