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SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF ORANGE

Coordination Proceeding
Special Title (CRC 3.550(b))

Children’s Dental Group Cases

JUDICIAL COUNCIL COORDINATION
NO: JCCP 4917
Hon. Glenda Sanders, Judge

**SUPPLEMENTAL FILING IN FURTHER
SUPPORT OF PLAINTIFFS’ MOTION
FOR LEAVE TO FILE AMENDED
COMPLAINT TO CLAIM PUNITIVE
DAMAGES AGAINST THE CDG
DEFENDANTS PURSUANT TO CODE OF
CIVIL PROCEDURE SECTION 425.13**

Master Complaint Filed: February 8, 2018
1st Bellwether Trial Date: January 13, 2020

Hearing Date: August 23, 2019
Hearing Time: 1:30 p.m.
Dept.: CX101

1 Come now Plaintiffs, by and through their Liaison Counsel, and hereby supplement their motion to
2 amend their complaint to add claims for punitive damages pursuant to CCP 425.13 as to the CDG
3 Defendants with the herein evidence and information.

4
5 **INTRODUCTION**

6 This supplemental filing is made necessary so that Plaintiffs can present additional information
7 acquired since their motion was originally filed on June 26, 2019, which evidence was not available to
8 Plaintiffs at the time of the original filing. Although the motion as filed was, in the estimation of Plaintiffs,
9 more than sufficient for Plaintiffs to carry their burden in seeking punitive damages against the CDG
10 defendants, additional information Plaintiffs have since uncovered provides additional support for the fact
11 that the CDG Defendants acted with malice, fraud and oppression.

12 The information contained in this supplementation was obtained or discovered by Plaintiffs
13 subsequent to their filing their original motion because the CDG has continued to produce documents in
14 response to discovery requests propounded by Plaintiffs almost a year ago. The reasons for the delay have
15 been aired in other forums in this litigation, including in concerns raised by Plaintiffs and the Water
16 Defendants. Plaintiffs do not intend to relitigate those issues here, other than to represent to the Court that
17 recent productions of texts, emails and internal memos and other communications from within CDG have
18 shed additional light on relevant matters. The timing of such productions, in addition to the manner in
19 which the productions were made, sometimes with claw-backs that caused additional delays in processing
20 the information, also bear on the justification for this supplemental filing.

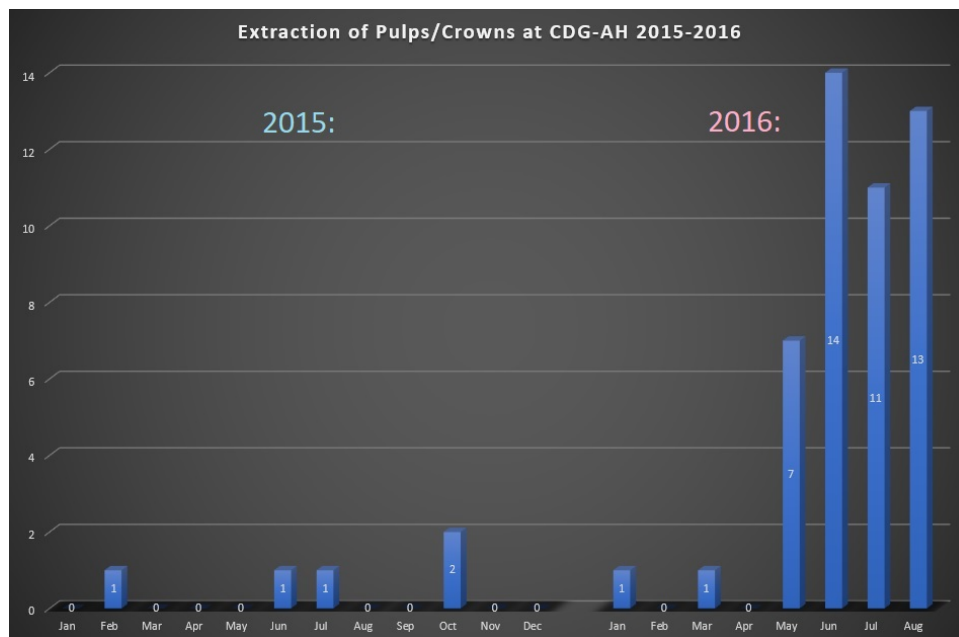
21
22 **WHAT DID CDG KNOW, AND WHEN DID THEY KNOW IT?**

23 One of the important questions in Plaintiffs' motion to amend their complaint to add claims for
24 punitive damages pursuant to CCP 425.13 as to the CDG Defendants is whether CDG knew or should have
25 known earlier than has heretofore been supposed that children receiving baby root canals and stainless steel
26 crowns performed at CDG were returning to the clinic to have the teeth receiving the baby root canals and
27 stainless steel crowns extracted due to painful and unusual infections. If CDG had such knowledge and
28 information earlier than reported, but elected to ignore it, such a fact supports the conclusion that CDG
29 acted with malice, manifesting itself as reckless disregard for the safety of the children. Alternatively, if

1 CDG concealed such information from parents and the public, it is evidence of fraud.

2 As shown in the motion to amend with punitive damages as to the Dentist Defendants, Elma Irving
3 brings a spate of unusual dental infections to the attention of Dr. Minsky as early as July 1, 2016. [DDS
4 Punitive Damages Motion at 15:24-28.] According to her own testimony, Dr. Nguyen becomes aware of
5 the problem at this time and describes internal discussions among the various CDG dentists and
6 administrators who are aware of the issue. [*Id.* at 16:1-6.] The Irving emails refer to three cases dating
7 back to early June 2016 as representative of the “handful” of similar infections that various CDG dentists
8 find themselves at pains to explain. [*Id.* at 15:24-28, and Ex. Y thereto.]

