

RECORDS PROVIDED BY GEMINI

Case Information

STEEVIO BARDAKJIAN vs. OLIVE VIEW MEDICAL CENTER

SSN: 554812130

DOB: 05/23/1970

Case Number: SIF11540526

Claim Number: SIF11540526

Ship To:

Attn: Qualified Med Eval

Record Information

Request Number: 1544107

Copy Date: 03/03/2025

Record Type(s): Medical

Requested Location

JESSICA CAO, MD

23929 Mc Bean Pkwy Ste 208

Valencia CA 91355

Verified Location

The Retina Partners

23929 Mcbean Pkwy #208

Valencia CA 91355



250 Technology Way, Rocklin, CA 95765

877.739.7481 | clientsupport@gemini.legal



Gemini Legal Support, Inc., a professional photocopier organized and existing under the laws of the State of California has reviewed the attached records and attests that said records consist of 42 pages.

Executed on 04/07/2025, at Rocklin, California.

Respectfully,
Gemini Legal Support, Inc.

Gemini Legal Support, Inc.
250 Technology Way
Rocklin, CA 95765

The Retina Partners
23929 MCBEAN PKWY #208
VALENCIA, CA 91355

REC-1544107
12/19/2024

YOU DO NOT HAVE TO APPEAR

Request Information

Records Subject:	Steevio Bardadjian	AKA:
Date of birth:	05/23/1970	SSN: 554-81-2130
Dates Requested:	05/23/1970 - Present	Records : Medical
Location:	The Retina Partners	(see Attachment 3)

How to Comply

Step 1

Provide confirmation you have received this request. To do so, please call 877-739-7481 and choose option 1. Please reference Request Number REC-1544107

Step 2

Refer to the 'Attachment 3' page to confirm which records are needed.

Step 3

Once you have compiled all of the necessary records, please sign and date the 'Declaration of Custodian of Records' page.

Step 4

Once all of the records and the declaration are complete, please upload directly to Gemini's Secure Portal <https://geminiduplication.com/public/records>

Alternatively, you can send records to us via email records@geminiduplication.com
If further assistance is needed, please call us at 877-739-7481

DECLARATION OF CUSTODIAN OF RECORDS

Name of records subject: Steevio Bardadjan

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

The Retina Partners

(Facility Name)

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.

That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

Records were produced in the following manner:

Records were made available to Gemini and/or its affiliate for copying and/or picking up.

Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

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 is executed on _____ at _____ (city), State of _____.

Printed name required

Signature of custodian required



250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000003

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

Steevio Bardadjian

Claimant/Applicant,

VS.

**OLIVE VIEW MEDICAL CENTER/
Subsequent Injuries Fund (SIBTF)**

Employer/insurance Carrier/Defendant.

Case No. **SIF11540526**

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

SUBPOENA DUCES TECUM

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

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

See instructions below.*

The People of the State of California Send Greetings to: The Retina Partners

23929 Mcbean Pkwy #208 Valencia, CA 91355

We COMMAND YOU to appear before: Gemini Legal Support, Inc.
at 250 Technology Way Rocklin CA 95765

on the 28th day of January, 2025 at 4:03 o'clock PM to testify in the above-
entitled matter and to bring with you and produce the following described documents, papers, books and records.

-Please see Attachment 3 for a detailed description of requested records-

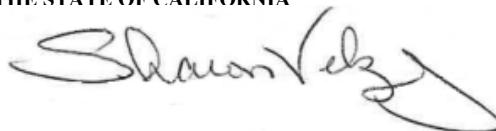
(Do not produce X-rays unless specifically mentioned above.)

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

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

Date 12/19/2024

**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.

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. SIF11540526

STATE OF CALIFORNIA, County of Los Angeles

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 Retina Partners

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:

SAID RECORDS ARE RELEVANT TO THE ALLEGATIONS AND DEFENSES BY THE PARTIES IN THE PROSECUTION OF THIS MATTER, TO PROVIDE AN ACCURATE MEDICAL HISTORY OF THE APPLICANT, TO PROVE AN INJURY AND NOTICE THEREOF, TO PROVIDE THE RIGHT TO COMPENSATION, PERMANENT AND TEMPORARY DISABILITY, MEDICAL TREATMENT, AND ANY POSSIBLE PENALTIES. PURSUANT TO LABOR CODE SECTION 5401 FORM DWC 1 HAS BEEN DULY FILED.

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

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

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

Executed on 12/19/2024, at VAN NUYS, California.
KOSZDIN FIELDS VAN NUYS
6151 Van Nuys Blvd
Van Nuys CA 91401

/s/ Michael Fields

Signature

Address

818-781-1503

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

Name of Person Served

Date

Place

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Executed on _____, at _____, California.

Signature

ATTACHMENT 3

Case Name: vs. OLIVE VIEW MEDICAL CENTER

Case Number: SIF11540526

Records Subject: Steevio Bardadjian

AKA:

Date of Birth: 05/23/1970

Social Security Number: 554-81-2130

Claims #: SIF11540526

Date of Injury: 07/03/2018 -

Employee #:

Records Requested:

Need records from 05/23/1970 - Present

Any and all non-privileged physical, digital and hand-written medical records including records from May 23, 1970 to present, including but not limited to:

1. Both private and industrial records,
2. Doctors note(s)
3. Treatment and evaluation record(s)
4. Nurses note(s)
5. Inpatient and outpatient record(s)
6. Correspondence, lab result(s), diagnostic test result(s)
7. Requests for authorizations (RFAs)
8. Medical and radiology report(s)
9. Phone logs and Sign in sheet(s)
10. Patient note(s)
11. Patient intake form(s)
12. Patient demographics form(s)
13. Physical therapy record(s)
14. Physical therapy progress note(s)
15. Medical history form(s)
16. Occupational records
17. Emergency room records
18. Work Status Report(s)
19. Telephonic recordings
20. Digital appointment recordings
21. Pharmacy and prescription records

MUST INCLUDE RECORDS FROM JESSICA CAO, MD AT 23929 MCBEAN PKWY STE 208,
VALENCIA, CA 91355

Ref #: REC-1544107

000006

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Michael Fields, Esq. KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401 TELEPHONE NO.: 818-781-1503 E-MAIL ADDRESS (Optional): michael@koszdin.com ATTORNEY FOR (Name): Steevio Bardadjan		313679	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: 6150 Van Nuys Blvd. Rm. 105 MAILING ADDRESS: 6150 Van Nuys Blvd. Rm. 105 CITY AND ZIP CODE: Van Nuys 91401 BRANCH NAME: Workers' Compensation Appeals Board - Van Nuys			
PLAINTIFF/ PETITIONER: Steevio Bardadjan DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)		CASE NUMBER: SIF11540526	
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3,1985.6)			

NOTICE TO CONSUMER OR EMPLOYEE

TO (name): Steevio Bardadjan

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name):** Steevio Bardadjan

SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*): 01/28/2025

The records are described in the subpoena directed to **witness** (*specify name and address of person or entity from whom records are sought*): The Retina Partners 23929 Mcbean Pkwy #208 Valencia CA 91355 Valencia, CA 91355

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: 12/19/2024

Michael Fields, Esq.

(TYPE OR PRINT NAME)

► /s/ Michael Fields

(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:

- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE)

Page 1 of 2

PLAINTIFF/ PETITIONER: Steevio Bardadjan
 DEFENDANT/ RESPONDENT: OLIVE VIEW MEDICAL CENTER/ Subsequent Injuries Fund (SIBTF)

CASE NUMBER:
 SIF11540526

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

Personal Service Mail

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

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

(1) Name of person served: Michael Fields, Esq.	(3) Date of mailing: 12/19/2024
(2) Address: KOSZDIN FIELDS VAN NUYS 6151 Van Nuys Blvd Van Nuys CA 91401	(4) Place of mailing (<i>city and state</i>): Rocklin, 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*): 250 Technology Way Rocklin CA 95765
- d. My phone number is (*specify*): 877-739-7481

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

Date: 12/19/2024

Alain Gutierrez
 (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 *Objection to Production of Records* was mailed.
 - b. **ON THE WITNESS**
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

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

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

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

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

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)


 (SIGNATURE OF PERSON WHO SERVED)

Case No.: **SIF11540526**

Case Name: **vs. OLIVE VIEW MEDICAL CENTER**

Notice of Service

I am employed in the county of Placer. I am over the age of eighteen years and not a party to the above entitled action. My business address is 250 Technology Way Rocklin, CA 95765

Documents Served: Subpoena Duces Tecum, Declaration for Subpoena Duces Tecum, Attachment 3

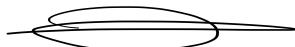
On 12/19/2024, the foregoing documents were prepared for service on each interested party in this action and addressed as follows:

Delivered to	Sent to	Method
Michael Fields, Esq.	KOSZDIN FIELDS VAN NUYS michael@koszdin.com	Email
Subsequent Injuries Fund (SIBTF)	Subsequent Injuries Fund (SIBTF) 1750 HOWE AVE SUITE 370 SACRAMENTO, CA 95825	Mail
od legal	od legal 1515 Clay Street Ste 701 Oakland, CA 94612	Mail

I am familiar with Gemini Legal Support, Inc.'s practice of collection and processing correspondence. Under that practice for mail, it will be delivered, same day, via digital delivery to our vendor Kubra who will deposit it with the U.S. Postal Service on the same day with postage thereon fully prepaid in Gardena, California, in the ordinary course of business.

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

Executed on 12/19/2024, at Rocklin, California.



Alain Gutierrez

000009

DECLARATION OF CUSTODIAN OF RECORDSName of records subject: Steevio Bardadjian

I declare as follows pursuant to California Evidence Code sections 1560, 1561:

I am employed by and am the duly authorized custodian of records and am authorized to certify records for:

The Retina Partners**(Facility Name)**

Please be sure to include this Declaration along with the records you are providing to Gemini. Without a completed Declaration, this Subpoena or Authorization has not been fulfilled. If no records are being provided to Gemini, this Declaration is still required.

I certify (Please check all that apply):

That the accompanying records are true and complete copies of records described in the Subpoena or Authorization. These records were maintained in the regular course and scope of business of the employer stated above and were prepared by authorized personnel. No records, documents or other materials have been withheld except as noted below. I further certify that I have made a diligent, thorough, and complete search of all available sources including the computer databases for both open and closed files whether in-house or in a storage facility or any other location under the control of my employer for any and all items to be produced on the attached subpoena duces tecum or authorization for records subject named above.

That no records were produced because no records were found for the individual named on the Subpoena or Authorization. Please indicate the reason, if any, as to why records do not exist:

That partial records were produced. Please indicate below which records were not provided from those requested on the attached Subpoena or Authorization:

That all or partial records are located at the following facility:

Facility Name, Address, and Phone Number: _____

Type of Records Located at this Facility: _____

That records were provided to the Applicant Attorney of the case stated on the provided Subpoena or Authorization on _____ (date).

Records were produced in the following manner:

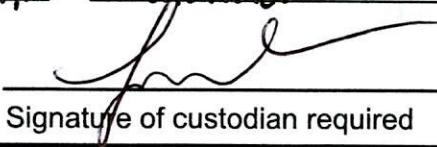
Records were made available to Gemini and/or its affiliate for copying and/or picking up.

Records were mailed/faxed/e-mailed to Gemini at the address listed on the Subpoena or Authorization in compliance with Evidence Code section 1560.

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 is executed on 02/24/25 at Valencia (city), State of CA.

Jessica Cao MD

Printed name required


Signature of custodian required250 Technology Way | Rocklin, CA 95765
Phone 877-739-7481

000010



PATIENT ACCOUNT #	DATE: 07/22/2024	DRIVERS LICENSE# (LIST STATE IF NOT CA) C4747114	SOCIAL SECURITY#
NAME (LAST, FIRST, M.I.) Bardakjian Steevio			
ADDRESS 25367 Splendido Ct		CITY Stevenson Ranch	STATE CA ZIP CODE 91381
DATE OF BIRTH (MM/DD/YY) 05/23/1970		TELEPHONE (HOME) 8184062639	TELEPHONE (MOBILE) 8184062639
EMAIL: steevio@steevio.com		MARITAL STATUS <input type="checkbox"/> SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DOMESTIC PARTNER	GENDER M
WHAT IS YOUR PREFERRED LANGUAGE? English	RACE/ETHNICITY <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE/CAUCASIAN <input checked="" type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> NATIVE/HAWAIIAN/PACIFIC ISLANDER <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> OTHER		
WHO REFERRED YOU? Dr. Wei	YOUR EMPLOYER LA County DHS	TELEPHONE(WORK)	
WORK ADDRESS	CITY Sylmar	STATE CA	ZIP CODE 91342
SPOUSES NAME: Princess Robles	SPOUSE'S EMPLOYER: LA County DHS		
WHO DO WE CALL INCASE OF AN EMERGENCY? Princess Robles	RELATIONSHIP Spouse	TELEPHONE 6616073638	

PRIMARY AND SECONDARY INSURANCE INFORMATION

PLEASE PROVIDE A COPY OF ALL INSURANCE CARDS AND DRIVER'S LICENSE

I hereby authorize all insurance benefits to be paid directly to THE RETINA PARTNERS. I understand that I am responsible for charges as designated by my insurance companies (e.g., deductibles, co-payments, etc.) I am also responsible for all charges not covered by insurance and for any finance fees incurred on unpaid balances. I authorize THE RETINA PARTNERS to release any information to my insurance company when requested by them.

