

# **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  
Ethnicity: Unknown Race: Unknown  
Home phone: 909-900-8316 Mobile Phone #: 909-900-8316  
Gender identity: Male  
Language: English

**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 PERMANENTE**

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



**IMMUNIZATION RECORD**

### *Comprobante de immunizacion*

KAISER MR#		000024368448	PRINTED: 09/08/2025	
Name nombre		MAYFIELD ,CARL		
Birthdate fecha de nacimiento		04/26/1985	Sex SEXOM	
Allergies alergias				
Vaccine Reactions reacciones a la vacuna				
		RETAIN THIS DOCUMENT	—	CONSERVE ESTE DOCUMENTO
VACCINE vacuna	DATE GIVEN fecha de vacunación	DOCTOR OFFICE OR CLINIC médico o clínica		DATE NEXT DOSE DUE próxima vacuna
COVID19 JANSSEN	04/03/2021	JANSSEN, EXT ADMIN <u>Historical records</u>		
Parents: Padres:	Your child must meet California's immunization requirements to be enrolled in school and child care. Keep this record as proof of vaccination.			
<i>Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela y a la guardería. Marienga esta</i>				
DT/Td/DTaP/T	= Diphtheria,tetanus [difteria,tetano]= Diphtheria,tetanus,pertussis[whooping cough][difteria,tetano,y los			
DT/PHEPA	= Diphtheria,tetanus,pertussis[whooping cough][difteria,tetano,y los forino]= Hepatitis A			
HEPBHIB	= Hepatitis B= HIB Meningitis [Haemophilus influenzae type B] [meningitis Hib]			
HPVINFEV	= Human papilloma virus [virus del papiloma humana]= Influenza [la gripe]			
MENINGOCOCC	= Meningococcal vaccine [vacuna meningococca]= Measles, mumps, rubella [sarampión, papras rubebra]			
PNEUMOCOPLICIO	= Pneumococcal vaccine [pneumococca]= Poliomielitis [poliomielitis]			
RVVZV	= Rotavirus [rotavirus]= Varicella (chickenpox) [varicela]			

## Patient (continued)

## **Current Medications**

## Medications

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

## **Current Medications**

None

## **Advance Care Planning**

Plan

## Patient Capacity

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

## **Current Code Status**

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

## **Active Health Care Decision Makers**

There are no active Health Care Decision Makers on file.

**Patient (continued)****Advance Care Planning (continued)****Patient Contacts****Patient Contacts**

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

**Visit List as of 8/20/2025**

Date	Type	Location	Department	Specialty	Provider
03/05/2021	Message	FONTANA MEDICAL CENTER	FMC FMED EMG	Emergency Medicine	Chao, Jeffrey Chung (M.D.), M.D.
Description: OTHER (encounter created for ED Chao, Jeffrey Chung (M.D.), )					
03/05/2021	ED	FONTANA MEDICAL CENTER	FMC FMED EMG	Emergency Medicine	Chao, Jeffrey Chung (M.D.), M.D.
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

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