

DECLARATION OF CUSTODIAN OF RECORDS

Name of applicant: x

Julien Oliva
(Name of patient/employee/claimant)

WCAB No.

#93705-1
Control No.

I declare as follows:

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

x

Carol Aivazian MD

(Name of facility)

I certify that the accompanying records are true and complete copies of records
maintained in the regular course and scope of business of my employer and were prepared by
authorized personnel at or near the time of the acts, conditions or events which they intend to
convey. No documents, records or other materials have been withheld except as noted below.

OR, IN THE ALTERNATIVE

I HEREBY DECLARE, under penalty of perjury, that I have NO RECORDS on the
patient, employee, or subject in request.

Please explain if you have no records:

Records were produced in the following manner:

Records were made available to Platinum Copy Services for copying.

Records were delivered to Platinum Copy Services.

I declare under penalty of perjury under the laws of the State of California that the foregoing is
true and correct:Executed on x 5/12/22x Refused to sign
Print Namex Angela K.
Signature of Custodian

Control # 93705-1

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKER'S COMPENSATION APPEALS BOARD

Julien Olivier

Claimant/Applicant

vs.

County of Los Angeles /
Sedgwick CMS

Employer/Insurance Carrier/Defendant

Case No. ADJ14026805; 15211612

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

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using above
case number or attaching a copy of a subpoena)(NO APPEARANCE IS NECESSARY WHEN RECORDS ARE
PRODUCED BY DEPOSITION DATE.)

People of the State of California Send Greetings to:
We COMMAND YOU to appear before: PLATINUM COPY

Carol Aivazian MD
29330 Cinema Dr #210
Santa Clarita, California, 91355

at P.O. Box 353 Van Nuys, CA 91408 PH (818) 985-8885 FX (818) 985-8822

on the 26 day of May 2022 at 9:00 o'clock A.M. to testify in the above-
entitled matter and to bring with you and produce the following described documents, papers, books, records:

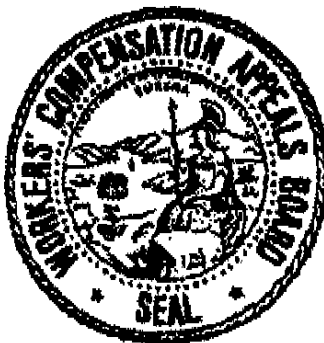
ANY and All MEDICAL RECORDS from 01/01/1990 to present including, notes, reports, billing or writing of any
kind; including but not limited to: inpatient, outpatient, physical therapy, pharmacy records, emergency room, clinic,
or paramedic care, to include X-Ray reports, industrial and private records pertaining to the patient from the first date
of treatment to present.

APPLICANT:	DOB:	SS#:	DOI:	CLAIM#:
Julien Olivier	06/27/1967	566-75-4657	11/07/1990-12/15/2020	121-02891-A

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

For failure to attend as required, you may be deemed guilty of contempt and liability 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 May 11 2022

WORKERS COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

[Signature]
Secretary, Assistant Secretary, Workers Compensation Judge

Date May 01, 2022

You are directed to make the original records available for inspection and copying
at the address of the Deposition Officer given above or, with the consent of the
Deposition Officer, at your place of business during normal business hours in
accordance with California Evidence Code Section 1560(e). Do not release the
requested records to the deposition officer prior to the date and time stated above.

SEE RESERVE SIDE

[SUBPOENA INVALID WITHOUT DECLARATION]

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from the Board that deposit
of the witness fee has been made in accordance with Government code 6809 7.2, at seq.

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

000002

DLA WCAB 32 (Side 1)(Rev. 06/94)

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ14026805; 15211612STATE OF CALIFORNIA, County of Los Angeles

The undersigned states:

that he/she is (one of) the attorney (s) of records/representative (s) for the applicant/defendant in the action captioned
On the reverse hereof That Carol Aivazian MDhas in his/her possession or under his/her control the documents described on the reverse hereof. That the said
documents are material to the issues involved in the case for the following reasons:Where subpoena duces tecum is for pretrial discovery no affidavit of good cause is required under LC 5710, CCP
2020(d)(1), 1987.5, 2025; To provide an accurate medical history of the applicant to the treating doctor or QME(L.C.
§10626), to establish apportionment (if any), to prove an injury and notice thereof, to prove the right to
compensation.