Steevio Bardakjian

SIGNATURE (INSURED AND AUTHORIZED)

07/22/2024

DATE

000011



New Patient Questionnaire

Name: Steevio Bardakjian Today's Date: 07/22/2024
Age: 54 Gender: M Height: 5'11"
Referring Physician: Dr. Wei Date of Birth: 05231970
Primary Care Physician: Dr. Shadkamyan Telephone # 8184062639
Telephone # (661) 222-2658

Describe your present vision disorder or eye complaint:

about 4 weeks ago my regular optometrist recommended further follow up with an ophthalmologist for more test on the R-eye because of slight loss of visual acuity (ever so blurrier than the L-eye)

If you are using any eye drops please list the name, dosage, and directions on how they are being used:

Previous Eye Surgeries and/ or Lasers (as much information):

000012

General Medical Conditions:

T2D

CAD

slight HTN (at home average BP at 125/80)

General Surgeries:

Lumbar spine L3-L5 microdiscectomy

R-knee meniscus repair

CABG x 4

Please list all medications you are currently taking along with the MG and directions on how it's taken. (Include over the counter and herbal medications)

Janidance, 10 mg, once daily

Losartan 25 mg, once daily

Metformin ER, 500 mg, twice daily

Crestor, 5 mg, once daily

Movantac, 25 mg, once daily

Percocet #10, twice daily as needed for pain management

Family History	Yes	No	Relationship
Blindness		✓	
Diabetes	✓		both of my older brothers
High Blood Pressure		✓	
Macular Degeneration		✓	
Glaucoma		✓	

THE RETINA PARTNERS

Do you have any of the following problems?	Yes	No	If YES, Please describe:
Allergies to medication?		✓	
Constitutional (fever, weight loss, other)		✓	
Ear/ Nose/ Mouth (hearing loss, sinus problem, sore throat, other)		✓	
Respiratory (asthma, shortness of breath, wheezing, coughing, other)		✓	
Gastrointestinal (heartburn, abdominal pain, diarrhea, vomiting, other)		✓	
Genitourinary (urinary problems, blood in the urine, other)		✓	
Integumentary (skin rashes, excessive dryness)		✓	
Musculoskeletal (muscle aches, joint pain, swollen joints, other)	✓		Bilateral shoulder pain, coccidinia, R-hip pain, and R-sided sciatic pain
Neurological (numbness, weakness, headaches, paralysis, other)	✓		bilateral lower extremities after lumbar spine injury in 2018
Hematologic/Lymphatic (blood disorder, leukemia, other)		✓	
Allergic/ Immunologic (hay fever, allergies, other)		✓	
Endocrine (diabetes, thyroid problems) If diabetic, what is the duration? since 2018	✓		T2D
Cardiovascular (heart problems, chest pain, heart rate sore throat, other)	✓		during pre-op for my R-knee in 2021 CAD was detected and had CABGx4 on 7/1/2021
Psychiatric (depression, anxiety, other)		✓	

SOCIAL HISTORY

Occupation: Registered Nurse

Do you have or ever smoked? YES NO If YES, Packs for 15 Years. Years Quit: 2009

Do you drink alcohol? YES NO If YES, How much? Occasional 1/day 2-3 day 4+/day

Comments: _____

PATIENT RESPONSIBILITY AGREEMENT

This is to inform you that your insurance carrier may cover procedures or diagnostic tests that your doctor consider necessary for the proper treatment of your medical condition. We agree to file the claims for you and assist in any appeal process necessary.

You understand that your Provider and/ or you may appeal any determination that a Benefit Agreement of Evidence of Coverage. You may have the right to Independent Medical Review through DMHC.

Your signature on this form acknowledges that you agree to bear full financial responsibility for all service provided if:

1. The Services are not covered by your insurance carrier, or
2. The Services have not been otherwise approved for payment.

Member Name: Steevio Bardakjian

Signature of Patient: Steevio Bardakjian Date: 07/22/2024

Notice to Our Patients

HIPAA:

Federal law passes 1996, The Health Insurance Portability and Accountability Act (HIPPA) mandates our office to notify you of our privacy practices effective as of April 14, 2003. The Purpose of this law is to protect the privacy and security of a person's health information. Although these practices have always been our policy, it is required that each of our patients is informed and acknowledges receipt of this information.

After reviewing the "Notice of Privacy Practices" carefully, please sign and return this for our office.

Thank you for your cooperation in this matter.

If you have any questions, please contact our Practice Administrator:

(818) 788-9333 or by mail,
16500 Ventura Blvd.
Suite #250
Encino CA, 91436

I acknowledge that I have received a copy of the "Notice of Practice" from the office of The Retina Partners. I have read and understand the information contained in this document.

Signature of Patient or Guardian: Steevio Bardakjian Date: 07/22/2024

Print Name of Patient: Steevio Bardakjian

Print Name of Guardian: _____

Anthem Blue Cross
P.O. Box 34255
San Antonio, TX 78265-4255
Attn: Pharmacy Department



09/23/2024

Jessica Cao
16500 Ventura Blvd
ENCINO, CA 91436

Confidential UM Information for:
Member Name: STEEVIO BARDAKJIAN
Date of Birth: 05/23/1970
Member ID: 331A24479

Start Date: 09/23/2024
End Date: 09/23/2025
Reference Number: 123358930

Place of Service: Outpatient Service
Number of Visits: 28
Medication: AVASTIN 100 MG/4 ML VIAL, J9035
Quantity: 28
Benefit: Medical
Dose: 1
MMS ID:
Requesting Provider: Jessica Cao
Servicing Provider: Jessica Cao

*If your approval is for a brand/biologic agent, your authorization may be updated to a generic/biosimilar if one becomes available on the market before your authorization expires.

**The medication you or your doctor asked us to review is approved.
Read on for important information.**

CarelonRx, Inc. provides utilization management services for Anthem Blue Cross.

Dear Jessica Cao:

Thank you for trusting us with your health care coverage. Recently, you or your doctor asked us to review a request for the medication, AVASTIN 100 MG/4 ML VIAL, and the

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request has been approved. This approval is effective from 09/23/2024 until 09/23/2025. This approval means that, based on the information given to us, the medication is considered medically necessary under your benefit plan.

This approval is for the specific days, service and provider listed. The location also matters. Your provider may be in your plan's network at one location but not another. If any of these change, or your plan renews before you get the service, we'll need to review your case again. If that happens, just call the precertification number on your ID card.

Will my claim be covered?

It should be covered as long as:

- You don't reach a benefit limit that applies to the medication at the time we process the claim.
- The information we received when we reviewed your request is accurate.

Curious how much you'll owe? That will depend on your provider's bill and your benefits. You may be responsible for all or part of the charges if your provider is out of network. You may need to pay for part or all of the cost depending on your plan's deductible, copays or benefit limits. If you have questions, please call the customer service number on your ID card so we can help you.

Other things to think about

- Be sure other providers you see are in your plan's network. A variety of providers play a role in your care when you go to a hospital or facility. Think about your radiologist or anesthesiologist and where you get your medical supplies. If you get care from an out-of-network provider, they can bill you. And depending on your plan, that may cost you more.

Get the most from your health plan

This is a perfect time to revisit your plan information and review what's covered, as well as your copays, deductibles, and coinsurance. Not sure how your plan works? Log into anthem.com and look for the "Watch Benefits Video". And, of course, you can always call the number on your ID card.

Last, just a friendly reminder to show your ID card when you get care. It will simplify the process and help ensure you get all the benefits of your health plan. Thank you for being an Anthem Blue Cross member.

Sincerely,

Anthem Blue Cross
Care Management

CC: STEEVIO BARDAKJIAN

Providers: You are required to return, destroy or further protect any PHI received on this document pertaining to members that you are not currently treating. Providers are required to immediately destroy any such PHI or safeguard the PHI for as long as it is retained. In no event are you permitted to use or re-disclose such PHI.

Patient Name: Steenvio Bardakjian DOB: 5/23/70

INFORMED CONSENT FOR AVASTIN INTRAVITREAL INJECTION

Procedure:

Right Eye Left Eye

To be performed by:

Thomas Hanscom, MD Hajir Dadgostar, MD, PhD Amir H. Guerami, MD
 Christian Sanfilippo, MD Jessica Cao, MD

Ophthalmologists treat some types of eye problems with a medication called Avastin . Avastin can help decrease vision loss due to 2 types of eye problems:

1. Neovascularization: the growth of harmful blood vessels in your eyes
2. Macular edema: swelling in the back of the eye

When ophthalmologists treat eye problems with Avastin , its use is considered “off-label.” That means the U.S. Food and Drug Administration (FDA) approved Avastin for treating a different disease (in this case, colon cancer), not eye problems. Ophthalmologists now use Avastin off-label because they have found it can slow the growth of harmful eye blood vessels and lessen swelling that decreases vision.

Avastin is given by an injection (shot) into the back of your eye. The ophthalmologist may put eye drops to enlarge the pupil (black circle) in the center of your eye to see the back of your eye clearly. Next, the ophthalmologist will numb your eye with anesthesia so that you do not feel pain. Your ophthalmologist will tell you how often you will need Avastin injections.

You may have some minor problems right after the injection. Your eye may be irritated and make a lot of tears for a few hours. The white part of your eye might turn bright red. This is from a small amount of bleeding on the surface of your eye that does not affect your vision. It will usually clear up in about a week. You might see small specks called floaters. Many people already have floaters. These new floaters may go away in a few days, or you may stop noticing them. Some floaters are drops of the oil that lubricates the syringe. These will not go away. Tell your ophthalmologist right away if you see flashing lights or have less side vision with the floaters.

Tell your ophthalmologist right away if you notice any other problems after the injection. Problems can include an eye infection, eye pain, blurry or decreased vision, being extra sensitive to light, eye redness, and pus or other discharge coming from the eye. You can help prevent or reduce these problems:

- Do not rub your eyes or go swimming for 3 days after each injection
- Call your ophthalmologist right away if you notice any of these problems
- Keep all appointments with your ophthalmologist'

Benefits (how this medication can help). The goal of using Avastin for eye problems is to prevent more vision loss. But Avastin may not bring back vision loss that has happened before treatment.

Alternatives (choices and options). Avastin is not the only option. Your other treatment choices may include:

- No treatment. If you decide not to have treatment, then your eye problems can quickly get worse. You could have more vision loss or even blindness.
- Medications approved by the FDA for treating your type of eye problem.

- Other medications approved by the FDA for a different condition.
- Your ophthalmologist will tell you how these medications could help and the risks they could have.

Risks (problems this medication may cause). As with all medications, there are risks for receiving Avastin injections in the eye. These risks can cause vision loss or blindness. Your ophthalmologist cannot tell you about every risk. Here are some common or serious ones:

- Avastin might not improve your vision. Your vision may get worse.
- Avastin injections can cause other eye problems such as:
 - An eye infection
 - Detached retina (the light-sensitive part of the back part of your eye might get pulled off)
 - Cataracts (clouding of the eye's lens)
 - Glaucoma (increased eye pressure)
 - Hypotony (reduced eye pressure)
 - Retina or cornea damage
 - Bleeding within the eye
- Some Patients taking this medication have had heart attack, stroke and death. The FDA does not know if the medicine caused these problems. Patients with diabetes may have these problems more often. Tell your ophthalmologist if you have had a heart attack or stroke.
- Eye problems from Avastin can appear days, weeks, months or even years after your injection. The costs to treat these are not included in the fee you pay for the Avastin injection.

By signing below, you consent (agree) that:

- You read this informed consent form or had it read to you.
- The ophthalmologist or staff member explained that you have harmful blood vessels or swelling in the back of your eye.
- The ophthalmologist or staff member answered your questions about using Avastin to treat your eye problem. He or she also explained what it means to use Avastin "off-label."
- You consent to have the ophthalmologist inject Avastin into your right ("right", "left", or "both") eye(s).
- You consent to keep having Avastin injections unless you tell your ophthalmologist that you no longer want the medication or your eye problems change so much that there are new risks and benefits to discuss with the ophthalmologist


Patient (or person authorized to sign for patient)

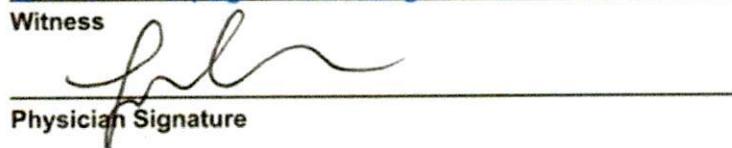
9/23/2024

Date


Witness

9/23/2024

Date


Physician Signature

9/23/2024

Date

Retina Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

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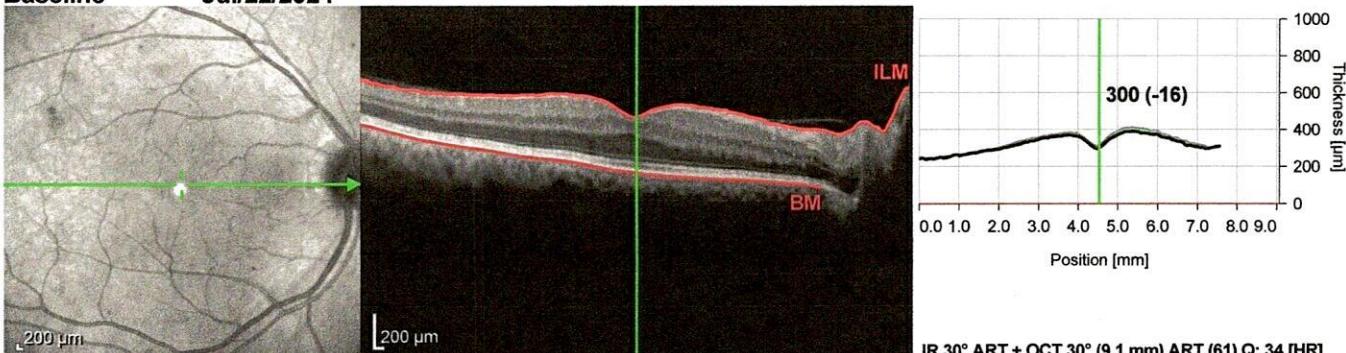
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Patient ID: 41747