9 An examination of records obtained from CDG demonstrates that, over the years, baby root canals
10 and stainless-steel crowns occasionally lead to the need for CDG to remove the impacted teeth. Even
11 though the records reflect a steady stream of such failed crowned baby root canals, the incidences of such
12 cases on a month-to-month basis, usually one or two per month, are a sort of background noise from a
13 statistical standpoint. In early 2016, however, these cases spike dramatically, and the records reflect that
14 personnel, including the CDG dentists individually sued in this case, are personally involved and therefore
15 knowledgeable about those facts.



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Figure 1. [Source: Exhibit A.]

27 In particular, in June 2016, after over a year during which the total cases of extractions of teeth with
28 CDG crowns and baby root canals never exceeds two in a month in eleven out of twelve months, and total
29

1 zero in ten months of 2015 and 2016, the number quickly shoots up to fourteen. [*See* Declaration of Carlos
2 X. Colorado (“Colorado Decl.”) at ¶2 and Ex. A.] There are another eleven cases in July. [*Id.*] In August
3 2016, the figure is thirteen. [*Id.*] These cases arise in the wake of spore test failures evidencing bacterial
4 contamination at CDG on March 16, June 7 and June 14, 2016. [DDS Punitive Damages Motion at 15:15-
5 18, and Ex. X thereto.] The dental records associated with these cases reveal a disturbing detail: whereas
6 earlier extractions of failed crowned baby root canals are performed years after the original crowning, the
7 new extractions are occurring within a few months after the baby root canals/crowns are performed. [Ex.
8 A (*see* L. Gallardo, 36 days; M. Mercado, 36 days; N. Amador, 35 days).] The dentists performing the
9 extractions of recent crowned baby root canals in June 2016 are familiar names: Dr. Diaz performs 6 such
10 extractions on 5 different patients in June 2016, Dr. Nguyen performs 4 such extractions on one child during
11 two separate visits, and Dr. Abraham performs one extraction. [*See* Colorado Decl. at ¶3.] On June 27,
12 while Dr. Diaz is extracting a failed crowned baby root canal by Dr. Abraham on bellwether plaintiff
13 Quintero, Dr. Abraham herself is recommending new crown and baby root canal treatment on bellwether
14 plaintiff Avila. [*Id.*]

15 These records make clear that CDG knew or should have known about the grave consequences
16 associated with baby root canals that it was performing on children in June 2016. In fact, CDG admitted at
17 a September 16, 2016 conference with health authorities detailed in documents recently provided by the
18 Water Defendants that “kids have been getting sick since late April, early May 2016.” [Ex. B
19 (CRH000117).] Since then, CDG had exclusive knowledge about these matters because of the trust and
20 reliance of its clients, who entrusted CDG with their follow-up care after developing these infections. At
21 no time before it was ordered by the Orange County Health Care Agency to do so did CDG voluntarily
22 stop performing baby root canals, address the water contamination failures or inform the parents or the
23 public about these grave developments.¹

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25 ¹ Business & Professions Code §1680 makes it “unprofessional conduct” not to report to the dental board
26 “the removal to a hospital or emergency center for medical treatment of ... any patient as a result of
27 dental or dental hygiene treatment.” *See* B&P §1680(z)(1). Similarly, California Code of Regulations §
28 2500 mandates that, in the event of an “outbreak,” “It shall be the duty of every health care provider,
29 knowing of or in attendance on a case or suspected case of any of the diseases or conditions ... to report
to the local health officer for the jurisdiction where the patient resides.” *See* 17 CCR § 2500(a)(22) and
(b). “Unusual diseases” or “outbreaks” of any disease must be reported within 24 hours. *See* 17 CCR §
2500(h) and (j).

1 **CDG FIXATES ON PROFITS, IGNORES INFECTIONS**

2 At the same time as this public health emergency is festering at CDG, its senior management is
3 focused on other priorities.

4 From the outset, Mr. Gruenbaum establishes dentist production as a high priority item. For
5 example, on January 18, 2015, he complains that the adult DDS production numbers are low. [See Colorado
6 Decl., Ex. C (CDGMIX000174).] Five days before the ouster of John Fehmer, on March 5, 2015, an email
7 is circulated to the administrative team lamenting that “Total pedo production of \$1.6 million was -8.2%
8 behind last year, with double-digit declines vs. LY in” three offices. [See Colorado Decl., Ex. D
9 (GJ00000537).] The email carps that “For the year, total pedo production of \$3.3 million is down -6%
10 from last year[.]” [Id.]