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

☐ That an Employee's Claim for Worker's Compensation Benefits (DWC Form1) 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)Executed on May 11 2022 at Van Nuys, California.Straussner Sherman

Ordered by

14555 Sylvan St, Van Nuys, California, 91411

Address

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of Los AngelesI, 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 ServedDatePlace

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

Executed on _____, at _____, California.

Signature

DWC WCAB 32 (Side 2)(Rev. 09/94)

000003

PROOF OF SERVICE

STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

I am employed by PLATINUM COPY in the aforesaid country, I am over the Age of eighteen years and not a party to the within entitled action, my business address is P.O. Box 353. Van Nuys, CA 91408

On 05/11/2022, I served the within Subpoena Duces Tecum on the interested parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the united States mail at North Hollywood, California addressed below:

I declare under penalty of perjury that the foregoing is true and correct,
Executed on 05/11/2022, at North Hollywood, California.

IsI
Hovsep Karapetian

Parties:
Attention Custodian of Records:

Carol Alvazian MD
29330 Cinema Dt #210, Santa Clarita, California, 91355

Sedgwick CMS
P.O Box 7052, Pasadena, California 91109

Straussner Sherman
14555 Sylvan St, Van Nuys, California 91411

,, Alaska

20/20 Optometric Eye Care Patient Information

☐ Scanned
☐ Entered
☐ Appointment

Today's Date: 03-18-16 Referred By: _____

Patient Information:

First Name: JULIEN Last Name: OLIVIER

Address: 25791 RANA DR. Apt # _____

City: VALENCIA State CA Zip Code: 91355

Home Phone: (—) — Cell Phone (661) 714-7629

☒ check here if you would like to opt in for text message notifications

Date of Birth: 06/27/1967 Age: 48 Sex: ☒ M ☐ F

Social Security Number: _____

E-mail: 4OLIVIER@CA.ER.COM @ _____

☐ check here if you would like to opt in for email notifications

Driver's License Number: C4438174 Exp 06/27/2016 Issue State CA

☒ Married ☐ Legally Separated ☐ Single ☐ Widowed ☐ Minor ☐ Divorced ☐ Domestic Partner

Insurance Information:

Medical Insurance Plan: VSP Eye Med OptumHealth Davis MES Care Credit

Other: ANTHEM BLUE CROSS

Primary Insured's Name: JULIEN OLIVIER

Primary Insured's DOB: 06/27/1967

Primary Insured's Soc. Sec# _____

Primary Employed with (name of company): L.A.S.D.

Relation to Patient: _____

Group Number/ Member Number/ ID Number 57126A / XDM000463368 /

Provider's Phone Number (_____) _____

Primary Care Physician: _____ Phone Number _____

Medical Insurance Provider: ANTHEM BLUE CROSS

Group Number/ Member Number/ ID Number SAME AS T

Provider's Phone Number (_____) _____

Employment History of Patient:

Employed By: LOS ANGELES COUNTY SHERIFF DEPT Occupation: PEACE OFFICER

Business Address: 450 BAUGHET ST Suite # _____

City: LA State CA Zip Code: 90012

Business Phone: 213 893 5344 Business Fax: _____

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**20/20 Optometric Eye Care
Health Questionnaire**

Name: JULIAN OLIVER Age: 48

Emergency Contact:

Name of Person: MICHELLE OLIVER Relationship: WIFE

Address: 25791 BANA DR. Apt #

City: VALENCIA State CA Zip Code: 91355

Home Phone: Alternate Phone: 661 713-5931

Do you have?