DOB: May/23/1970

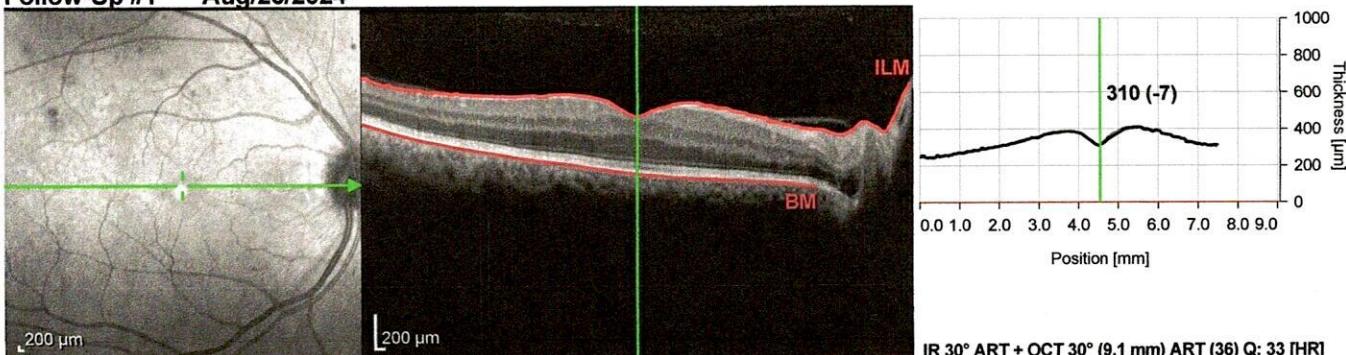
Sex: M

OD

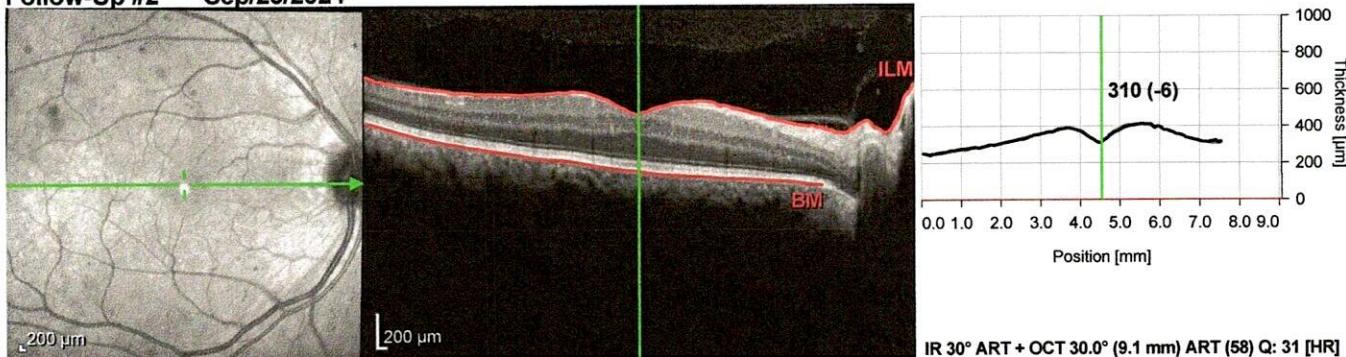
Baseline Jul/22/2024



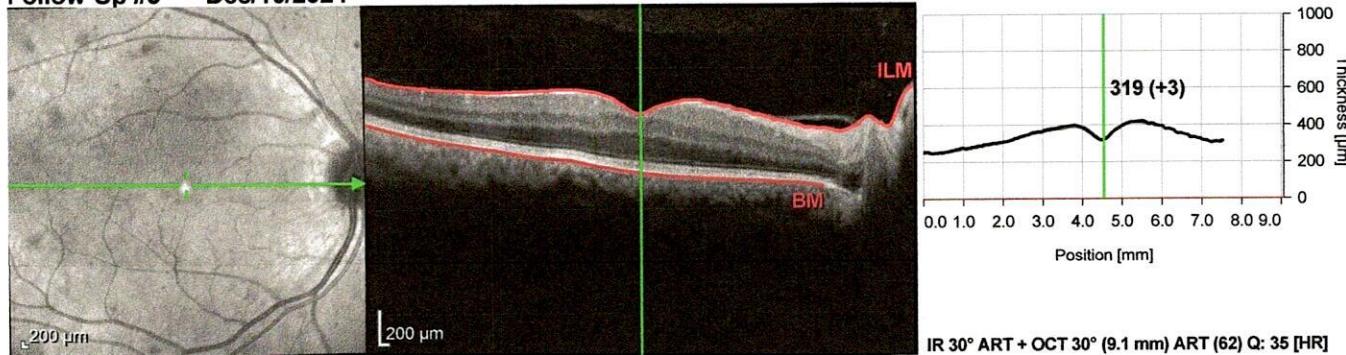
Follow-Up #1 Aug/26/2024



Follow-Up #2 Sep/23/2024



Follow-Up #3 Dec/16/2024



Retina Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

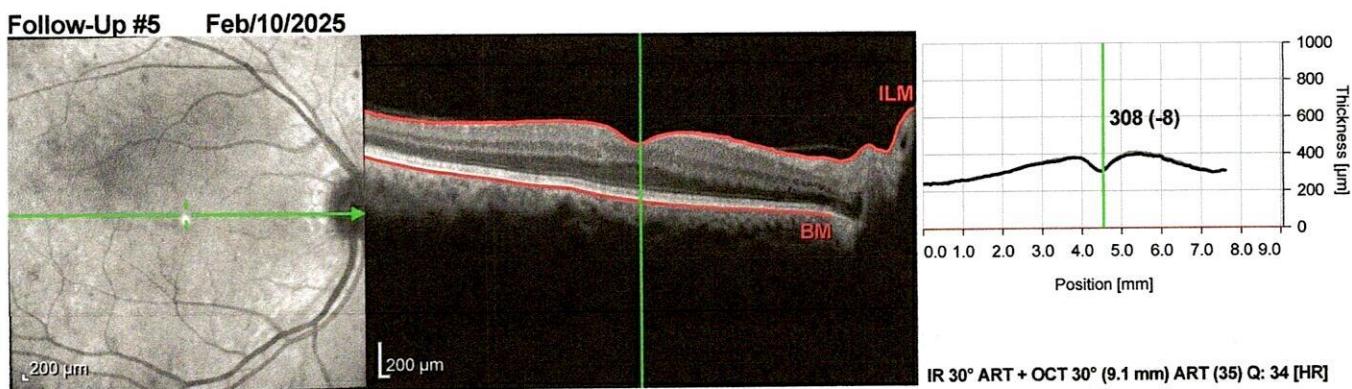
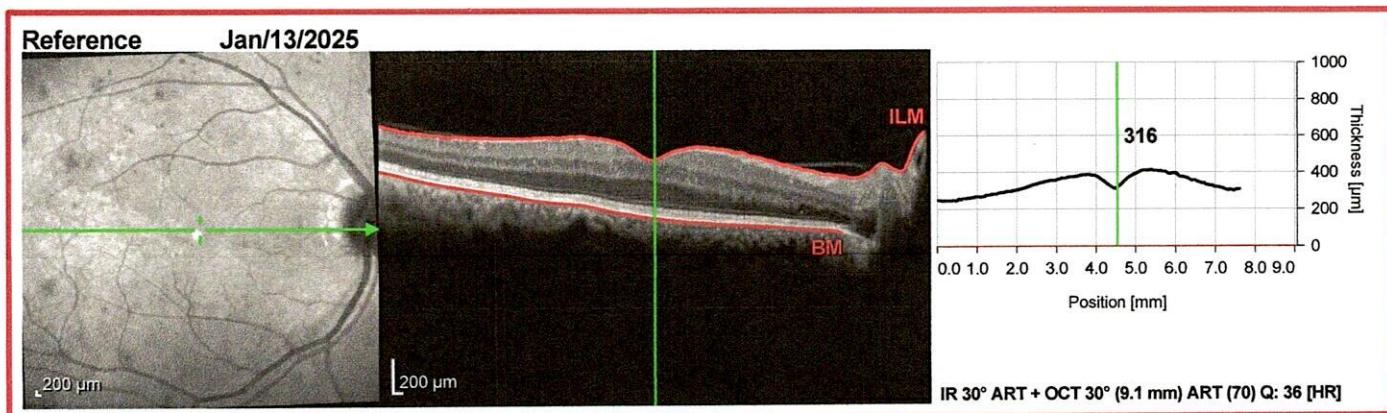
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Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970

Sex: M

OD



Retina Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

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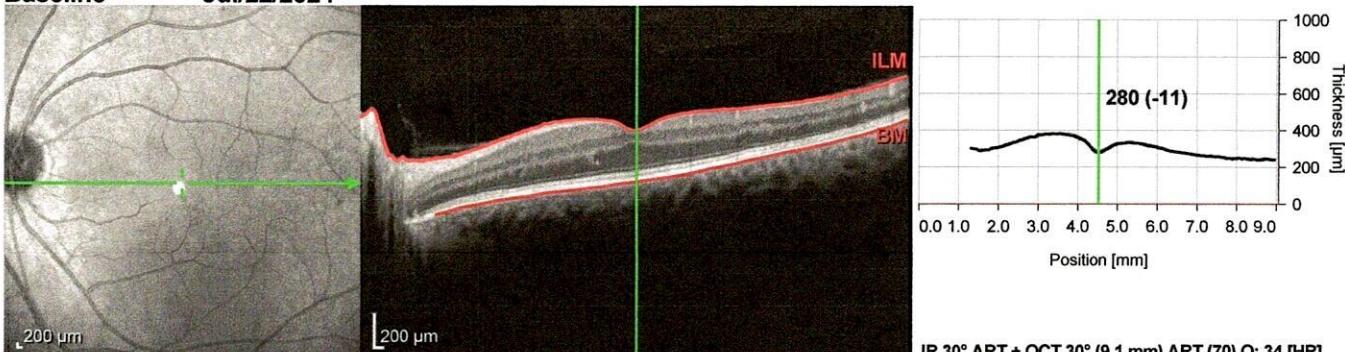
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DOB: May/23/1970

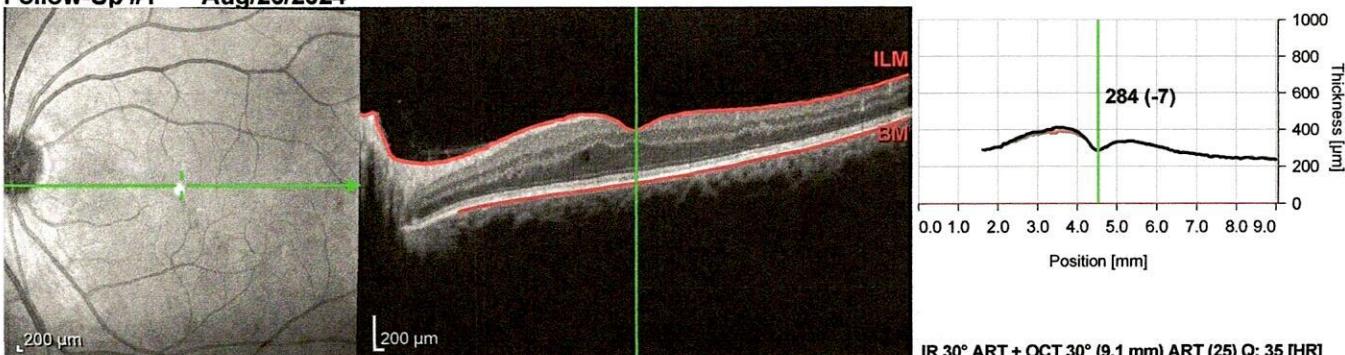
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OS

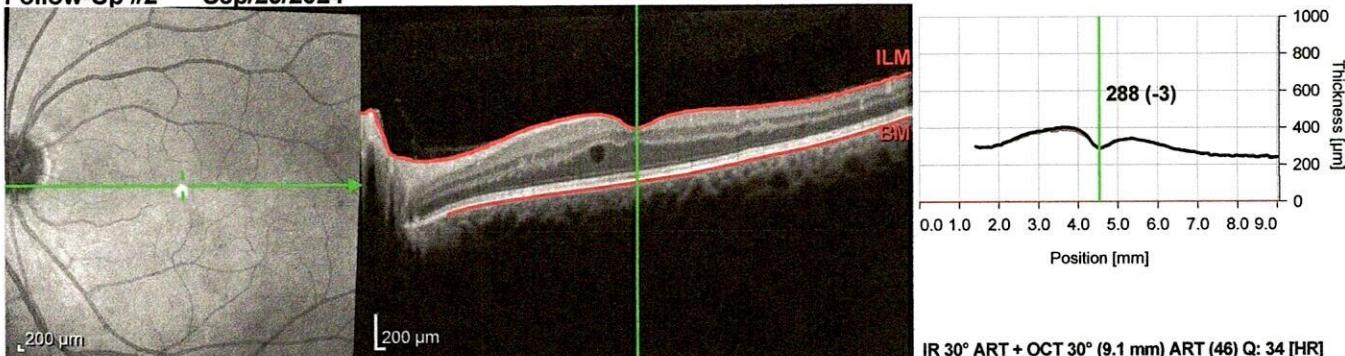
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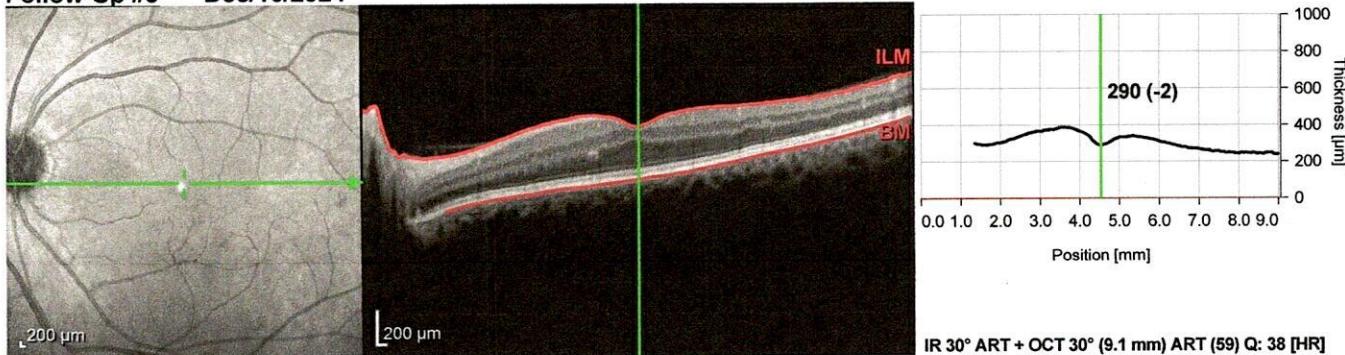
Follow-Up #1 Aug/26/2024



Follow-Up #2 Sep/23/2024



Follow-Up #3 Dec/16/2024



Retina Change Report, All Follow-Ups
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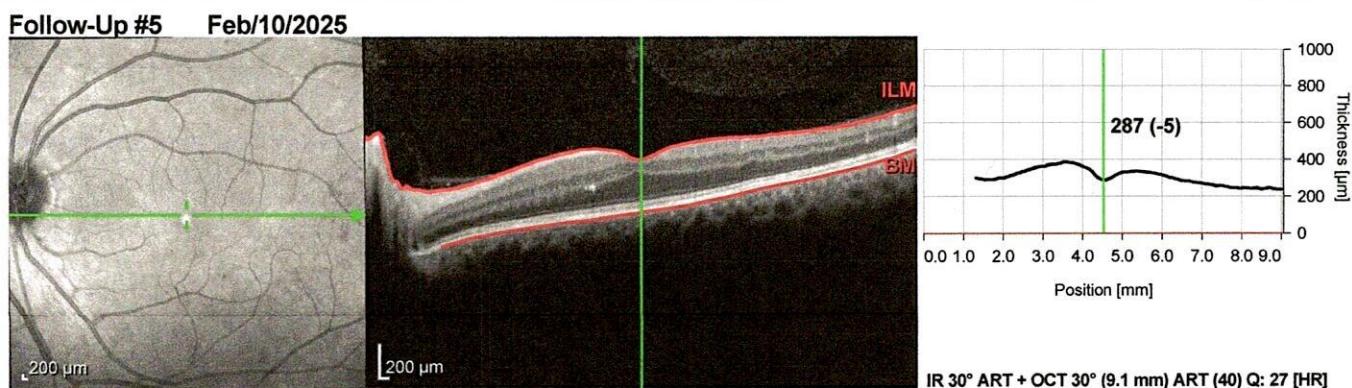
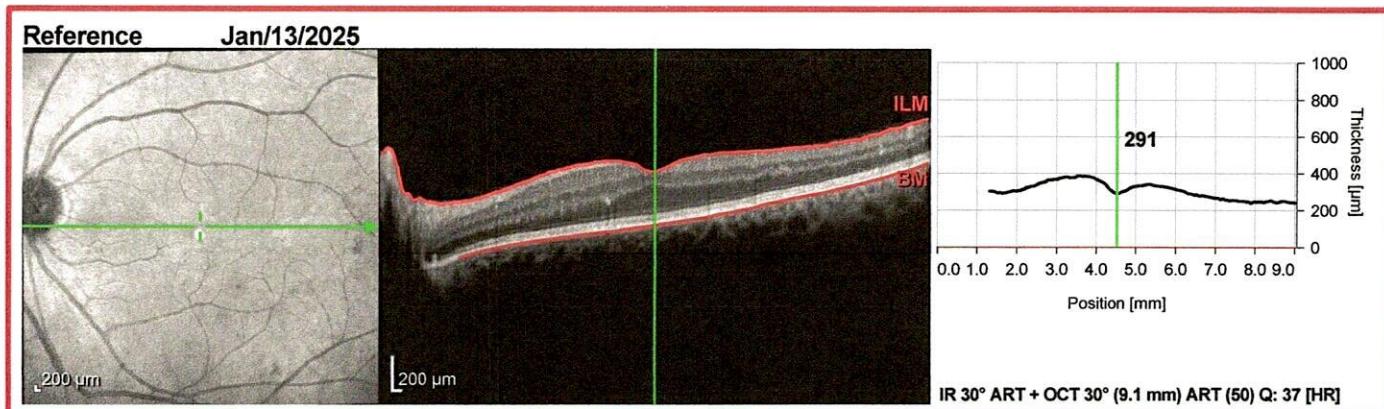
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Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970