11 This grouching is not tantamount to idle threats: in early 2016, CDG’s corporate managers
12 recommend terminating Dr. Alex Sheng in part over concerns relating to her allegedly low production.
13 Carson Manager Cristina Perez points to a treatment room video (by time stamp—confirming that the
14 videos, *all of them since erased by CDG*, were used to track production) to report that Dr. Sheng is not
15 trying hard enough to complete work on uncooperative patients, and compares her unfavorably to Dr. Olex,
16 who “is jumping from chair to chair” performing procedures.² [See Colorado Decl., Ex. E
17 (DJMINS002135).] Jonathan Elosseini, the Operations Director at CDG, responds: “I have made
18 adjustments to the doctor schedule for Carson and am ok to proceed with terminating Dr. Sheng on my
19 end.” [Id.]

20 On June 24, 2016—after the extractions of infected baby root canals on five different children has
21 taken place—Mr. Elosseini sends Dr. Minsky an email regarding Drs. Kong and Nasiri. “As you can see,”
22 he writes with respect to the production figures embedded in the email, “I have some concerns regarding
23 the consistently low productivity from both doctors.” [See Colorado Decl., Ex. F (CDGMIX006231.0001).]
24 According to the figures, Dr. Kong’s YTD production is 71.90% of the company average; Dr. Nasiri’s is
25 78.39%. [Id.] He goes on: “Sam recommended that you perhaps spend some time observing these doctors
26 in the offices and make an assessment as to whether or not they are the right fit for CDG.” [Id.]

27 _____
28 ² Mr. Elosseini praised Dr. Olex’s “Very strong production,” and said in praise: “Dr. Olex is a beast.”
29 [CDG Punitive Damages Motion at 10:6-9, and Ex. J thereto.]

1 Dr. Minsky's billing records reflect that, over the next month, he spends fifteen hours mentoring
2 Dr. Kong in three separate meetings (eight hours on July 8, 2016; two hours on July 22, 2016; and five
3 hours on July 29, 2016), and three hours mentoring Dr. Nassiri. [See Colorado Decl., Ex. G
4 (DJMINS000436.0001-0002).]

5 By contrast, Dr. Minsky's response to the mycobacterial infections is more reserved. When Elma
6 Irving informs him about the infections that have been occurring, he does not accept the information at face
7 value. [See Colorado Decl., Ex. H (Minsky Depo. Tr.) at 99:7-10 ("Q. Would it be accurate to say that you
8 became aware of infections that were somewhat unusual occurring as of July 1st, 2016, at Anaheim CDG?
9 A. No.")].] Instead, Dr. Minsky interprets Irving's email to show only "that there was a concern expressed
10 by Elma. I cannot say whether they were infections or cellulitis." [Id. at 99:14-17.]

11 12 **'LACK OF CLEANLINESS ALWAYS A CONCERN'**

13 Another issue raised in Plaintiffs' motion to amend their complaint to add claims for punitive
14 damages is whether CDG turned a blind eye to patient safety considerations.

15 An early indication in this connection arises in October 2015, when Maria Gonzalez, an
16 administrator at CDG, writes to Dr. Minsky and Mr. Elosseini that "lack of cleanliness has always been a
17 concern" at CDG's Anaheim office. In preparation for an HMO audit of CDG, Dr. Minsky sends around a
18 cheat sheet of "items that need correction" so the audit is successful. [See Colorado Decl., Ex. I
19 (DJMINS002022.0001-0002).] Among the infractions noted: "Doctors cannot keep extra masks or gloves
20 in their pockets. *Dr. Diaz was observed with masks in his pocket.*" [Id. (emphasis added).] The email notes
21 other issues relating to hygiene, which prompts Ms. Gonzalez to note: "Just so you have background
22 feedback *lack of cleanliness has always been a concern in AH* [Anaheim]." [Id. (emphasis added).]

23 In addition to the previously referenced spore test failures [see DDS Punitive Damages Motion at
24 15:15-18], newly produced documents reflect that Dr. Minsky is also presented additional information
25 indicating ongoing hygiene lapses at the Anaheim clinic involving Dr. Diaz. On July 11, 2016, Elma Irving
26 sends Dr. Minsky another email, this time with respect to the hygienic practices of Dr. Diaz. Irving relays
27 that "Dr. Diaz has told a few assistants including myself to have *a '5 second rule'* when instruments or
28 anything falls on the floor." [See Colorado Decl., Ex. J (DJMINS002248) (emphasis added).] Irving relates
29 a litany of hygiene violations by the dentist: "He uses contaminated instrument to get pulp material out of

1 Containers. He answers his phone with dirty gloves when working with patient ... [W]hen we hand him
2 the curing light he does not like us putting the orange shield on ... He used an irrigation syringe on a patient
3 then he saw blood splatter on his scrubs so he used that same syringe to put hydrogen peroxide on the
4 stain.” [Id.] Once again, Dr. Minsky does not accept the information at face value (like the low productivity
5 of Drs. Kong and Nasiri): “*If this is accurate* and a doctor is not following infection control procedure,” he
6 responds, “it needs to be addressed.” [Id. (emphasis added).]