(Place a check in the box near any health problems you may have)

<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Sjogren's	<input type="checkbox"/> Colitis
<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Systemic Lupus	<input type="checkbox"/> Crohn's Disease
<input type="checkbox"/> Depression	<input type="checkbox"/> Auto Immune Disease	
<input type="checkbox"/> Herpes	<input type="checkbox"/> Thyroid Disease	

Do you have any other medical conditions? NO

Are you Pregnant? Y ☒ N Nursing? Y ☒ N

Have you seen any FLASHES or FLOATERS in your vision? Y ☒ N Circle which one: Flashes Floaters

Have your pupils ever been dilated? Yes ☒ No When:

Have you had any eye surgery? Yes ☒ No When:

Are you taking any medication/vitamins/eye drops? NO

Are you Allergic to any medication? No

Are you wearing contact lenses now? Y ☒ N If yes, what kind? Hard (RGP) or Soft?

What is the BRAND name of the SOFT contact lens?

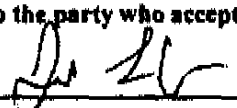
When did you last wear your contact lenses?

Do you sleep with your contact lenses on? Y ☐ N

What type of cleaning solution are you using?

How old is the prescription in your glasses? Contacts?

I agree to pay in full for services rendered or materials purchased in case my insurance company denies coverage. I authorize the payment of medical benefits to the physician or supplier for the services rendered. I authorize the release of any medical or other information necessary to process the claim. I also request payment of government benefits to the party who accepts assignment.

Patient's Signature:  Date: 03-18-16

Parent's Signature *(If Under age 18) Date:

000006

HIPAA

Privacy Practices Acknowledgment & Authorization to Contact Patient/Record of Disclosures

I have read Twenty Twenty Optometric Eye Care's Notice of Privacy Practices, detailing how my information may be used and disclosed as permitted under federal and state law. I have been provided an opportunity to review the notice and I fully understand it. I request the following restriction(s) concerning the use of my personal medical information (Please List ALL that applies): _____

I understand that Twenty Twenty Optometric Eye Care is not required to agree to the restrictions requested. Further, I permit a copy of this authorization to be used in place of the original.

The HIPAA Privacy rule gives patients the right to request a restriction on uses and disclosures of their protected health information. The patient is also provided the right to request confidential communication or that a communication of the protected health information to be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (Check all that applies):

- ☐ Home Telephone Number: (_____) _____
- ☐ OK to leave message with detailed information
- ☐ Leave a message with call back number only
- ☐ Cell Phone Number: (661) 714-7424
- ☐ OK to leave message with detailed information
- ☒ Leave a message with call back number only
- ☒ Opt - In for Text messaging _____ (int) msg and data rates may apply depending on your carrier
- ☐ Work Telephone Number: (_____) _____
- ☐ OK to leave message with detailed information
- ☐ Leave a message with call back number only

Written Communication

- ☐ E-mail address: _____
- [You can elect
- ☒ OK to mail to my home address
- ☐ OK to mail to my work/office address
- ☐ OK to fax to: _____

You and we agree to submit any dispute arising under this agreement, except a dispute alleging criminal violations, to arbitration in accordance with the Uniform Rules for Binding Arbitration of the Better Business Bureau of the Southland (published online at www.labb.org) in effect at the time of initiation of arbitration. A volunteer arbitrator will render a decision based on fairness, not necessarily upon legal principles, but it will be final and binding on both of us. Judgment on the decision may be entered in any court having jurisdiction. You will not have to pay anything for the arbitration.

This Agreement to Arbitrate affects important legal rights. Neither of us will be able to go to court for disputes once we agree in advance to arbitrate. And neither of us will be committed by the terms of this agreement to arbitrate unless this clause is initiated or unless your signature on this contract as a whole immediately follows this clause. Further information about BBB arbitration may be obtained by calling the Better Business Bureau in Colton at (909)825-0490.

