

CASE NO: ADJ7004221

(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 the above  
Case No. or attaching a copy of the 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.\***

TIFFANY ANDERSON

*Claimant/Applicant*

vs.

SAN JOAQUIN COUNTY MOSQUITO & VCD  
*Employer/Insurance Carrier/Defendant*

*The People of the State of California Send Greetings to:*

**KAISER PERMANENTE MEDICAL GROUP, (MANTECA)  
1010 E. HAMMER LANE, STOCKTON, CA 95210**

WE COMMAND YOU to appear before **COMPEX LEGAL SERVICES**  
4222 W. ALAMOS, #109, FRESNO, CA 93722 (888) 456-4620

on Nov 2, 2011, at 08:45 AM, to testify in the above-entitled matter and to bring with you and produce the following described documents,  
papers, books and records:

SEE ATTACHMENT 3

RECORDS OF: ANDERSON, TIFFANY

AKA:

DATE OF BIRTH: 08/22/70

SOCIAL SECURITY #: 549-23-5133

For failure to attend and/or produce said documents 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 which is served herewith.

Date: October 05, 2011

WORKERS' COMPENSATION APPEALS BOARD

By

*Robert E. Welch*

Secretary, Assistant Secretary, Referee, Judge



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

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 ATTACHED - (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 this Board that deposit of the witness fee has been made in accordance with Govt Code 68097.2 et seq.

EGH  
300141-040



# COMPEX

*Legal Services, Inc.*

Records of . . . : ANDERSON, TIFFANY  
Defendant . . . : SAN JOAQUIN COUNTY MOSQUITO & VCD  
Client/Insured: STOCKWELL, HARRIS, WOOLVERTON & MUEHL  
File Number . . : 300141-040/VE0700184  
Case Number . . : ADJ7004221

ID# INFO: [ C50913J]



28 Pgs.

Location . . . . . : C 5 0 9 1 3 J  
KAISER PERMANENTE MEDICAL GROUP, (MANTECA)  
1010 EAST HAMMER LANE  
STOCKTON, CA 95210

Record Types . . : MEDICAL RECORD  
Deliver To . . . : STOCKWELL, HARRIS, WOOLVERTON & MUEHL  
Attention . . . . : KATHI STOKES  
1545 RIVER PARK DR, SUITE 330  
SACRAMENTO, CA 95815

Deposition Date : 02 NOV 2011  
Office Responsible for Delivery : Rt#:523/Sacramento Field (CA 95815)

Customer A/c# : 51692

Note (s)

**Document Retrieval • Complex Case Management • Court Reporting**

**NATIONWIDE : (800) 4 COMPEX (800) 426-6739**

**Patient Demographics**

Name	Patient ID	SSN	Sex	Birthdate
Anderson, Tiffany K	110007897964	xxx-xx-5133	Female	08/22/70 (41 yrs)
Address	Phone	EMail	Employer	
2 NORTH AVENA AVENUE LODI CA 95242	209-329-9523 (H) 209-329-9523 (W) 209-329-9523 (M)	tiffanyanderson@me.com	2 NORTH AVENA AVENUE	
Race	Non Hispanic/Non Latino			
Reg Status	PCP	Date Last Verified	Next Review Date	
Verified	Jasti, Hymavathy (M.D.)209-476-5328 x5328	10/03/11	11/02/11	
Marital Status	Religion	Unknown		

**Patient Languages**

Interpreter Needed	Spoken Language	Written Language
No	English	English

**Patient Ethnicity & Race**

Ethnic Group	Patient Race
Non Hispanic/Non Latino	White

**Emergency Contacts**

**Problem List as of 10/13/2011**

Problem	Noted
MIGRAINE[346.90C]	10/24/2005
CHRONIC PAIN[338.29A]	7/28/2008
HYPERTRIGLYCERIDEMIA[272.1B]	7/28/2008
REACTIVE AIRWAY DISEASE[493.90E]	1/20/2009
SABA cans = 8 down to 7 in the last 12 months	
AI ratio = 0 up to 0.49	
Last Albuterol dispensing = 02/02/09 1 cans	
Last Qvar dispensing = 03/15/09 4 cans	
No response to outreach	
ADJUSTMENT DISORDER W DEPRESSED MOOD[309.0C]	5/20/2009

**Immunizations**

Hydromorphone, inj	12/25/2010 (40 Y)	Never Reviewed
Ketorolac tromethamine	6/28/2008 (37 Y), 6/7/2008 (37 Y), 5/24/2008 (37 Y)	
Morphine sulfate	3/5/2009 (38 Y)	
Promethazine HCL	12/25/2010 (40 Y), 3/5/2009 (38 Y), 6/28/2008 (37 Y), 5/24/2008 (37 Y)	
Vitamin b-12 cyanocobalamin	1/15/2008 (37 Y), 10/10/2007 (37 Y)	

**Allergies as of 10/13/2011**

Noted	Type	Reactions
No Known Allergies		

**Medical History**

Past Medical History	Date	Comments

Date Reviewed: 10/3/2011

**KAISER FOUNDATION  
HOSPITAL**

MAN-HOSPITAL  
1777 W. YOSEMITE AVE.  
MANTECA, CA 95337-5130

ANDERSON, TIFFANY K  
MRN: 110007897964  
DOB: 8/22/1970, Sex: F  
Adm:10/3/2011, D/C:10/3/2011

10/03/11 (continued)		Point of Care Tests Adult/Child (continued)	
Row Name	0744		
<b>PREGNANCY TEST</b>			
Urine Pregnancy	NEGATIVE -LH		
Ref Range Urine	Negative Reference		
Pregnancy Test	Range		
Recorded by	[LH] Hopper, Linda J (R.N.)		Priority
Row Name	0648		
<b>DECISION A</b>			
Arrived requiring immediate life-saving intervention?	No -RW		
Recorded by	[RW] Wallen, Rowena Q (R.N.)		
Row Name	0648		
<b>DECISION B</b>			
Arrived in high risk situation? or confused/lethargic/disoriented? or severe pain/distress?	No -RW		
Recorded by	[RW] Wallen, Rowena Q (R.N.)		
Row Name	0648		
<b>DECISION C</b>			
How many different resources are needed?	Many, assign Level 3 on Priority row -RW		
Recorded by	[RW] Wallen, Rowena Q (R.N.)		
Row Name	0648		
<b>DECISION D</b>			
Danger zone vitals?	No -RW		
Recorded by	[RW] Wallen, Rowena Q (R.N.)		
Row Name	0648		
<b>SECONDARY ASSESSMENT</b>			
Priority	3 Urgent -RW		
Recorded by	[RW] Wallen, Rowena Q (R.N.)		
Glasgow Coma Scale			
Row Name	0648		
<b>GLASGOW COMA SCALE</b>			
Eye opening	SPONTANEOUS -RW		
Verbal response	ORIENTED -RW		
Motor Response	OBEYS COMMANDS -RW		
Total Coma Score (Glasgow)	15 -RW		
Recorded by	[RW] Wallen, Rowena Q (R.N.)		
		User Key	(r) = User Recd, (t) = User Taken, (c) = User Cosigned
Initials	Name	Effective Dates	Provider Type
RW	Wallen, Rowena Q (R.N.)	10/04/06 -	REGISTERED NURSE
LH	Hopper, Linda J (R.N.)	11/10/04 -	REGISTERED NURSE