7 In the wake of the infection outbreak, CDG practices immediately become the focus. Documents
8 recently produced by the Water Defendants show that, at a September 15, 2016 meeting with public health
9 authorities, “There were a few concerns regarding SOPs of the handling of water and the refillable plastic
10 containers that were used in the treatment rooms. The way the employees handled the tubing and the non-
11 sterilization of the bottles.” [See Colorado Decl., Ex. K (CRH000001).] A January 26, 2017 presentation
12 by the Orange County Health Care Agency enshrines the same concerns: “Water bottles not changed or
13 washed; left in place overnight ... No chemical or ion treatment of the water system; no HPC tests done.”
14 [See Colorado Decl., Ex. L (Deposition Exhibit 202) at p. 26.] Dr. Matthew Zahn, of the Orange County
15 Health Care Agency, believes that bacterial debris from contaminated bottles could get into the water lines:
16 “There is the potential for biofilm forming at any point along the lines of that -- of those systems.” [See
17 Colorado Decl., Ex. M (Zahn Depo. Tr.) at 131:19-25.] Biofilm “can attach onto the side of any foreign
18 body...a tube where water is going through it or a bottle where water is sitting in it.” [Id. at 132:5-7.] In
19 fact, Dr. Zahn testified that untreated water left in a bottle overnight “could be a source” of contamination,
20 and its bacterial counts could potentially increase. [Id. at 148:19-149:15 and 150:12-16.]

21 22 **LACK OF CONSENT**

23 The October 2015 email that Dr. Minsky prepares in anticipation of the HMO audit admits that
24 CDG has a problem relating to “Consent forms.” In his email, Dr. Minsky points out that “Doctors must
25 sign and date consent form before treatment is started and before sedation is given ... The patient’s parent
26 or consent signer must sign and date all consent forms before sedation is given and before treatment starts.”
27 [See Ex. I.]

28 A review of the records reveals pervasive failure by CDG to obtain consent from the patients for
29 treatment done by CDG’s dentists. [See Colorado Decl. at ¶16.] In particular, it is evident from the records

1 that CDG consistently “reuses” treatment consent forms rather than obtaining consent from the patients’
2 parents on subsequent visits when treatment is provided. [*Id.*] Instead, CDG inserts an image of the parent’s
3 signature from an earlier visit into the consent form for a subsequent visit to reflect consent for the treatment
4 provided in the later visit. [*Id.*]

5 For example, on February 13, 2016, Nathan Castillo visits CDG and undergoes treatment, including
6 3 fillings, 2 steel crowns, and 2 baby root canals by Dr. Trinh Pham. [*Id.*] These are the signatures from the
7 consent form for the treatment on that day:

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CONSENTS C1-C4 [1217512 NATHAN CASTILLO]

CONSENTIMIENTO PARA TRATAMIENTO DE ODONTOLOGIA PEDIATRICA C2

NOMBRE: Nathan Castillo NO. DE CUENTA: 1217512

ESTE SIEMPRE LO DEBE LEER Y ENTENDER COMPLETAMENTE ESTE CONSENTIMIENTO DE TRATAMIENTO DENTAL Y QUE RESERVA LAS DERECHOS COMO SUJETO DE ESTE DE DERECHOS. TODO LO QUE NO ESTE EN ESTE FUE EXPLICADO.

Nombre: Araceli Castillo Parentes: Mama Fecha: 2-12-16

Doctor: [Signature] Testigo: Fecha: [Signature]

LP0307

13 For some reason, Dr. Pham does not sign the form. Several months later, on May 9, 2016, Nathan
14 returns to CDG and undergoes additional treatment, including a filling, 4 new steel crowns and 4 baby root
15 canals, this time by Dr. Diaz. [*Id.*] The same signature block appears on the consent form for the treatment
16 that day, though, this time, Dr. Diaz appears to sign the doctor portion of the signature block:

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CONSENTS C1-C4 [1217512 NATHAN CASTILLO]

CONSENTIMIENTO PARA TRATAMIENTO DE ODONTOLOGIA PEDIATRICA C2

NOMBRE: Nathan Castillo NO. DE CUENTA: 1217512

ESTE SIEMPRE LO DEBE LEER Y ENTENDER COMPLETAMENTE ESTE CONSENTIMIENTO DE TRATAMIENTO DENTAL Y QUE RESERVA LAS DERECHOS COMO SUJETO DE ESTE DE DERECHOS. TODO LO QUE NO ESTE EN ESTE FUE EXPLICADO.

Nombre: Araceli Castillo Parentes: Mama Fecha: 2-12-16

Doctor: [Signature] Testigo: Fecha: 5-9-16

LP0307

22 Plaintiffs have found **252 instances** of such “reuse” of consent signatures to justify treatment,
23 including for bellwether plaintiffs Jennifer Jimenez, Jason Cardoso and Valeria Quintero. [*Id.*] Dr. Diaz
24 faced a Dental Board investigation regarding the proper documentation of consent. [*Id.*] This evinces a
25 pattern and practice by CDG and reflects further evidence of malice and fraud toward Plaintiffs.