Sex: M

OS



Thickness Map Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

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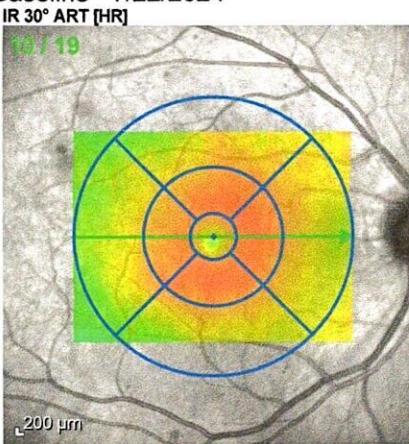
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Patient ID: 41747

DOB: May/23/1970

Sex: M

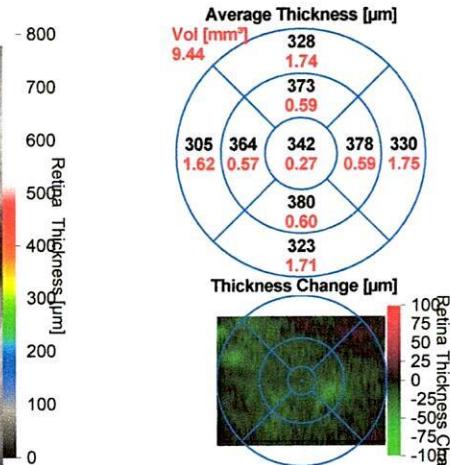
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Baseline - 7/22/2024

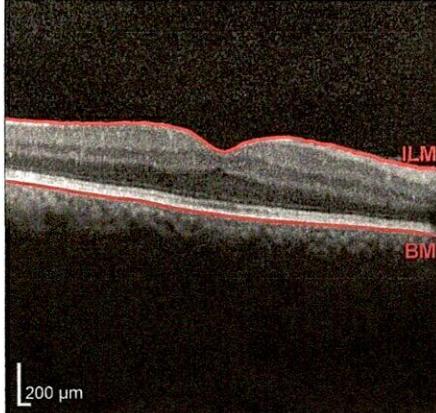


Center: 294 µm

Central Min: 286 µm

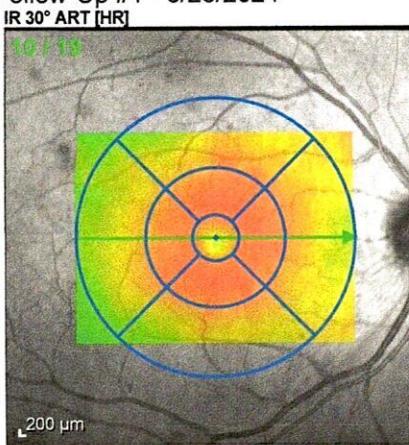


OCT 20° (6.0 mm) ART (8) Q: 26 [HR]



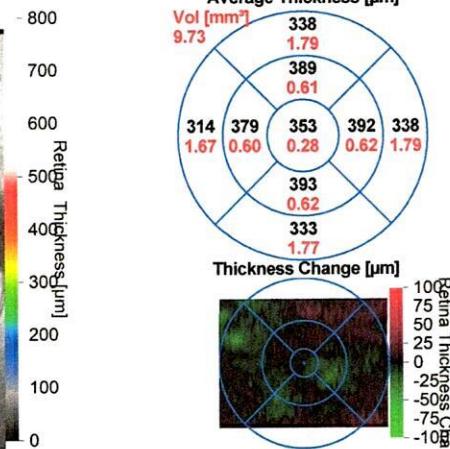
Circle Diameters: 1, 3, 6 mm ETDRS

Follow-Up #1 - 8/26/2024

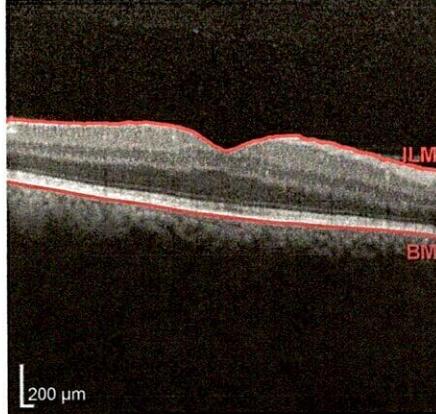


Center: 305 µm

Central Min: 297 µm

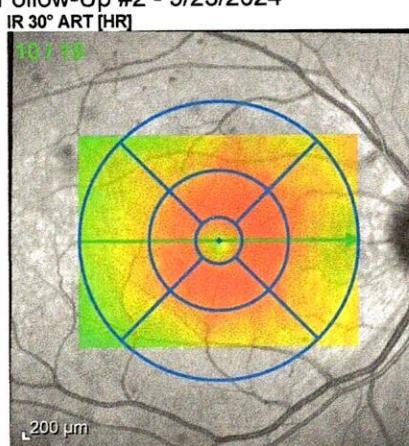


OCT 20° (6.0 mm) ART (9) Q: 27 [HR]



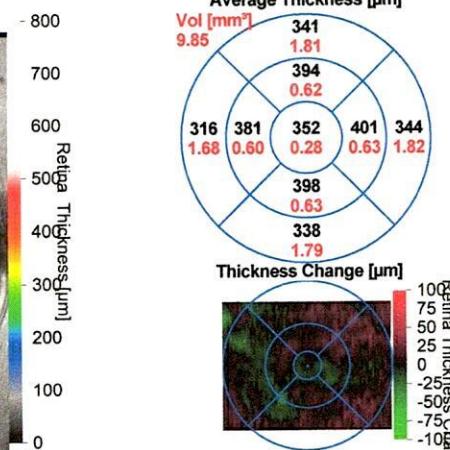
Circle Diameters: 1, 3, 6 mm ETDRS

Follow-Up #2 - 9/23/2024

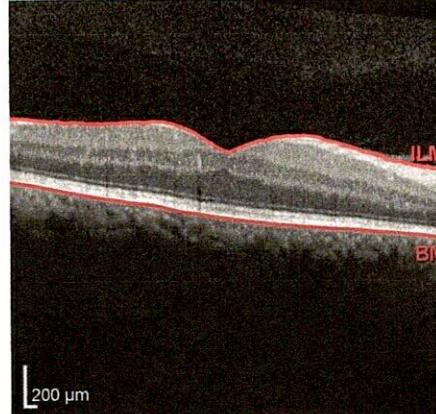


Center: 302 µm

Central Min: 294 µm



OCT 20° (6.0 mm) ART (9) Q: 25 [HR]



Circle Diameters: 1, 3, 6 mm ETDRS

Thickness Map Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

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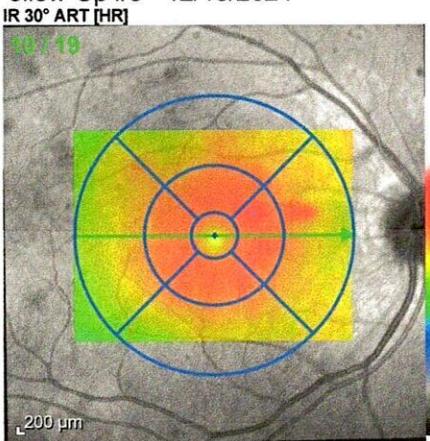
Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970

Sex: M

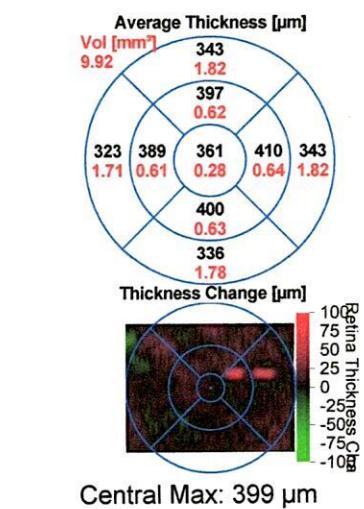
OD

Follow-Up #3 - 12/16/2024



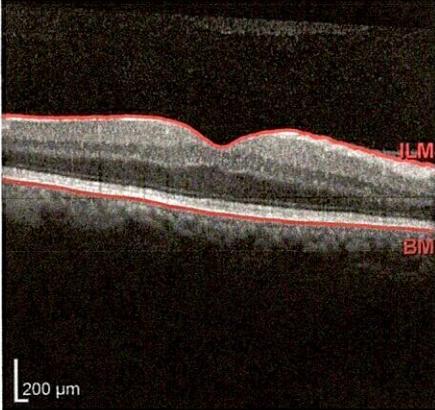
Center: 310 µm

Central Min: 304 µm



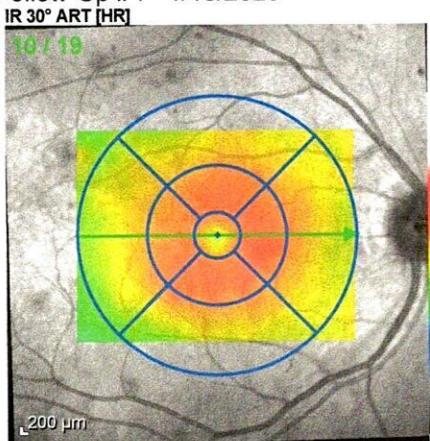
Central Max: 399 µm

OCT 20° (6.0 mm) ART (9) Q: 27 [HR]



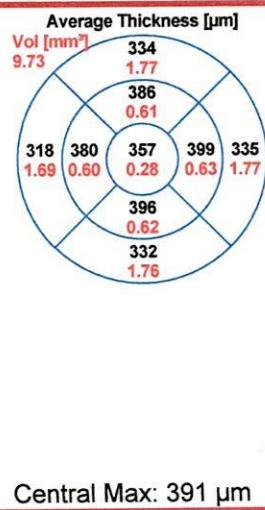
Circle Diameters: 1, 3, 6 mm ETDRS

Follow-Up #4 - 1/13/2025



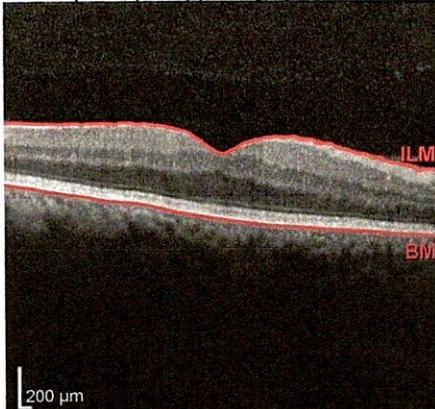
Center: 303 µm

Central Min: 297 µm



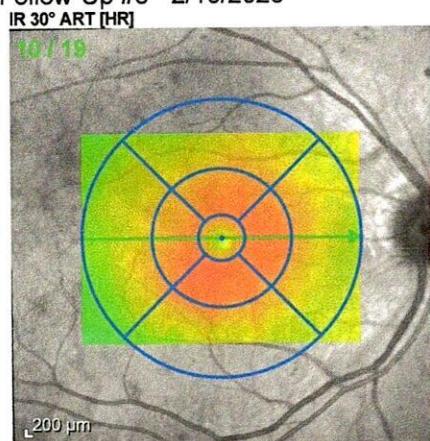
Central Max: 391 µm

OCT 20° (6.0 mm) ART (9) Q: 25 [HR]



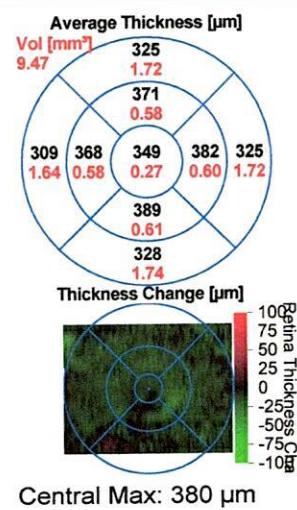
Circle Diameters: 1, 3, 6 mm ETDRS

Follow-Up #5 - 2/10/2025



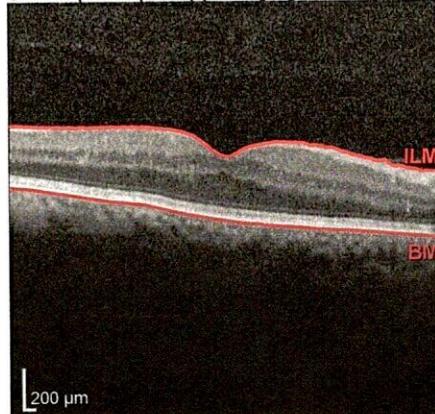
Center: 297 µm

Central Min: 292 µm



Central Max: 380 µm

OCT 20° (6.0 mm) ART (9) Q: 19 [HR]