J.O. (Initials of Customer)

Print Patient Name: JULIEN OLIVIER Date: 03-18-16

Patient Signature: [Signature] Date: 03-18-16

Parent Signature: _____ Date: _____

*(If under 18 years of age)

000007

EXAMINATION RECORD

Twenty Twenty Optometric Eye Care

23300 Cinema Dr.

Suite 210

Valencia, CA 91355-1612

661-287-3939 FAX: (661) 287-3838

For: Olivier, Mr. Julien

Exam Date: 03/18/2016

Print Date: 05/11/2022 12:59 pm

DOB: 06/27/1967 Age: 48

Occupation: Police Officer

Gender: Male Race: Unknown

REASON FOR VISIT

EXAMINATION: Adult eye health and vision examination. Last examination: Never.

OCCUPATION: Police Officer

CHIEF COMPLAINT

CHIEF COMPLAINT: Straining a little with fine print - OS dominant - doing paperwork.

HISTORY PRESENT ILLNESS (HPI)

HISTORY OF PRESENT ILLNESS: No complaints reported of physical ocular symptoms. Not experiencing routine headaches or double vision. No reports of visual floaters or light flashes.

VISION COMPLAINT: Without spectacle correction... A noticeable decline or change in vision is experienced.

PATIENT HISTORY

PATIENT HISTORY: No systemic medications reported. No ocular medications. No history of ocular surgery. No history of trauma or ocular injuries. Ocular family history is unremarkable. Patient is currently a non-smoker. No out-of-the-ordinary social history is reported. Past medical history, unremarkable.

MEDICAL HISTORY: No medical history reported except:

No pertinent medical history exists

No pertinent medical history exists.

SYSTEMIC FAMILY HISTORY: No systemic family history reported except:

Heart disease, maternal grandmother.

OCULAR FAMILY HISTORY: Family history is reported to be unremarkable.

SYSTEMIC MEDICATIONS: No systemic medications are currently used except:

No known systemic medication allergies.

No reported systemic medications.

SOCIAL HISTORY: Never a smoker.

Alcohol, infrequent, social use only.

No history of sexually-transmitted disease.

No history of blood transfusion.

SPECTACLE Rx STATUS: none

CONTACT LENS HISTORY: Bilateral: No prior history of contact lens wear.

REVIEW OF SYSTEMS

REVIEW OF SYSTEMS: No reported disorders or current medical treatment of: Allergy, Cardiovascular, Constitutional, Cranial / Facial, Endocrine, Gastrointestinal, Genitourinary, Hematologic / Lymphatic, Immunologic, Integumentary / Skin, Musculoskeletal, Neurologic, Psychiatric, Respiratory

ALLERGY: Patient reports no allergies to medications or allergens.

PRESENTING FINDINGS

UNAIDED ACUITIES:

RT: DVA 20/30++ NVA 20/40 -

LT: DVA 20/20-- NVA 20/30

BI: DVA 20/20 - NVA 20/30 +

VISION

PD's:

Dist IPD: RT: 32.0 LT: 34.0

EYE MOVEMENT SKILLS: Saccades 4+, smooth and accurate. Pursuits 4+, smooth and accurate.

000008

Patient: Olivier, Mr. Julien - Exam Date: 03/18/2016 - Page: 2

HIRSCHBERG: Bilateral: Bifoveal fixation, zero angle kappa (-) Bruckner OU

RETINOSCOPY:

RT: +0.75 -0.75 x 090

LT: -0.50 -0.50 x 085

MANIFEST:

RT: +0.75 -1.25 x 093 DVA: 20/20-

LT: -0.25 Sph. DVA: 20/20

BI: DVA: 20/20

FINAL SPECTACLE Rx:

RT: +0.75 -1.25 x 093 Add: +0.75 DVA: 20/20-

LT: -0.25 Sph. Add: +0.75 DVA: 20/20

BI: DVA: 20/20

NOTES: trivex - unity ar - reading only

ALTERNATE SPECTACLE Rx: (#1)

RT: +1.50 -1.25 x 093 DVA: 20/20-

LT: +0.50 Sph. DVA: 20/20

BI: DVA: 20/20

NOTES: reading only SV -with unity AR - trivex

EXAMINATION

CUP/DISC RATIO:

RT: Horz .30 Vert .30

LT: Horz .30 Vert .30

TONOMETRY: RT: 16 mmHg LT: 16 mmHg Test: Goldmann Time: 14:35 Category: Examination

EXTERNAL EXAM: Confrontation fields are full in all quadrants. Facial symmetry exists. Ocular adnexa and nodes normal. Eyelids and lashes clean, healthy and free of defects. Extraocular muscle motilities and versions full. Cover test testing ortho @ primary gaze, distance and near. Pupils are equal, round and fully reactive to light.