26

27 **OTHER ANOMALIES IN THE DOCUMENTATION**

28 When the mycobacterium infection outbreak makes news in September 2016, many parents report
29 difficulty obtaining their files, the concerns are reported in the press, and the Plaintiffs in this litigation are

1 familiar with the frustration. On September 21, 2016, a reporter for K-PCC writes Mr. Gruenbaum that
2 “Last week, we ran a story about your clinic, and it included a quote from the father of the 4-year-old girl
3 who was hospitalized with a mycobacterial infection. It says he tried to get his daughter’s medical records,
4 but the clinic refused to hand them over.” [See Colorado Decl., Ex. O (DSGRUB000404.0001-0002).]
5 Gruenbaum responds that the process of clearing the records “usually takes about a day to complete.” [Id.]

6 Other documents shed light on the delay, which is an issue even before the incident makes it to the
7 headlines. Earlier, in July, CDG has faced the same issue. “Patients mother is requesting a copy of her
8 records,” a staffer writes to Dr. Minsky. [See Colorado Decl., Ex. P (Deposition Exhibit 178).] “My
9 understanding is that she is at the office now,” the staffer writes before she points out the crux of the
10 problem. [Id.] “I am wondering if you can review the chart notes to ensure *what we give her a copy of is*
11 *legit*,” writes the staffer. [Id.] She instructs another staffer: “Can you please review the account (financial
12 perspective) and ensure everything was *entered and billed accordingly*?” [Id.] (all emphasis added).

13 As Plaintiffs point out in the motion, the patient records are rife with what Dr. Nguyen characterizes
14 as “inconsistent” descriptions [see CDG Punitive Damages Motion at 13:20] and Plaintiffs contend is
15 evidence that CDG engaged in fraudulently misrepresenting the behavior of patients to Denti-Cal in order
16 to justify submitting claims to the state for the use of nitrous oxide during treatment [id. at pp. 13-14].

17 The internal communications reflecting concerns with ensuring the files handed over to patients are
18 “legit” from a “financial perspective,” and that “everything ... was billed accordingly” is consistent with
19 the problematic state of the records found by Plaintiffs. Additionally, the fact that months later, CDG still
20 needs to go through a daylong clearance process for document requests in the middle of a medical
21 emergency is also consistent with the existence of major anomalies in the patient records.

22 The false statements in the billing submissions, of course, is prima facie evidence of fraud.

23 24 CONCLUSION

25 Accordingly, Plaintiffs respectfully renew the requests for relief restated in their motion.

26 Dated: July 30, 2019

HODES MILMAN, LLP

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28 By: /s/ Carlos X. Colorado
Carlos X. Colorado, Esq.
Plaintiffs’ Liaison Counsel

DECLARATION OF CARLOS X. COLORADO

I, Carlos X. Colorado, hereby declare as follows:

1. I am Liaison Counsel for Plaintiffs in this Coordination Proceeding. I am over the age of eighteen years old and I have personal knowledge of all the matters asserted herein, except as to those matters stated upon information and belief. If called as a witness, I could and would competently testify thereto.

2. In preparation for this case, I have caused the charts of all of our clients to be analyzed for information relating to the time between baby root canals/crowns and the need to extract the impacted teeth by CDG. The data shows that in June 2016, after over a year during which the total cases of extractions of teeth with CDG crowns and baby root canals never exceeded two in a month in eleven out of twelve months, and total zero in ten months of 2015 and 2016, the number quickly shot up to fourteen on that month. There WERE another eleven cases in July. In August 2016, the figure was thirteen. True and correct copies of the charts for the cases in which baby root canals/crowns performed by CDG were extracted by CDG in 2015 and 2016 are attached hereto as **Exhibit A**.

3. The records in Exhibit A show that the dentists who performed the extractions of recent crowned baby root canals in June 2016 were as follows: Dr. Diaz performed 6 such extractions on 5 different patients in June 2016, Dr. Nguyen performed 4 such extractions on one child during two separate visits, and Dr. Abraham performed one extraction. In fact, on June 27, 2016, while Dr. Diaz was extracting a failed crowned baby root canal by Dr. Abraham on bellwether plaintiff Quintero, Dr. Abraham herself was recommending new crown and baby root canal treatment on bellwether plaintiff Avila.

4. Attached hereto as **Exhibit B** is a true and correct copy of a memorandum dated September 16, 2016, produced by the Water Defendants in response to discovery requests propounded by the CDG Defendants, bearing the bates designation CRH000117.

5. Attached hereto as **Exhibit C** is a true and correct copy of an email dated January 18, 2015 from Sam Gruenbaum, produced by Defendants in response to discovery requests propounded by the Plaintiffs, bearing the bates designation CDGMIX000174.

1 6. Attached hereto as **Exhibit D** is a true and correct copy of an email dated March 5, 2015 from
2 Wayne Johnson, produced by Gregory Jacks in response to discovery requests propounded by the Plaintiffs,
3 bearing the bates designation GJ00000537.