Circle Diameters: 1, 3, 6 mm ETDRS

Thickness Map Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

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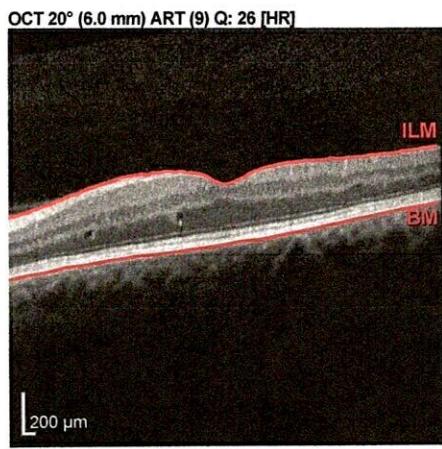
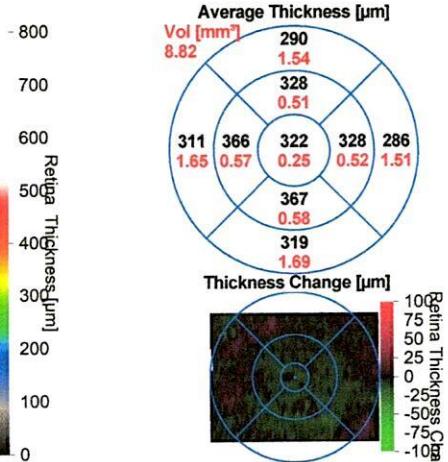
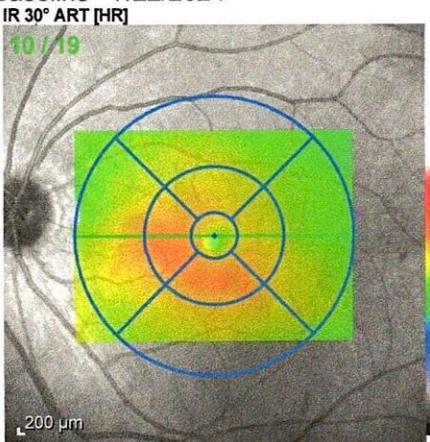
Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970

Sex: M

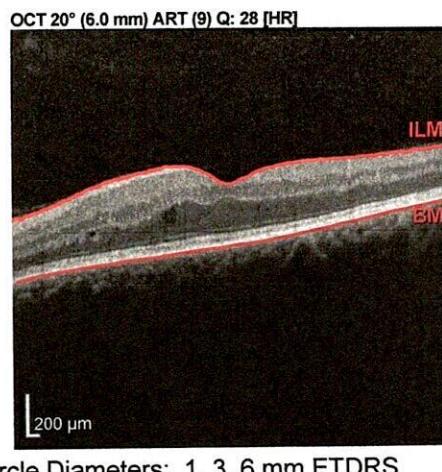
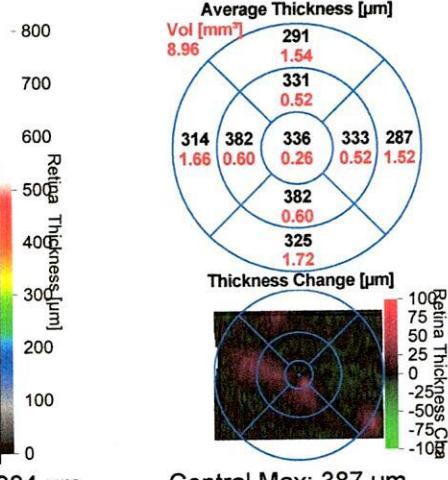
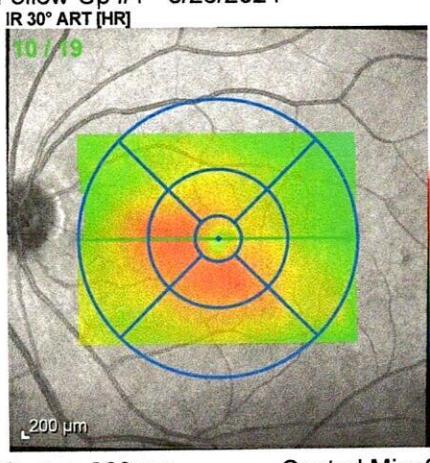
OS

Baseline - 7/22/2024



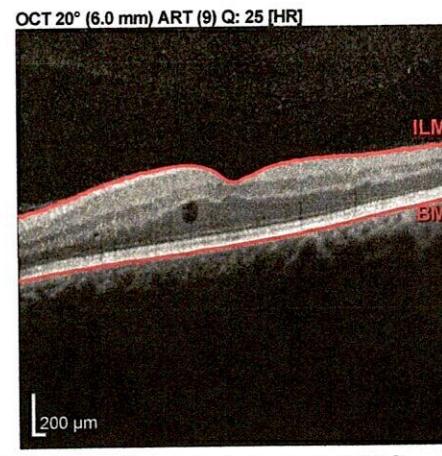
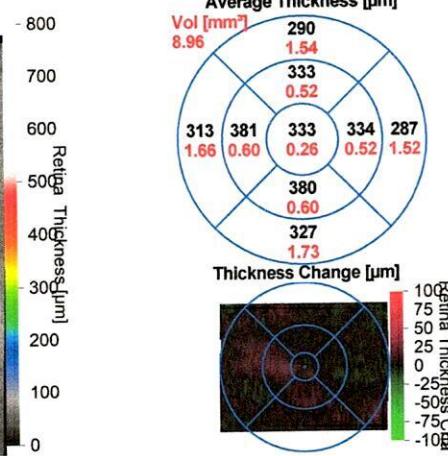
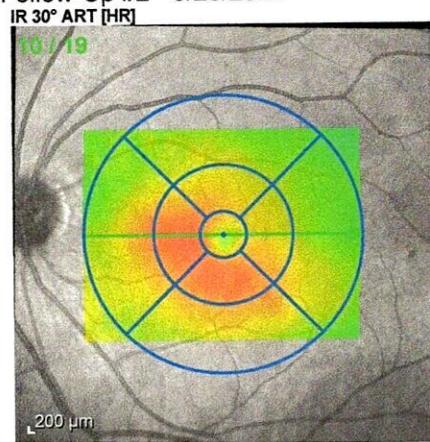
Center: 280 µm Central Min: 269 µm

Follow-Up #1 - 8/26/2024



Center: 288 µm Central Min: 284 µm

Follow-Up #2 - 9/23/2024



Center: 288 µm Central Min: 282 µm

Thickness Map Change Report, All Follow-Ups
SPECTRALIS® Tracking Laser Tomography

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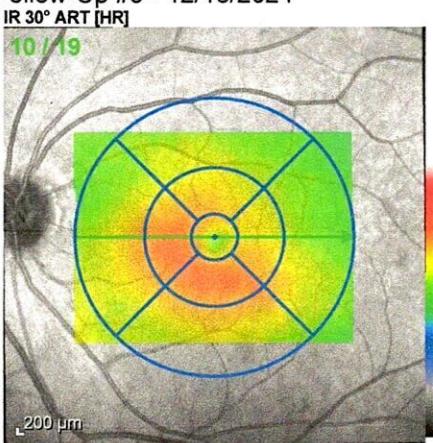
Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970

Sex: M

OS

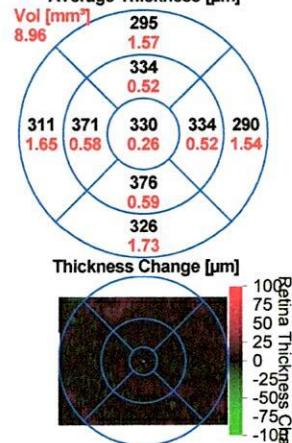
Follow-Up #3 - 12/16/2024



Center: 295 μm

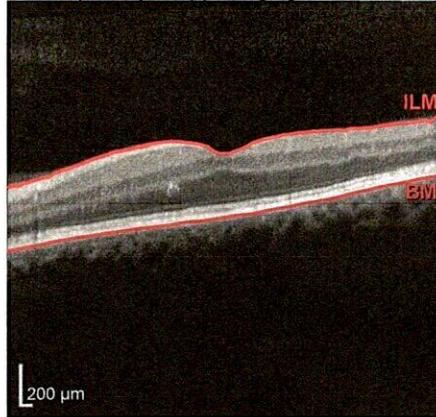
Central Min: 282 μm

Average Thickness [μm]



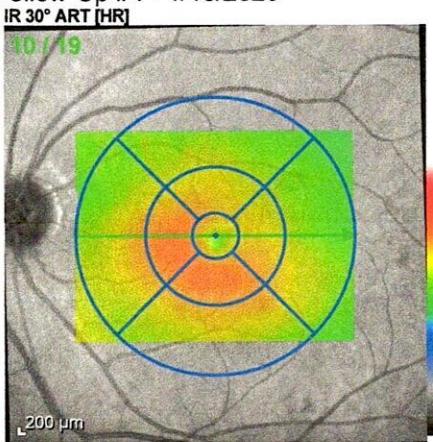
Central Max: 368 μm

OCT 20° (6.0 mm) ART (9) Q: 28 [HR]



Circle Diameters: 1, 3, 6 mm ETDRS

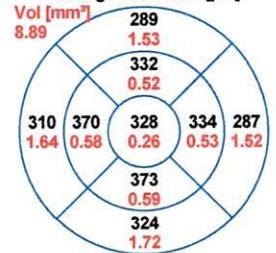
Follow-Up #4 - 1/13/2025



Center: 286 μm

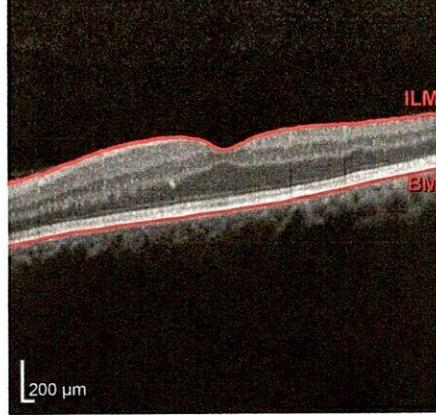
Central Min: 276 μm

Average Thickness [μm]



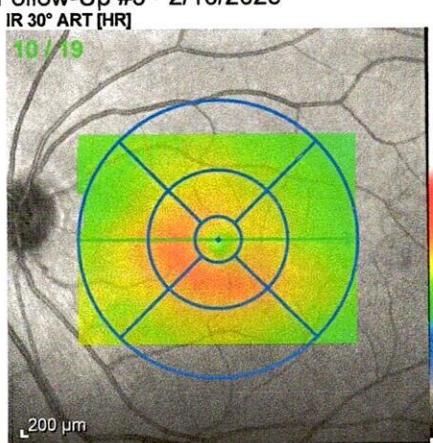
Central Max: 368 μm

OCT 20° (6.0 mm) ART (9) Q: 26 [HR]



Circle Diameters: 1, 3, 6 mm ETDRS

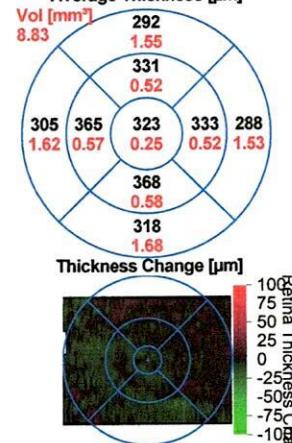
Follow-Up #5 - 2/10/2025



Center: 280 μm

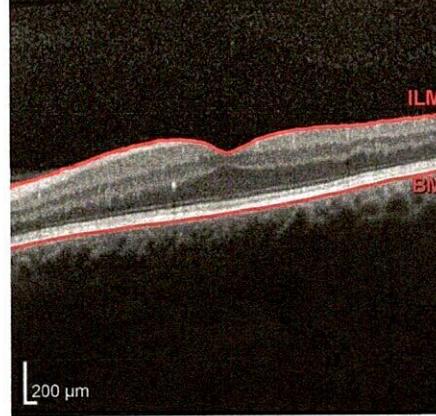
Central Min: 272 μm

Average Thickness [μm]



Central Max: 362 μm

OCT 20° (6.0 mm) ART (9) Q: 26 [HR]

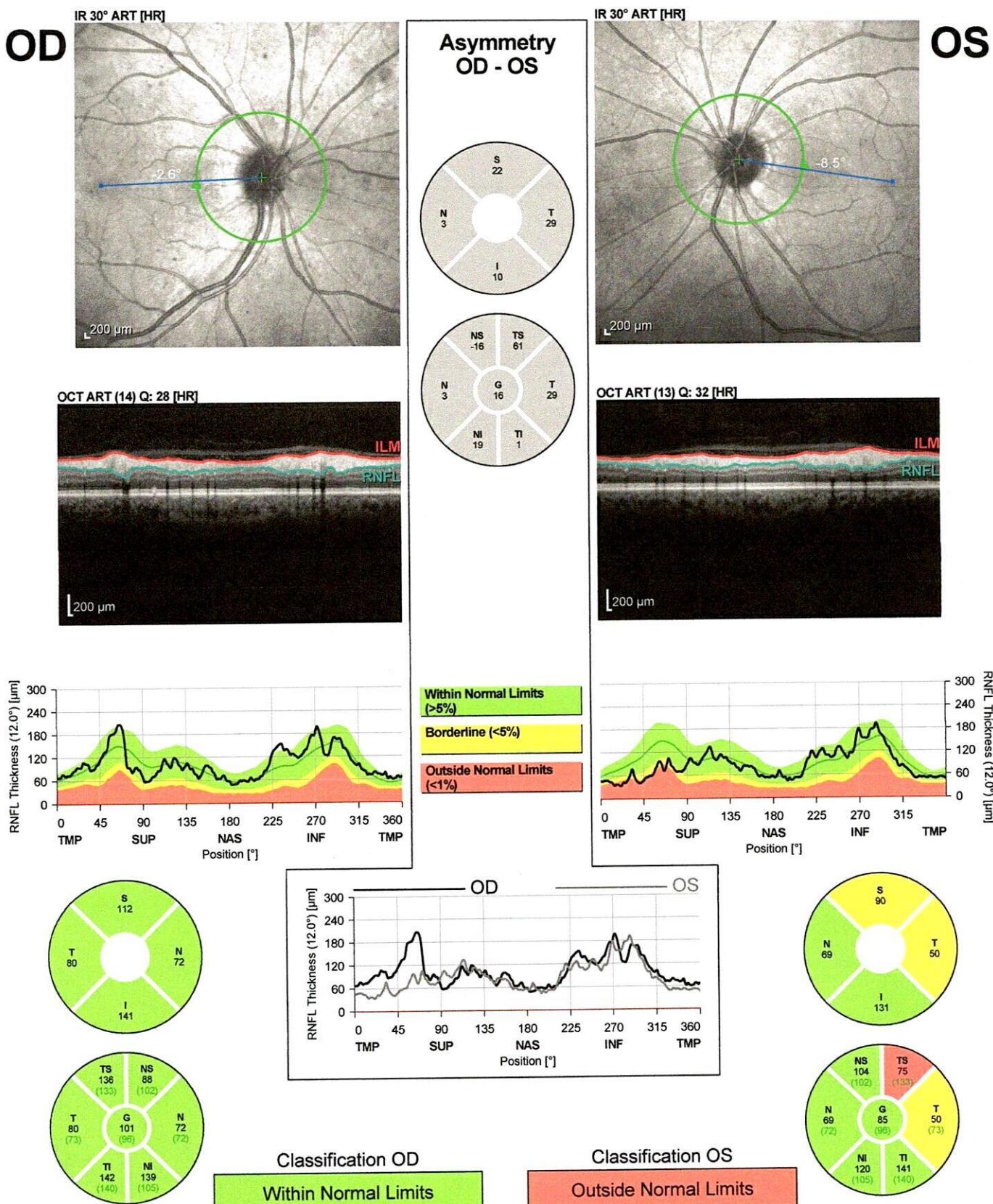


Circle Diameters: 1, 3, 6 mm ETDRS

Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970
Exam.: Jul/22/2024

Sex: M



Overview Report
SPECTRALIS® Tracking Laser Tomography

**HEIDELBERG
ENGINEERING**

Patient: Bardakjian, Steevio
Patient ID: 41747

DOB: May/23/1970
Exam.: Jul/22/2024

Sex: M

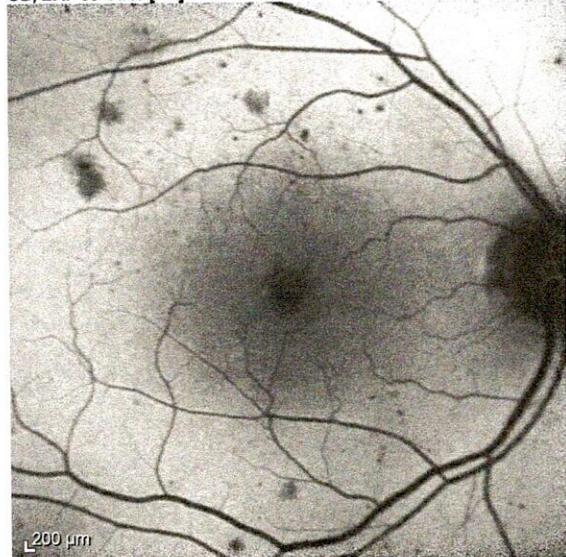
OD, IR 30° ART [HR]