SLIT-LAMP EXAM: Tears demonstrate normal surface qualities and chemistry. Corneal epithelium, stroma and endothelium clear and healthy. Bulbar and palpebral conjunctiva are healthy and white. Chambers are deep and free of cells and flare. Irls appears healthy, normal anatomy and convexity. Lens, both capsules, cortex, and nucleus are normal for age.

POSTERIOR SEGMENT: Vitreous body clear for age and fully attached. Nerve head well perfused, with good rim tissue. Healthy macula with no edema or degenerative pigmentation. Healthy peripheral retinal structures and vasculature. No drusen, exudate, hemorrhages or evidence of retinopathy. Unless otherwise noted below.

ROUTINE OPHTHALMOSCOPY: Vitreous body clear for age and fully attached. Nerve head well perfused, with good rim tissue. Healthy macula with no edema or degenerative pigmentation. Healthy peripheral retinal structures and vasculature. No drusen, exudate, hemorrhages or evidence of retinopathy.

MACULA: Left Eye: Soft drusen are noted. between the macula and ONH slightly inferior

RETINA: Bilateral: Retina is flat, attached and normal. pigment dispersed throughout the periphery OS>OD

DISPOSITION: This patient's mood is pleasant and sociable.

ORIENTATION: Patient is fully alert to time, place, and person. Recent and remote memory is fully intact.

COMPUTERIZED SCREENING FIELDS: Bilateral: Fields were found to be full in all quadrants.

SPECIAL TESTING

COLOR DISCRIMINATION: Bilateral: Color vision was found to be normal.

IMPRESSION(S):

Left Eye: Macular drusen

Bilateral: Lattice retinal degeneration

Anisometropia

Myopia

Hyperopia

Astigmatism

PLAN

PRINTED ALT Rx: 03/18/2016 13:22

PRINTED SPEC Rx: 03/18/2016 13:22

TREATMENT MACULA: Bilateral: do OCT and get copies for us and High definition cuts through the yellow lesion

TREATMENT RETINA: Bilateral: Monitor condition as directed. do fundus photography as a baseline

SPECTACLE PLAN: SPECTACLE: An Rx change is advised. A temporary adjustment to the new Rx is expected.

Reading only

000009

Patient: Olivier, Mr. Julien - Exam Date: 03/18/2016 - Page: 3

PATIENT MANAGEMENT

COUNSELING / EDUCATION: I have verbally discussed my clinical findings and recommendations in detail with this patient and/or parents. They acknowledge that they do not have additional questions.

ORDERS:

Schedule on or about 08/19/2016: Examination: Annual Eye Examination
Recall on or about : Eye Health and Vision Exam.

PROFESSIONAL CORRESPONDENCE: 03/18/2016 2:33:40 PM Auto Letter to: General

ELECTRONIC SIGNATURE: Electronically Signed By: Carol Aivazian on 03/18/2016 01:22 PM.

DIAGNOSIS:

H52.12 Myopia, left eye

H52.01 Hypermetropia, right eye

H52.221 Regular astigmatism, right eye

PROCEDURE:

92004 Exam Comp. New

1036F Current Tobacco Non-user

92015 Exam Refraction New Patient

Completed Exam: _____
Dr. Carol Aivazian, O.D.