4 7. Attached hereto as **Exhibit E** is a true and correct copy of an email dated March 10, 2016 from
5 Maria Gonzalez, produced by Defendants in response to discovery requests propounded by the Plaintiffs,
6 bearing the bates designation DJMINS002135.

7 8. Attached hereto as **Exhibit F** is a true and correct copy of an email dated June 24, 2016 from
8 Jonathan Elosseini, produced by Defendants in response to discovery requests propounded by the Plaintiffs,
9 bearing the bates designation CDGMIX006231.0001.

10 9. Attached hereto as **Exhibit G** is a true and correct copy of an invoice dated July 31, 2016 from
11 Dr. Minsky, produced by Defendants in response to discovery requests propounded by the Plaintiffs,
12 bearing the bates designation DJMINS000436.0001-0002.

13 10. The deposition of Dr. Minsky was taken in this matter on March 27, 2019 and I personally
14 attended the proceedings. A copy of true and correct excerpts of the transcript of the Minsky deposition
15 are attached hereto as **Exhibit H**.

16 11. Attached hereto as **Exhibit I** is a true and correct copy of an email dated October 26, 2015
17 from Jonathan Elosseini and accompanying email thread, produced by Defendants in response to discovery
18 requests propounded by the Plaintiffs, bearing the bates designation DJMINS002022.0001-0002.

19 12. Attached hereto as **Exhibit J** is a true and correct copy of an email dated July 13, 2016 from
20 Dr. Minsky and accompanying email thread, produced by Defendants in response to discovery requests
21 propounded by the Plaintiffs, bearing the bates designation DJMINS002248.

22 13. Attached hereto as **Exhibit K** is a true and correct copy of a memorandum dated September
23 15, 2016, produced by the Water Defendants in response to discovery requests propounded by the CDG
24 Defendants, bearing the bates designation CRH000001.

25 14. Attached hereto as **Exhibit L** is a true and correct copy of a Power Point presentation dated
26 January 26, 2017 and marked as Deposition Exhibit 202 during the deposition of Dr. Matthew Zahn taken
27 in this matter.
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1 15. The deposition of Dr. Matthew M. Zahn was taken in this matter on July 10, 2019 and I
2 personally attended the proceedings. A copy of true and correct excerpts of the transcript of the Zahn
3 deposition are attached hereto as **Exhibit M**.

4 16. In addition to the analysis described in paragraph 2, above, I have caused a review of the charts
5 to be undertaken reveals pervasive failure by CDG to obtain consent from the patients for treatment done
6 by CDG's dentists. In particular, it is evident from the records that CDG consistently "reuses" treatment
7 consent forms rather than obtaining consent from the patients' parents on subsequent visits when treatment
8 is provided. Instead, CDG inserts an image of the parent's signature from an earlier visit into the consent
9 form for a subsequent visit to reflect consent for the treatment provided in the later visit. True and correct
10 copies of the Nathan Castillo records excerpted in the Supplemental Brief are attached hereto as **Exhibit**
11 **N**. Plaintiffs have found 252 instances of such "reuse" of consent signatures to justify treatment, including
12 for bellwether plaintiffs Jennifer Jimenez, Jason Cardoso and Valeria Quintero.

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14 To date, Plaintiffs have identified reuse in the following files: Abraham Lara, Adaya
15 Feldblumb, Aiden Vaca, Alejandrina Avila, Alice Torres, Alliah Huerta, Allize Hernandez-Paxtor, Alondra
16 Meza, Americus Thornton, Anderson Vasquez, Andrea Ralios, Andres Ramirez, Andrew Delatorre,
17 Anthony Sierra, Arianna Ramirez, Ashley Alvarado, Ashley Rojas, Azucena Meza, Azucena Meza, Bahteli
18 Feldblumb, Brandon Morales, Brianna Cruz, Brianna Hernandez, Bryan Cortes, Camila Duarte, Cassius
19 Parker, Chris Garcia, Christopher Harding, Christopher Marquez, Coraline Chavez, Dafne Cano, Damian
20 Diaz, Damian Murillo, Damian Pina, Damian Puentes, Darlin Arredondo, Dayron Vazquez, Diego Cruz,
21 Eddie Soto, Edward Calderon, Edwin Macedo, Eliana Lomeli, Elizabeth Franco, Elvin Vargas, Emily
22 Flores, Emily Ramirez, Farhan Ahmadi, Fatima Ferreyra, Fernanda Rocha, Gabriella Kordab, Genesis
23 Moya, Genesis Vasquez, Gibran Greer, Giselle Jimenez, Guadalupe Ferreyra, Gustavo Garcia, Holly
24 Ramirez, Ian Castillo, Ian Ramos, Isaac Nevarez, Isabel Rodriguez, Izzac Bernal, Jaden Duran, Jaiden
25 Correa, Janell Gomez, Jason Cardoso-Martinez, Javier Carrion, Jaxx Harth, Jennifer Jimenez, Jeremy
26 Rantanen, Jerry Canal, Jessica Schubert, Jesus Torres, Joanna Jin, Jocelyn Ruiz, John Thorton, John
27 Velasco, Jonathan Feldblumb, Jose Perez, Joseph Avina, Joseph Schubert, Juan Rodriguez, Kevin Perez,
28 Kiele Furfey, Kody Tietel, Krystal Santamaria, Kyla Garcia, Leah Escamilla, Leslie Hernandez, Lex
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1 Gallardo, Lily Ransom, Lindsi Gomez, Lizbeth Bustamante, Logan Tietel, Luis Munoz, Luke Harth, Luna
2 Ortega, Totozintle, Majid Odeh, Makaela Curtis-Tietel, Manny Garcia, Mariah Pena, Marielena Castaneda,
3 Martin Rodriguez, Michael Galindo, Michelle Martinez, Miguel Mercado, Millie Jaramillo, Mimi Morales,
4 Mondana Taherkhani, Monica Agripino, Moses Domingo, Nairi Amador-Morales, Natalia Cruz, Nathalie
5 Hernandez, Nathan Castillo, Nathaniel Hinojosa, Nicole Cazales, Nizhoni Taherkhani, Noe Castillo, Odin
6 Parker, Randy Orduno, Ruben Rodriguez, Sadie Perez, Salvador Ceja, Steve Rico, Steven Hernandez,
7 Tommie Harding, Uriel Mendoza, Vadhir Hernandez, Valeria Quintero, Victor Gomez, Vincent Ortiz,
8 Ximena Velasquez, Yair Varela, Yairy Pineda, Yanira Ortiz, Yaretzy Ramirez, Yazan Salameh, Yesenia
9 Tipaz-Perez, Yessica Hernandez and Zuleyma Castillo. Sometimes there are multiple instances within each
10 file.