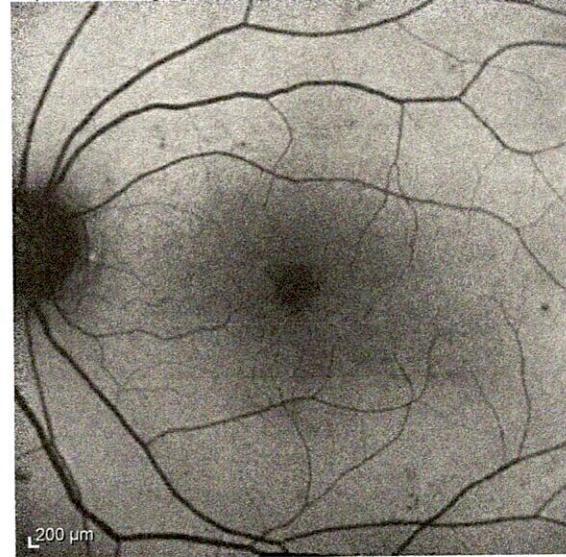
OS, IR 30° ART [HR]



OD, BAF 30° ART [HR]



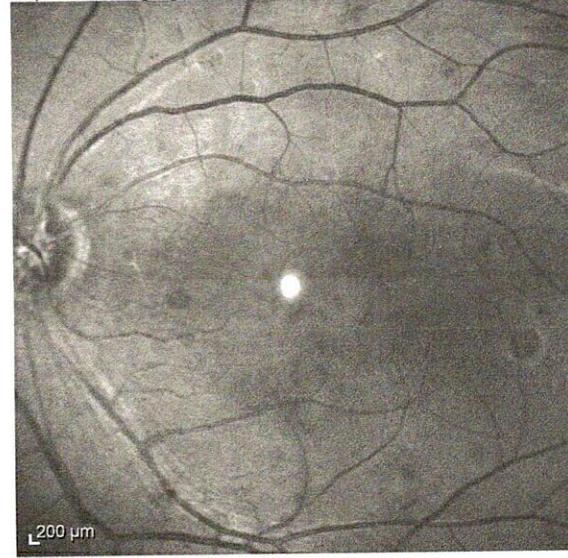
OS, BAF 30° ART [HR]



OD, BR 30° ART [HR]



OS, BR 30° ART [HR]



Name		Chart#	DOB	Refer Doctor
Mr. Steevio Bardakjian		41747	5/23/1970 (54 Years)	Maggie Wei, M.D.
Date	Location	PCP	Insurance	
2/10/2025	Valencia		BLUCROBLUE CROSS/ FACEY MEDICAL FOUNDATION	

Reason For Visit: Follow Up - Central Retinal Vein Occlusion with Macular Edema OD. Ocular Hypertension OU. Moderate Nonproliferative Diabetic Retinopathy OU. Hypertensive Retinopathy OU. Diabetes, Type II with Ocular Complications, Not Insulin Dependent. Senile Cataract OU.

HPI: CC: Blurred Vision OU. Since Last Visit: no changes noted. Severity: mild. Associated Symptoms: no eye pain. Location: central vision. Modifying Factors: none. Pertinent Negatives: No Flashes, Floaters, Shadow, Curtain, or Veil. HPI obtained by Jessica L Cao, MD

Specialty Meds (Initial): Refresh 1 gtt prn OD.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Source:** Patient **HA1c:** 6.1 (Date: 10/14/24)

PSFH/ROS Updated Date: 2/10/25

Medical Hx: T2D. Coronary Artery Disease (CAD). Hypertension, Systemic. **Surgical Hx:** Lumbar Spine L3-L5 microdiscectomy. Right knee meniscus repair. CABG x4.

Systemic Meds: Jardiance 10 MG Oral Tablet 1 tablet qday by mouth. Losartan Pot 25 MG Oral Tablet 1 tablet qday by mouth. Metformin Hydrochloride, 500 mg oral tablet 1 tablet bid by mouth (D/C 5 months ago). Crestor 5 MG Oral Tablet 1 tablet qday by mouth. Movantik 12.5 MG Oral Tablet 1 tablet qday by mouth. Percocet #10 1 tablet bid by mouth. Ozempic qweek. Updated Med List 1/13/24.

Allergies: NKDA.

Family Hx: Diabetes (Brother). **Social Hx:** Smoking/Tobacco: Former Smoker. Alcohol: None. Occupation: Registered nurse.

ROS: Ocular: See HPI. Other: Blood Sugar Fluctuates. Allergy/Immunology: Negative. Cardiovascular: CAD detected during knee pre-op in 2021 and had CABG x4. Constitutional: Negative. Endocrine: T2D. Gastrointestinal: Negative. Genitourinary: Negative. Hematology/Oncology: Negative. HENT: Negative. Integumentary: Negative. Musculoskeletal: Bilateral shoulder pain, coccidinia, right hip pain, right-sided sciatic pain. Neurologic: Numbness/weakness in bilateral lower extremities after lumbar spine surgery 2018. Psychiatric: Negative. Respiratory: Negative.

VA OD: Dcc20/20. **OS:** Dcc20/20.

IOP: TP **OD:** 33,28,25 **OS:** 22,20

3:14 PM

Dilation:

Location: OU. **Tech:** ti. **Time:** 3:14 PM. **Drops:** Proparacaine .5%/Tropicamide 1%/Phenylephrine 2.5%.

External

- Pupils Round. Sluggish. No RAPD. 2mm.
- Adnexa Normal Ocular Adnexa.

Left Eye

Round. Sluggish. No RAPD. 2mm.
Normal Ocular Adnexa.

Anterior

- | | Right Eye | Left Eye |
|--------------------|---|---|
| • General | White and Quiet. | White and Quiet. |
| • L/C/S | Epithelium Intact. Clear Stroma. Clear Endothelium. | Epithelium Intact. Clear Stroma. Clear Endothelium. |
| • Cornea | Normal Depth. Quiet. | Normal Depth. Quiet. |
| • Anterior Chamber | Flat. | Flat. |
| • Iris | 1+ NS. 1-2+ Cortical. | 1+ NS. 2+ Cortical. |
| • Lens | | |

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000032

Posterior	Right Eye	Left Eye
• General	No Disc Edema. No Disc Pallor. CDR 0.1.	No Disc Edema. No Disc Pallor. CDR 0.1.
• Nerve	Vitreous Syneresis.	Clear.
• Vitreous	Normal Caliber.	Normal Caliber.
• Retinal Vessels	No Subretinal Fluid. No Clinical Cystoid Macular Edema.	No Hemorrhage. No Subretinal Fluid. No Edema.
• Macula	DBH. Few exudates.	Microaneurysm.
• Periphery	No Holes or Tears. Attached 360 Degrees. DBH 4/4q. Cobblestones (Temporal). Cobblestones (Inferior).	No Holes or Tears. Attached 360 Degrees. RAM (Superior). DBH (Temporal).

OCT Macula: Findings OD: Mild early juxtafoveal edema with parafoveal retinal thickening remains increased from last visit. **Findings OS:** Minimal cystic spaces without significant center-involving CME - slightly improved.

Imp/Plan:

1. Central Retinal Vein Occlusion with Macular Edema OD. History of HTN but reports relatively well controlled with SBP 120s. Pt is an RN who monitors BP regularly but notes that he gets spurts of BP elevation, especially when visiting doctors' offices. Exam shows 4/4 DBHs consistent with RVO without signs of other potential etiology such as uveitis to explain findings. Given known medical history, this is most likely a non-ischemic CRVO. s/p Avastin x 2 with improvement in vision to 20/20. Observe without treatment today. F/u in 4-5 weeks for poss treatment.
2. Ocular Hypertension OU. Refer back to Dr. Wei for elevated IOP OD.
3. Moderate Nonproliferative Diabetic Retinopathy OU. Patient understands condition, prognosis and need for follow up care. Discussed the importance of blood sugar and blood pressure control in the prevention of ocular complications. He reports a recent a1c of 7.3. No treatment at this time. Observation recommended.
4. Hypertensive Retinopathy OU. Discussed the importance of blood pressure control in the prevention of ocular complications.
5. Diabetes, Type II with Ocular Complications, Not Insulin Dependent.
6. Senile Cataract OU. Cataract not visually significant.

Other Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision.

Specialty Meds (Final): Refresh 1 gtt prn OD.

Follow Up: Dr. Cao 4-5 Week - Intermediate Exam; Macular OCT OU. Possible Avastin - J9035 OD.

All diagnostic testing ordered by Jessica L Cao, MD.

CPT Codes: 92012, 92134.

ICD-9 Codes: 362.35d, 365.04u, 362.05u,
362.11u, 250.50, 366.10u.

ICD-10 Codes: H34.8110d, H40.053u,
E11.3393u, H35.033u, H25.9u

Tech: ti

Signed:

Electronically signed by Jessica L Cao, MD

Page 2 of 2

Patient: Steevio Bardakjian (DOB 5/23/1970)
Monday, February 10, 2025

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000033

Name		Chart#	DOB	Refer Doctor
Mr. Steevio Bardakjian		41747	5/23/1970 (54 Years)	Maggie Wei, M.D.
Date	Location	PCP	Insurance	
1/13/2025	Valencia		BLUCROBLUE CROSS/ FACEY MEDICAL FOUNDATION	

Reason For Visit: Follow Up - Central Retinal Vein Occlusion with Macular Edema OD. Moderate Nonproliferative Diabetic Retinopathy OU. Hypertensive Retinopathy OU. Diabetes, Type II with Ocular Complications, Not Insulin Dependent. Senile Cataract OU.

HPI: CC: Blurred Vision OU. Location: central vision OD. Severity: mild OU. Since Last Visit: stable OU. Duration of Problem: since last visit OU. Associated Symptoms: no flashes or floaters OU. Pertinent Negatives: No Shadow, Curtain, or Veil OU. HPI obtained by Jessica L Cao, MD

Specialty Meds (Initial): Refresh 1 gtt prn OD.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Source:** Patient HA1c: 6.1 (Date: 10/14/24)

PSFH/ROS Updated Date: 1/13/25

Medical Hx: T2D. Coronary Artery Disease (CAD). Hypertension, Systemic. **Surgical Hx:** Lumbar Spine L3-L5 microdiscectomy. Right knee meniscus repair. CABG x4.

Systemic Meds: Jardiance 10 MG Oral Tablet 1 tablet qday by mouth. Losartan Pot 25 MG Oral Tablet 1 tablet qday by mouth. Metformin Hydrochloride, 500 mg oral tablet 1 tablet bid by mouth (D/C 5 months ago). Crestor 5 MG Oral Tablet 1 tablet qday by mouth. Movantik 12.5 MG Oral Tablet 1 tablet qday by mouth. Percocet #10 1 tablet bid by mouth. Ozempic qweek. Updated Med List 1/13/24.

Allergies: NKDA.

Family Hx: Diabetes (Brother). **Social Hx:** Smoking/Tobacco: Former Smoker. Alcohol: None. Occupation: Registered nurse.

ROS: Ocular: See HPI. Other: Blood Sugar Fluctuates. Allergy/Immunology: Negative. Cardiovascular: CAD detected during knee pre-op in 2021 and had CABG x4. Constitutional: Negative. Endocrine: T2D. Gastrointestinal: Negative. Genitourinary: Negative. Hematology/Oncology: Negative. HENT: Negative. Integumentary: Negative. Musculoskeletal: Bilateral shoulder pain, coccidiomysia, right hip pain, right-sided sciatic pain. Neurologic: Numbness/weakness in bilateral lower extremities after lumbar spine surgery 2018. Psychiatric: Negative. Respiratory: Negative.

VA OD: Dsc20/30-2. PH20/20. **OS:** Dsc20/40. PH20/20-2.

IOP: TP **OD:** 28,27,25,27/29 **OS:** 18,30

1:26 PM, 1:27 PM, 1:50 PM

Dilation:

Location: OU. **Tech:** IE. **Time:** 1:27 PM. **Drops:** Proparacaine .5%/Tropicamide 1%/Phenylephrine 2.5%.

Extended HPI: Pt D/C Metformin 5 months ago, Pt using Ozempic Qweek, Pt notes Blood pressure is stable

External

Right Eye

- General
- Pupils Round. Sluggish. No RAPD. 2mm.
- Adnexa Normal Ocular Adnexa.

Left Eye

- Round. Sluggish. No RAPD. 2mm.
- Normal Ocular Adnexa.

Anterior

Right Eye

- General White and Quiet.
- L/C/S Epithelium Intact. Clear Stroma. Clear Endothelium.
- Cornea Normal Depth. Quiet.
- Anterior Chamber Flat.
- Iris 1+ NS. 1-2+ Cortical.

Left Eye

- White and Quiet.
- Epithelium Intact. Clear Stroma. Clear Endothelium.
- Normal Depth. Quiet.
- Flat.
- 1+ NS. 2+ Cortical.

Posterior	Right Eye	Left Eye
• General	No Disc Edema. No Disc Pallor. CDR 0.1.	No Disc Edema. No Disc Pallor. CDR 0.1.
• Nerve	Vitreous Syneresis.	Clear.
• Vitreous	Normal Caliber.	Normal Caliber.
• Retinal Vessels	No Subretinal Fluid. No Clinical Cystoid Macular Edema. DBH. Few exudates.	No Hemorrhage. No Subretinal Fluid. No Edema. Microaneurysm.
• Macula	No Holes or Tears. Attached 360 Degrees. DBH 4/4q. Cobblestones (Temporal). Cobblestones (Inferior).	No Holes or Tears. Attached 360 Degrees. RAM (Superior). DBH (Temporal).
• Periphery		

OCT Macula: Findings OD: Mild early juxtafoveal edema with parafoveal retinal thickening remains increased from last visit. **Findings OS:** Minimal cystic spaces without significant center-involving CME - slightly improved.