Date: 03/18/2016

000010

20/20 Optometric Eyecare: OD/OS Compare

Author: Address:

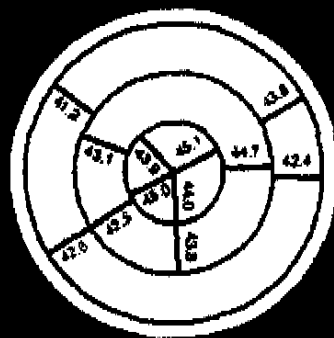


(1) 在 0.1 mol/L NaOH 溶液中， Fe^{3+} 与 F^- 形成配合物的配位常数 $K_{\text{稳}}$ 为多少？

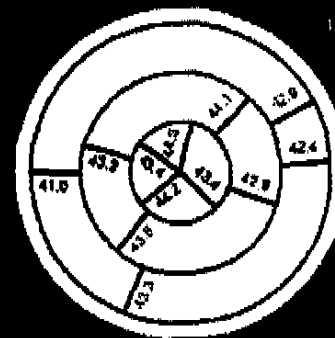


Axial Curvature

2. $\mathcal{L} = \mathcal{L}_1 \cup \mathcal{L}_2$ if and only if $\mathcal{L}_1 \cap \mathcal{L}_2 = \emptyset$.



Neuroanatomy



NAME: **olivier, Julian**
ID: **3854**

BOTH
DOB: **06-27-1967 [48]**

N-30-5 FDT Screening

DATE: **03-18-2016 12:10 PM**

TEST SPEED: **NORMAL**

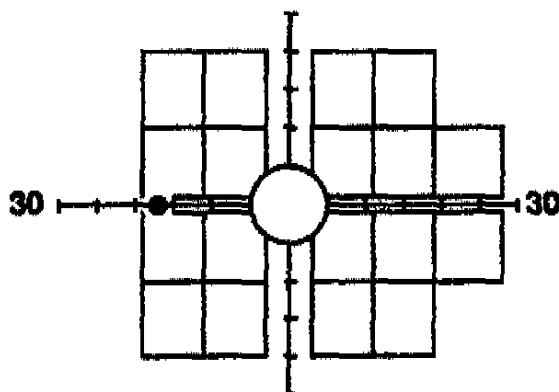
LEFT EYE

PUPIL DIAMETER:
VISUAL ACUITY:
RX:

RIGHT EYE

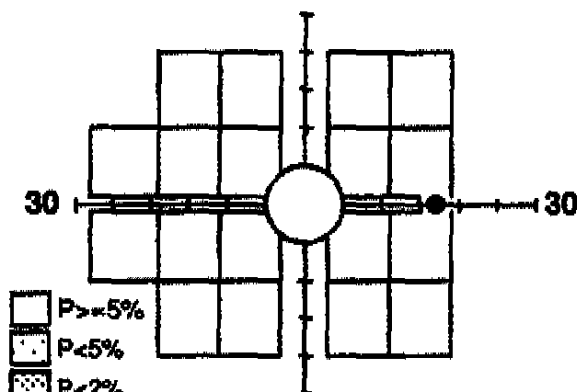
PUPIL DIAMETER:
VISUAL ACUITY:
RX:

TOTAL DEVIATION



TEST DURATION: 0:32
FIXATION TARGET: Central
FIXATION ERRS: 0/3 (0 %)
FALSE POS ERRS: 0/3 (0 %)

NOTES:



TEST DURATION: 0:31
FIXATION TARGET: Central
FIXATION ERRS: 0/3 (0 %)
FALSE POS ERRS: 0/3 (0 %)

NOTES:

Twenty Twenty Optometric Eye Care
23300 Cinema Dr., Ste. 210
Valencia, CA 91355-1612
661-287-3939

March 18, 2016

RE: Olivier, Mr. Julien
Exam Date: 03/18/2016
Patient's Date of Birth: June 27, 1967

Dear To Whom It May Concern:

This report will provide you with a summary of pertinent clinical findings and observations from my examination. It is a pleasure to have the opportunity to share in the care of this patient.

EXAMINATION: Adult eye health and vision examination. Last examination: Never.

OCCUPATION: Police Officer

CHIEF COMPLAINT: Straining a little with fine print - OS dominant - doing paperwork.

VISION COMPLAINT: Without spectacle correction... A noticeable decline or change in vision is experienced.