11 Dr. Diaz faced a Dental Board investigation regarding the proper documentation of consent.

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13 17. Attached hereto as **Exhibit O** is a true and correct copy of an email dated September 21, 2016
14 from Rebecca Plevin and accompanying email thread, produced by Defendants in response to discovery
15 requests propounded by the Plaintiffs, bearing the bates designation DSGRUB000404.0001-0002.

16 18. Attached hereto as **Exhibit P** is a true and correct copy of an email from Jonathan Elosseini
17 and accompanying email thread dated July 11, 2016 and marked as Deposition Exhibit 178 in this matter.

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

20 Executed on July 30, 2019, at Long Beach, California.

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24 Carlos X. Colorado, Esq.

EXHIBIT A

ALLERGIES:

 none

MEDICAL ALERT:
 pt has eczema
 Hx of Heart murmur

TREATMENT RECORD

Name: Bernal, Izzac Patient #: 1186702 CPS #: _____ DR#: 159

Audit Information Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have <u>DR</u> C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: _____ By <u>Jsal</u> Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Balance Information Collect This Visit: <u>+</u> Behavior Rating During Treatment <input checked="" type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5 Chart Tracking: Date: <u>2/23/15</u> Appt: <u>9:00</u> Sign In: <u>7:58</u> Chart Up: <u>8:00</u> Dismiss: _____ FD By: <u>M</u>	
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Doctor: <u>DRP # 159</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>2/23/15</u> Assistant: <u>KS</u> Parent Signature: <u>K Stephanie John</u>	<input checked="" type="checkbox"/> Topical Anesthetic <u>LS</u> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 Carp (s) Mepivacaine <input type="checkbox"/> 3% no epi Carp (s) _____ <input type="checkbox"/> <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other
Oral Hygiene Instructions <input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
2/23/15		meals meds SICK	
		RMH = SEMH N2O 50% 3yr 1 min O2 full 5 mins gave 1 1/2 carpules of 2% lidocaine C1.5 B1 106's photos 7 seven Re	
	K	no allay	
	L	no allay	
	T	no allay	
	S	no allay	
	J	no allay	
	I	pulp SSC	
	H	facial composite	
	C	facial composite	
	E	EXT	

ALLERGIES:

NONE

MEDICAL ALERT:

NONE

TREATMENT RECORD

Name: Cortez, Bryan Patient #: 1133832 CPS #: _____ DR#: 133

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: _____ <u>Resigned</u></p>		<p>Balance Information</p> <p>Collect This Visit: <u>0</u></p>	
<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 <input checked="" type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5</p>		<p>Chart Tracking: Date: <u>06/30/15</u> Appt: _____ Sign In: _____ Chart Up: <u>4:45</u> Dismiss: _____ FD By: _____</p>	

<p>Doctor: _____ # _____ <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given Date: <u>6/30/15</u> Assistant: _____ Parent Signature: _____ <u>Maricela Berman</u></p>	<p><input type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 <input checked="" type="checkbox"/> Carp (s) Mepivacaine <input type="checkbox"/> 3% no epi <input type="checkbox"/> Carp (s) _____</p>
<p>Oral Hygiene Instructions <input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____</p>	<p><input checked="" type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
6/30/15		meal	
		meal	
		SITE	
		4 PLB	
		220/A 40% - 30%	
		15 min	
		220/A 40% - 30%	
		4x4	
		L - SSC. (call or fx)	
		E - cal-	
		F - full out.	
		PDR. Magnify check	
		fy	
		W: K	