Imp/Plan:

- Central Retinal Vein Occlusion with Macular Edema OD. History of HTN but reports relatively well controlled with SBP 120s. Pt is an RN who monitors BP regularly but notes that he gets spurts of BP elevation, especially when visiting doctors' offices. Exam shows 4/4 DBHs consistent with RVO without signs of other potential etiology such as uveitis to explain findings. Given known medical history, this is most likely a non-ischemic CRVO. Unfortunately with gradual decline in vision and now minimal center-involving edema. s/p Avastin with improvement in macular thickening and vision. Rec AC tap today with treatment given elevated IOPs. Has been borderline before but otherwise stable. Monitor and if repeat measurements next visit elevated, will refer for glaucoma w/u. No signs of inflammation, lens related IOP rise noted on exam, no NVI. Recommended Avastin injection today. The injection was given and tolerated well by patient. Post-injection instructions were reviewed and understood by the patient. Symptoms of retinal detachment and endophthalmitis following intravitreal injection discussed; patient advised to call immediately if symptoms ensue.
- Ocular Hypertension OU. Observe for now. If remains elevated, refer back to Dr. Wei for workup.
- Moderate Nonproliferative Diabetic Retinopathy OU. Patient understands condition, prognosis and need for follow up care. Discussed the importance of blood sugar and blood pressure control in the prevention of ocular complications. He reports a recent a1c of 7.3. No treatment at this time. Observation recommended.
- Hypertensive Retinopathy OU. Discussed the importance of blood pressure control in the prevention of ocular complications.
- Diabetes, Type II with Ocular Complications, Not Insulin Dependent.
- Senile Cataract OU. Cataract not visually significant.

Other Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision.

Procedure: Avastin - J9035 (4 weeks) #2 OD. Diagnosis: Central Retinal Vein Occlusion with Macular Edema. Anesthesia: Topical/Subconjunctival. Prep: Betadine Prep. Intravitreal injection of Avastin 1.25mg/0.05 ml was given. Injection site: 3-4 mm from the limbus. Patient tolerated procedure well. CF vision checked. There were no complications. Post-op instructions given. Tracking # L08-0000987. Any residual medication discarded.

Procedure: A/C Paracentesis, Therapeutic #1 OD. Diagnosis: Central Retinal Vein Occlusion with Macular Edema. Anesthesia: Topical/Subconjunctival. Prep: Antibiotic Drops q 5min x 3. Prior to procedure, risks/benefits/alternatives discussed including infection, loss of vision, hemorrhage, cataract, retinal tears or detachment and patient wished to proceed. Location of Paracentesis: Temporal Limbus. Volume of tap: 0.07 ml. Patient tolerated procedure well. There were no complications. Post procedure instructions given. Patient given office phone number/answering service number and advised to call immediately should there be an increase in floaters or redness, loss of vision or pain, or should they have any other questions or concerns.

Specialty Meds (Final): Refresh 1 gtt prn OD.

Follow Up: Dr. Cao 4 Weeks - Intermediate Exam; Macular OCT OU. Possible Avastin - J9035 OD.

All diagnostic testing ordered by Jessica L Cao, MD.

*** Technician Measured IOP OD w/ 2 Diff Tono-pens***

CPT Codes: 92134, 67028RT, J9035, 65800RT.

ICD-9 Codes: 362.35d, 365.04u, 362.05u, 362.11u, 250.50, 366.10u.

ICD-10 Codes: H34.8110d, H40.053u,

E11.3393u, H35.033u, H25.9u

Tech: IE

Signed:

Electronically signed by Jessica L Cao, MD

Page 2 of 2

Patient: Steevio Bardakjian (DOB 5/23/1970)

Monday, January 13, 2025

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000035

Name		Chart#	DOB	Refer Doctor
Mr. Steevio Bardakjian		41747	5/23/1970 (54 Years)	Maggie Wei, M.D.
Date	Location	PCP	Insurance	
12/16/2024	Valencia		BLUCROBLUE CROSS/ FACEY MEDICAL FOUNDATION	

Reason For Visit: Follow Up - Stable Central Retinal Vein Occlusion OD. Moderate Nonproliferative Diabetic Retinopathy OU. Hypertensive Retinopathy OU. Diabetes, Type II with Ocular Complications, Not Insulin Dependent. Senile Cataract OU.

HPI: CC: Blurred Vision OD > OS. Quality: blurry OD > OS. Severity: Moderate ODm Mild OS. Associated Symptoms: none OU. Modifying Factors: none OU. Pertinent Negatives: No Eye Pain OU. Pertinent Negatives: No Flashes, Floaters, Shadow, Curtain, or Veil OU. HPI obtained by Jessica L Cao, MD

Specialty Meds (Initial): Refresh 1 gtt prn OD.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Source:** Patient

PSFH/ROS Updated Date: 12/16/24

Medical Hx: T2D. Coronary Artery Disease (CAD). Hypertension, Systemic. **Surgical Hx:** Lumbar Spine L3-L5 microdiscectomy. Right knee meniscus repair. CABG x4.

Systemic Meds: Jardiance 10 MG Oral Tablet 1 tablet qday by mouth. Losartan Pot 25 MG Oral Tablet 1 tablet qday by mouth. Metformin Hydrochloride, 500 mg oral tablet 1 tablet bid by mouth. Crestor 5 MG Oral Tablet 1 tablet qday by mouth. Movantik 12.5 MG Oral Tablet 1 tablet qday by mouth. Percocet #10 1 tablet bid by mouth.

Allergies: NKDA.

Family Hx: Diabetes (Brother). **Social Hx:** Smoking/Tobacco: Former Smoker. Alcohol: None. Occupation: Registered nurse.

ROS: Ocular: See HPI. Other: Blood Sugar Fluctuates. Allergy/Immunology: Negative. Cardiovascular: CAD detected during knee pre-op in 2021 and had CABG x4. Constitutional: Negative. Endocrine: T2D. Gastrointestinal: Negative. Genitourinary: Negative. Hematology/Oncology: Negative. HENT: Negative. Integumentary: Negative. Musculoskeletal: Bilateral shoulder pain, coccidiomycosis, right hip pain, right-sided sciatic pain. Neurologic: Numbness/weakness in bilateral lower extremities after lumbar spine surgery 2018. Psychiatric: Negative. Respiratory: Negative.

VA OD: Dsc20/70+2. PH20/40+2. **OS:** Dsc20/40-2. PH20/25-1.

IOP: TP **OD:** 17 **OS:** 18

1:12 PM

Dilation:

Location: OU. **Tech:** ab. **Time:** 1:12 PM. **Drops:** Proparacaine .5%/Tropicamide 1%/Phenylephrine 2.5%.

External

- | | Right Eye | Left Eye |
|----------|--------------------------------|--------------------------------|
| • Pupils | Round. Sluggish. No RAPD. 2mm. | Round. Sluggish. No RAPD. 2mm. |
| • Adnexa | Normal Ocular Adnexa. | Normal Ocular Adnexa. |

Anterior

- | | Right Eye | Left Eye |
|--------------------|-----------------------|---|
| • General | | White and Quiet. |
| • L/C/S | White and Quiet. | Epithelium Intact. Clear Stroma. Clear Endothelium. |
| • Cornea | | Normal Depth. Quiet. |
| • Anterior Chamber | Normal Depth. Quiet. | Normal Depth. Quiet. |
| • Iris | Flat. | Flat. |
| • Lens | 1+ NS. 1-2+ Cortical. | 1+ NS. 2+ Cortical. |

Page 1 of 2

Patient: Steevio Bardakjian (DOB 5/23/1970)
 Monday, December 16, 2024

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000036

Posterior	Right Eye	Left Eye
• General	No Disc Edema. No Disc Pallor. CDR 0.1.	No Disc Edema. No Disc Pallor. CDR 0.1.
• Nerve	Vitreous Syneresis.	Clear.
• Vitreous	Normal Caliber.	Normal Caliber.
• Retinal Vessels	No Subretinal Fluid. No Clinical Cystoid Macular Edema. DBH. Few exudates.	No Hemorrhage. No Subretinal Fluid. No Edema. Microaneurysm.
• Macula	No Holes or Tears. Attached 360 Degrees. DBH 4/4q. Cobblestones (Temporal). Cobblestones (Inferior).	No Holes or Tears. Attached 360 Degrees. RAM (Superior). DBH (Temporal).
• Periphery		

OCT Macula: Findings OD: Mild early juxtafoveal edema with parafoveal retinal thickening remains increased from last visit. **Findings OS:** Minimal cystic spaces without significant center-involving CME - slightly improved.

Imp/Plan:

- Central Retinal Vein Occlusion with Macular Edema OD. History of HTN but reports relatively well controlled with SBP 120s. Pt is an RN who monitors BP regularly but notes that he gets spurts of BP elevation, especially when visiting doctors' offices. Exam shows 4/4 DBHs consistent with RVO without signs of other potential etiology such as uveitis to explain findings. Given known medical history, this is most likely a non-ischemic CRVO. Unfortunately with gradual decline in vision and now minimal center-involving edema. Rec starting Avastin OD. Recommended Avastin injection today. The injection was given and tolerated well by patient. Post-injection instructions were reviewed and understood by the patient. Symptoms of retinal detachment and endophthalmitis following intravitreal injection discussed; patient advised to call immediately if symptoms ensue.
- Moderate Nonproliferative Diabetic Retinopathy OU. Patient understands condition, prognosis and need for follow up care. Discussed the importance of blood sugar and blood pressure control in the prevention of ocular complications. He reports a recent a1c of 7.3. No treatment at this time. Observation recommended.
- Hypertensive Retinopathy OU. Discussed the importance of blood pressure control in the prevention of ocular complications.
- Diabetes, Type II with Ocular Complications, Not Insulin Dependent.
- Senile Cataract OU. Cataract not visually significant.

Other Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision.

Procedure: Avastin - J9035 #1 OD. Diagnosis: Central Retinal Vein Occlusion with Macular Edema. Anesthesia: Topical/Subconjunctival. Prep: Betadine Prep. Intravitreal injection of Avastin 1.25mg/0.05 ml was given. Injection site: 3-4 mm from the limbus. Patient tolerated procedure well. CF vision checked. There were no complications. Post-op instructions given. Tracking # L08-0000860. Any residual medication discarded.

Specialty Meds (Final): Refresh 1 gtt prn OD.

Follow Up: Dr. Cao 4 Weeks - Intermediate Exam; Macular OCT OU. Possible Avastin - J9035 OD.

All diagnostic testing ordered by Jessica L Cao, MD.

CPT Codes: 92134, 67028RT, J9035.

ICD-9 Codes: 362.35d, 362.05u, 362.11u, 250.50, 366.10u.

ICD-10 Codes: H34.8110d, E11.3393u, H35.033u, H25.9u

Tech: ab

Signed:

Electronically signed by Jessica L Cao, MD

Page 2 of 2

Patient: Steevio Bardakjian (DOB 5/23/1970)
Monday, December 16, 2024

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000037

Name		Chart#	DOB	Refer Doctor
Mr. Steevio Bardakjian		41747	5/23/1970 (54 Years)	Maggie Wei, M.D.
Date	Location	PCP	Insurance	
9/23/2024	Valencia		BLUCROBLUE CROSS/ FACEY MEDICAL FOUNDATION	

Reason For Visit: Follow Up - Stable Central Retinal Vein Occlusion OD. Moderate Nonproliferative Diabetic Retinopathy OU. Hypertensive Retinopathy OU. Diabetes, Type II with Ocular Complications, Not Insulin Dependent. Senile Cataract OU.

HPI: CC: Blurred Vision OD > OS. Quality: blurry OD > OS. Severity: Moderate OD, Mild OS. Modifying Factors: Worse in bright sunlight OU. Associated Symptoms: none OU. Pertinent Negatives: No Eye Pain OU. Pertinent Negatives: No Flashes, Floaters, Shadow, Curtain, or Veil OU. HPI obtained by Jessica L Cao, MD

Specialty Meds (Initial): Refresh 1 gtt qam OD.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Source:** Patient

PSFH/ROS Updated Date: 9/23/24

Medical Hx: T2D. Coronary Artery Disease (CAD). Hypertension, Systemic. **Surgical Hx:** Lumbar Spine L3-L5 microdiscectomy. Right knee meniscus repair. CABG x4.

Systemic Meds: Jardiance 10 MG Oral Tablet 1 tablet qday by mouth. Losartan Pot 25 MG Oral Tablet 1 tablet qday by mouth. Metformin Hydrochloride, 500 mg oral tablet 1 tablet bid by mouth. Crestor 5 MG Oral Tablet 1 tablet qday by mouth. Movantik 12.5 MG Oral Tablet 1 tablet qday by mouth. Percocet #10 1 tablet bid by mouth.

Allergies: NKDA.

Family Hx: Diabetes (Brother). **Social Hx:** Smoking/Tobacco: Former Smoker. Alcohol: None. Occupation: Registered nurse.

ROS: Ocular: See HPI. Other: Blood Sugar Fluctuates. Allergy/Immunology: Negative. Cardiovascular: CAD detected during knee pre-op in 2021 and had CABG x4. Constitutional: Negative. Endocrine: T2D. Gastrointestinal: Negative. Genitourinary: Negative. Hematology/Oncology: Negative. HENT: Negative. Integumentary: Negative. Musculoskeletal: Bilateral shoulder pain, coccidiomysitis, right hip pain, right-sided sciatic pain. Neurologic: Numbness/weakness in bilateral lower extremities after lumbar spine surgery 2018. Psychiatric: Negative. Respiratory: Negative.

VA OD: Dsc20/60+2. **PH20/30+2.** **OS:** Dsc20/40+1. **PH20/20-2.**

IOP: TP **OD:** 20,20 **OS:** 20,20

1:10 PM

Dilation:

Location: OD. **Tech:** ab. **Time:** 1:10 PM. **Drops:** Proparacaine .5%/Tropicamide1%/Phenylephrine 2.5%.

External

Right Eye

- Pupils Round. Sluggish. No RAPD. 3mm.
- Adnexa Normal Ocular Adnexa.

Left Eye

- Round. Sluggish. No RAPD. 3mm.
- Normal Ocular Adnexa.

Anterior

Right Eye

Left Eye

- General White and Quiet.
- L/C/S Epithelium Intact. Clear Stroma. Clear Endothelium.
- Cornea
- Anterior Chamber Normal Depth. Quiet.
- Iris Flat.
- Lens 1+ NS. 1-2+ Cortical.