MEDICAL HISTORY: No medical history reported except:

No pertinent medical history exists

No pertinent medical history exists.

SYSTEMIC FAMILY HISTORY: No systemic family history reported except:

Heart disease, maternal grandmother.

OCULAR FAMILY HISTORY: Family history is reported to be unremarkable.

SYSTEMIC MEDICATIONS: No systemic medications are currently used except:

No known systemic medication allergies.

No reported systemic medications.

SOCIAL HISTORY: Never a smoker.

Alcohol, infrequent, social use only.

No history of sexually-transmitted disease.

No history of blood transfusion.

SPECTACLE Rx STATUS: none

CONTACT LENS HISTORY: Bilateral: No prior history of contact lens wear.

ALLERGY: Patient reports no allergies to medications or allergens.

UNAIDED ACUITIES:

RT: DVA 20/30++ NVA 20/40 -

LT: DVA 20/20-- NVA 20/30

BI: DVA 20/20 - NVA 20/30 +

PD's:

Dist IPD: RT: 32.0 LT: 34.0

EYE MOVEMENT SKILLS: Saccades 4+, smooth and accurate. Pursuits 4+, smooth and accurate.

HIRSCHBERG: Bilateral: Bifoveal fixation, zero angle kappa (-) Bruckner OU

RETINOSCOPY:

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LT: -0.50 -0.50 x 085

MANIFEST:

RT: +0.75 -1.25 x 093 DVA: 20/20-

LT: -0.25 Sph. DVA: 20/20

BI: DVA: 20/20

FINAL SPECTACLE Rx:

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LT: -0.25 Sph. Add: +0.75 DVA: 20/20

BI: DVA: 20/20

NOTES: trivex - unity ar - reading only

ALTERNATE SPECTACLE Rx: (#1)

RT: +1.50 -1.25 x 093 DVA: 20/20-

LT: +0.50 Sph. DVA: 20/20

BI: DVA: 20/20

NOTES: reading only SV -with unity AR - trivex

000013

CUP/DISC RATIO:

RT: Horz .30 Vert .30

LT: Horz .30 Vert .30

TONOMETRY: RT: 15 mmHg LT: 15 mmHg Test: Goldmann Time: 14:31 Category: Examination

EXTERNAL EXAM: Confrontation fields are full in all quadrants. Facial symmetry exists. Ocular adnexa and nodes normal. Eyelids and lashes clean, healthy and free of defects. Extraocular muscle motilities and versions full. Cover test testing ortho @ primary gaze, distance and near. Pupils are equal, round and fully reactive to light.

SLIT-LAMP EXAM: Tears demonstrate normal surface qualities and chemistry. Corneal epithelium, stroma and endothelium clear and healthy. Bulbar and palpebral conjunctiva are healthy and white. Chambers are deep and free of cells and flare. Iris appears healthy, normal anatomy and convexity. Lens, both capsules, cortex, and nucleus are normal for age.

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Myopia

Hyperopia

Astigmatism

******TREATMENT MACULA:** Bilateral: do OCT and get copies for us and High definition cuts through the yellow lesion

******TREATMENT RETINA:** Bilateral: Monitor condition as directed. do fundus photography as a baseline

ORDERS:

Schedule on or about 08/19/2016: Examination: Annual Eye Examination

Recall on or about : Eye Health and Vision Exam.

ELECTRONIC SIGNATURE: Electronically Signed By: Carol Alvazian on 03/18/2016 01:22 PM.

DIAGNOSIS:

H52.12 Myopia, left eye

H52.01 Hypermetropia, right eye

H52.221 Regular astigmatism, right eye

PROCEDURE:

92004 Exam Comp. New

1036F Current Tobacco Non-user

92015 Exam Refraction New Patient

Completed Exam: _____
Dr. Carol Alvazian, O.D.

Date: 03/18/2016

Sincerely,

Dr. Carol Alvazian, O.D.

Note: The information contained in this report is confidential. Unauthorized disclosure may result in civil/criminal action as provided by HIPAA (1996) regulations.