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Patient: Steevio Bardakjian (DOB 5/23/1970)
 Monday, September 23, 2024

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Posterior**Right Eye****Left Eye**

- General No Disc Edema. No Disc Pallor. CDR 0.1.
- Nerve Vitreous Syneresis.
- Vitreous Normal Caliber.
- Retinal Vessels No Subretinal Fluid. No Edema. DBH. Few exudates.
- Macula No Holes or Tears. Attached 360 Degrees. DBH 4/4q. Cobblestones (Temporal). Cobblestones (Inferior).
- Periphery

OCT Macula: Findings OD: No Evidence of Macular Edema but parafoveal retinal thickening remains increased though stable from last visit.

Findings OS: Minimal cystic spaces without significant center-involving CME - slightly improved.

Imp/Plan:

1. Stable Central Retinal Vein Occlusion OD. History of HTN but reports relatively well controlled with SBP 120s. Pt is an RN who monitors BP regularly but notes that he gets spurts of BP elevation, especially when visiting doctors' offices. Exam shows 4/4 DBHs consistent with RVO without signs of other potential etiology such as uveitis to explain findings. Given known medical history, this is most likely a non-ischemic CRVO without macular edema. I recommend optimization of BP and close follow up with PCP. Vision remains stable today without worsening. Continue to monitor with poss Avastin if any NV complications and/or macular edema.
2. Moderate Nonproliferative Diabetic Retinopathy OU. Patient understands condition, prognosis and need for follow up care. Discussed the importance of blood sugar and blood pressure control in the prevention of ocular complications. He reports a recent a1c of 7.3. No treatment at this time. Observation recommended.
3. Hypertensive Retinopathy OU. Discussed the importance of blood pressure control in the prevention of ocular complications.
4. Diabetes, Type II with Ocular Complications, Not Insulin Dependent.
5. Senile Cataract OU. Cataract not visually significant.

Other Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision.

Specialty Meds (Final): Refresh 1 gtt qam OD.

Follow Up: Dr. Cao 2- 3 Months - Intermediate Exam; Macular OCT OU. Possible Avastin - J9035 OD.

All diagnostic testing ordered by Jessica L Cao, MD.

CPT Codes: 92012, 92134.

ICD-9 Codes: 362.35d, 362.05u, 362.11u, 250.50, 366.10u.

ICD-10 Codes: H34.8112d, E11.3393u, H35.033u, H25.9u

Tech: ab

Signed:

Electronically signed by Jessica L Cao, MD

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Patient: Steevio Bardakjian (DOB 5/23/1970)

Monday, September 23, 2024

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Name		Chart#	DOB	Refer Doctor
Mr. Steevio Bardakjian		41747	5/23/1970 (54 Years)	Maggie Wei, M.D.
Date	Location	PCP	Insurance	
8/26/2024	Valencia		BLUCROBLUE CROSS/ FACEY MEDICAL FOUNDATION	

Reason For Visit: Follow Up - Stable Central Retinal Vein Occlusion OD. Moderate Nonproliferative Diabetic Retinopathy OU. Hypertensive Retinopathy OU. Diabetes, Type II with Ocular Complications, Not Insulin Dependent. Senile Cataract OU.

HPI: CC: Blurred Vision OD. Quality: blurry OD. Severity: mild OD. Modifying Factors: none OD. Since Last Visit: no changes noted OU. Associated Symptoms: no flashes or floaters OU. Pertinent Negatives: No Eye Pain OU. HPI obtained by Jessica L Cao, MD

Specialty Meds (Initial): None.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Source:** Patient

PSFH/ROS Updated Date: 8/26/24

Medical Hx: T2D. Coronary Artery Disease (CAD). Hypertension, Systemic. **Surgical Hx:** Lumbar Spine L3-L5 microdiscectomy. Right knee meniscus repair. CABG x4.

Systemic Meds: Jardiance 10 MG Oral Tablet 1 tablet qday by mouth. Losartan Pot 25 MG Oral Tablet 1 tablet qday by mouth. Metformin Hydrochloride, 500 mg oral tablet 1 tablet bid by mouth. Crestor 5 MG Oral Tablet 1 tablet qday by mouth. Movantik 12.5 MG Oral Tablet 1 tablet qday by mouth. Percocet #10 1 tablet bid by mouth.

Allergies: NKDA.

Family Hx: Diabetes (Brother). **Social Hx:** Smoking/Tobacco: Former Smoker. Alcohol: None. Occupation: Registered nurse.

ROS: Ocular: See HPI. Other: Blood Sugar Fluctuates. Allergy/Immunology: Negative. Cardiovascular: CAD detected during knee pre-op in 2021 and had CABG x4. Constitutional: Negative. Endocrine: T2D. Gastrointestinal: Negative. Genitourinary: Negative. Hematology/Oncology: Negative. HENT: Negative. Integumentary: Negative. Musculoskeletal: Bilateral shoulder pain, coccidinia, right hip pain, right-sided sciatic pain. Neurologic: Numbness/weakness in bilateral lower extremities after lumbar spine surgery 2018. Psychiatric: Negative. Respiratory: Negative.

VA OD: Dsc20/60+1. PH20/40-1. **OS:** Dsc20/40-1. PH20/25+1.

IOP: TP **OD:** 18 **OS:** 19

11:05 AM

Dilation:

Location: OD. **Tech:** ab. **Time:** 11:05 AM. **Drops:** Proparacaine .5%/Tropicamide 1%/Phenylephrine 2.5%.

External

- | | Right Eye | Left Eye |
|----------|--------------------------------|--------------------------------|
| • Pupils | Round. Sluggish. No RAPD. 3mm. | Round. Sluggish. No RAPD. 3mm. |
| • Adnexa | Normal Ocular Adnexa. | Normal Ocular Adnexa. |

Anterior

- | | Right Eye | Left Eye |
|--------------------|---|-----------------|
| • General | | |
| • L/C/S | White and Quiet. | |
| • Cornea | Epithelium Intact. Clear Stroma. Clear Endothelium. | |
| • Anterior Chamber | Normal Depth. Quiet. | |
| • Iris | Flat. | |
| • Lens | 1+ NS. 1-2+ Cortical. | |

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Patient: Steevio Bardakjian (DOB 5/23/1970)
 Monday, August 26, 2024

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0000404966

Posterior**Right Eye****Left Eye**

- General No Disc Edema. No Disc Pallor. CDR 0.1.
- Nerve Vitreous Syneresis.
- Vitreous Normal Caliber.
- Retinal Vessels No Subretinal Fluid. No Edema. DBH. Few exudates.
- Macula No Holes or Tears. Attached 360 Degrees. DBH 4/4q. Cobblestones (Temporal). Cobblestones (Inferior).
- Periphery

OCT Macula: Findings OD: No Evidence of Macular Edema but parafoveal retinal thickening has increased. **Findings OS:** Minimal cystic spaces with significant center-involving CME.

Imp/Plan:

1. Stable Central Retinal Vein Occlusion OD. History of HTN but reports relatively well controlled with SBP 120s. Pt is an RN who monitors BP regularly but notes that he gets spurts of BP elevation, especially when visiting doctors' offices. Exam shows 4/4 DBHs consistent with RVO without signs of other potential etiology such as uveitis to explain findings. Given known medical history, this is most likely a non-ischemic CRVO without macular edema. I recommend optimization of BP and close follow up with PCP. Mild vision drop on testing today without overt CME, but does have increased retinal thickening. If worsens next visit in 4 weeks, discussed likely antiVEGF injection with Avastin.
2. Moderate Nonproliferative Diabetic Retinopathy OU. Patient understands condition, prognosis and need for follow up care. Discussed the importance of blood sugar and blood pressure control in the prevention of ocular complications. He reports a recent a1c of 7.3. No treatment at this time. Observation recommended.
3. Hypertensive Retinopathy OU. Discussed the importance of blood pressure control in the prevention of ocular complications.
4. Diabetes, Type II with Ocular Complications, Not Insulin Dependent.
5. Senile Cataract OU. Cataract not visually significant.

Other Discussion: Patient understands condition, prognosis and need for follow up care. Advised to call immediately if eye pain or loss of vision.

Specialty Meds (Final): None.

Follow Up: Dr. Cao 4 Weeks - Intermediate Exam OD. OCT Macula OU. Possible Avastin (J9035) OD.

All diagnostic testing ordered by Jessica L Cao, MD.

CPT Codes: 92012. 92134.

ICD-9 Codes: 362.35d, 362.05u, 362.11u, 250.50, 366.10u.

ICD-10 Codes: H34.8112d, E11.3393u, H35.033u, H25.9u

Tech: Ib

Signed:

Electronically signed by Jessica L Cao, MD

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Patient: Steevio Bardakjian (DOB 5/23/1970)

Monday, August 26, 2024

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Name		Chart#	DOB	Refer Doctor
Mr. Steevio Bardakjian		41747	5/23/1970 (54 Years)	Maggie Wei, M.D.
Date	Location	PCP	Insurance	
7/22/2024	Valencia		BLUCROBLUE CROSS/ FACEY MEDICAL FOUNDATION	

Reason For Visit: New Referral -

HPI: CC: Blurred Vision OD. Quality: blurry OD. Severity: mild OD. Modifying Factors: with transition from light to dark OU. Associated Symptoms: none OU. Pertinent Negatives: No Eye Pain OU. Pertinent Negatives: No Flashes, Floaters, Shadow, Curtain, or Veil OU. HPI obtained by Jessica L Cao, MD

Specialty Meds (Initial): None.

Mental Status: Alert and oriented x 3, appropriate mood/affect **Hx Source:** Patient

PSFH/ROS Updated Date: 7/22/24

Medical Hx: T2D. Coronary Artery Disease (CAD). Hypertension, Systemic. **Surgical Hx:** Lumbar Spine L3-L5 microdiscectomy. Right knee meniscus repair. CABG x4.

Systemic Meds: Jardiance 10 MG Oral Tablet 1 tablet qday by mouth. Losartan Pot 25 MG Oral Tablet 1 tablet qday by mouth. Metformin Hydrochloride, 500 mg oral tablet 1 tablet bid by mouth. Crestor 5 MG Oral Tablet 1 tablet qday by mouth. Movantik 12.5 MG Oral Tablet 1 tablet qday by mouth. Percocet #10 1 tablet bid by mouth.

Allergies: NKDA.

Family Hx: Diabetes (Brother). **Social Hx:** Smoking/Tobacco: Former Smoker. Alcohol: None. Occupation: Registered nurse.

ROS: Ocular: See HPI. Other: Blood Sugar Fluctuates. Allergy/Immunology: Negative. Cardiovascular: CAD detected during knee pre-op in 2021 and had CABG x4. Constitutional: Negative. Endocrine: T2D. Gastrointestinal: Negative. Genitourinary: Negative. Hematology/Oncology: Negative. HENT: Negative. Integumentary: Negative. Musculoskeletal: Bilateral shoulder pain, coccidiomia, right hip pain, right-sided sciatic pain. Neurologic: Numbness/weakness in bilateral lower extremities after lumbar spine surgery 2018. Psychiatric: Negative. Respiratory: Negative.

VA OD: Dsc20/25+1. **PHNI:** **OS:** Dsc20/20-1.

IOP: TP **OD:** 24,24 **OS:** 21,21

2:03 PM

Dilation:

Location: OU. **Tech:** ab. **Time:** 2:04 PM. **Drops:** Proparacaine .5%/Tropicamide 1%/Phenylephrine 2.5%.

Amsler: **Findings OD:** Normal. **Findings OS:** Normal.

External	Right Eye	Left Eye
• General		
• Pupils	Round. Sluggish. No RAPD. 3mm.	Round. Sluggish. No RAPD. 3mm.
• Motility	Full. Orthotropic.	Full. Orthotropic.
• CVF	Full.	Full.
• Adnexa	Normal Ocular Adnexa.	Normal Ocular Adnexa.
Anterior	Right Eye	Left Eye
• General		
• L/C/S	White and Quiet.	White and Quiet.
• Cornea	Epithelium Intact. Clear Stroma. Clear Endothelium.	Epithelium Intact. Clear Stroma. Clear Endothelium.
• Anterior Chamber	Normal Depth. Quiet.	Normal Depth. Quiet.
• Iris	Flat.	Flat.
• Lens	1+ NS. 1-2+ Cortical.	1+ NS. 2+ Cortical.

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Patient: Steevio Bardakjian (DOB 5/23/1970)
 Monday, July 22, 2024

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Posterior	Right Eye	Left Eye
• General	No Disc Edema. No Disc Pallor. CDR 0.1.	No Disc Edema. No Disc Pallor. CDR 0.1.
• Nerve	Vitreous Syneresis.	Clear.
• Vitreous	Normal Caliber.	Normal Caliber.
• Retinal Vessels	No Subretinal Fluid. No Edema. DBH. Few exudates.	No Hemorrhage. No Subretinal Fluid. No Edema. Microaneurysm.
• Macula		
• Periphery	No Holes or Tears. Attached 360 Degrees. DBH 4/4q. Cobblestones (Temporal). Cobblestones (Inferior).	No Holes or Tears. Attached 360 Degrees. RAM (Superior). DBH (Temporal).

OCT Macula: Findings OD: No Evidence of Macular Edema. **Findings OS:** Minimal cystic spaces with significant center-involving CME.

Imp/Plan:

1. Stable Central Retinal Vein Occlusion OD. History of HTN but reports relatively well controlled with SBP 120s. Pt is an RN who monitors BP regularly but notes that he gets spurts of BP elevation, especially when visiting doctors' offices. Exam shows 4/4 DBHs consistent with RVO without signs of other potential etiology such as uveitis to explain findings. Given known medical history, this is most likely a non-ischemic CRVO without macular edema. I recommend optimization of BP and close follow up with PCP, and f/u with me in 4-6 weeks to monitor for development of any related complications such as NV and CME. Returns precautions discussed.
2. Moderate Nonproliferative Diabetic Retinopathy OU. Patient understands condition, prognosis and need for follow up care. Discussed the importance of blood sugar and blood pressure control in the prevention of ocular complications. He reports a recent a1c of 7.3. No treatment at this time. Observation recommended.
3. Hypertensive Retinopathy OU. Discussed the importance of blood pressure control in the prevention of ocular complications.
4. Diabetes, Type II with Ocular Complications, Not Insulin Dependent.
5. Senile Cataract OU. Cataract not visually significant.

Other Discussion: 45 minutes is the total physician/other qualified care professional (QHP) time spent assessing and managing the patient's care on today's date of service.

Specialty Meds (Final): None.

Follow Up: Dr. Cao 4- 6 Weeks - Intermediate Exam OD. OCT Macula OU.

All diagnostic testing ordered by Jessica L Cao, MD.

CPT Codes: 99204. 92134.

ICD-9 Codes: 362.35d, 362.05u, 362.11u, 250.50, 366.10u.

ICD-10 Codes: H34.8112d, E11.3393u, H35.033u, H25.9u

Tech: ab

Signed:

Electronically signed by Jessica L Cao, MD

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Patient: Steevio Bardakjian (DOB 5/23/1970)

Monday, July 22, 2024

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