ALLERGIES:

None

MEDICAL ALERT:

None

TREATMENT RECORD

Name: Moya, Genesis Patient #: 1143362 CPS #: _____ DR#: 133

Audit Information Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input checked="" type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: <u>designer</u>		By: <u>[Signature]</u> Auditor: <u>[Signature]</u> Health History Signatures <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Balance Information Collect This Visit: <input checked="" type="checkbox"/>	
		Behavior Rating During Treatment <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input checked="" type="checkbox"/> B4 <input type="checkbox"/> B5		Chart Tracking: Date: <u>07/07/15</u> Appt: <u>10:00</u> Sign In: <u>[Signature]</u> Chart Up: <u>[Signature]</u> Dismiss: <u>[Signature]</u> FD By: <u>[Signature]</u>	

Doctor: <u>LS- # 133</u> <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>7/7/15</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u>	<input checked="" type="checkbox"/> Topical Anesthetic <u>2.5</u> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 Carp (s) Mepivacaine <input type="checkbox"/> 3% no epi Carp (s) _____ <input type="checkbox"/>
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	<input checked="" type="checkbox"/> TA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input checked="" type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
7/7/15		<u>NPO</u> <u>[Handwritten notes]</u>	
7/13/15		<u>14 PLHJ (2 PAJ teeth)</u> <u>4 min 40% - 30% C</u> <u>45 min 100% w/</u> <u>21. M. 4x4.4.</u>	
	A - SSC.		
	G - SSC		
	H - SSC		
	K - NISS		
	L - SSC		
	M - SSC		
	O - ext	<u>Went to dentist post.</u> <u>[Handwritten notes]</u>	<u>ASAP.</u> <u>[Handwritten notes]</u>

ALLERGIES:

PEN VK

MEDICAL ALERT:

NONE

TREATMENT RECORD

Name: Garcia, Kyrah Patient #: 1159372 CPS #: _____ DR#: 159

Audit Information Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent/Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: <u>designing</u>		Balance Information Collect This Visit: <u>8</u>	
Health History Signatures: <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Financial Signatures: <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____	
Chart Tracking: Date: <u>10/18/15</u> Appt: <u>8:00</u> Sign In: <u>8:00</u> Chart Up: <u>9:30</u> Dismiss: <u>9:30</u> FD By: <u>[Signature]</u>		Doctor: <u>Dico #159</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	
Post Operative Instructions Given Date: <u>10, 12, 15</u> Assistant: <u>EMV</u> Parent Signature: <u>[Signature]</u>		<input checked="" type="checkbox"/> Topical Anesthetic <u>2.5</u> Carp (s) 2% Lido w/epi Carp (s) Mepivacaine 3% no epi Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		<input type="checkbox"/> T:100,000	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
10.12.15		<u>NO</u> <u>NO</u> <u>NO</u>	<u>NO</u>
		<u>RMH = SUMH</u> <u>NO 50% Zupamin 10min</u> <u>of full milk</u> <u>c. 5, gave 1/2 cup of pseudo</u> <u>B re</u> <u>19 loc 15 photo</u>	
	30	<u>OB alloy</u>	
	T	<u>Pulp SSC</u>	
	S	<u>Pulp SSC</u>	
	19	<u>OB alloy</u>	
	T	<u>Pulp SSC</u>	
	H	<u>SSC</u>	
	C	<u>DL Composite</u>	
	G	<u>EXT</u>	
	D	<u>EXT</u>	
	B	<u>Pulp SSC</u>	
	A	<u>Pulp SSC</u>	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Schubert, Jessica Patient #: 1159973 CPS #: _____ DR#: 137

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: <u>Update all forms</u></p>	<p>Balance Information</p> <p>Collect This Visit: <input checked="" type="checkbox"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Chart Tracking:</p> <p>Date: <u>1/13/16</u> Appt: <u>10:53</u> Sign In: <u>8:53</u> Chart Up: _____ Dismiss: _____ FD By: <u>ZNA</u></p> </td> </tr> </table>	<p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: <u>1/13/16</u> Appt: <u>10:53</u> Sign In: <u>8:53</u> Chart Up: _____ Dismiss: _____ FD By: <u>ZNA</u></p>
<p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: <u>1/13/16</u> Appt: <u>10:53</u> Sign In: <u>8:53</u> Chart Up: _____ Dismiss: _____ FD By: <u>ZNA</u></p>		

<p>Doctor: <u>DA</u> # <u>137</u> <input checked="" type="checkbox"/> Reviewed Medical History <input checked="" type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>1/13/16</u> Assistant: <u>JCA</u> Parent Signature: <u>Jacqueline Schubert</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 <input checked="" type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input checked="" type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input checked="" type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
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Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
		N20	
		Meal (5 PEANUTS)	
		SICK & MEDS	
	*3	sealant	
	14		
	A	SS (E2) pulp - visible pulp rate,	
	30	sealant	
	30	B Aragon	
	T	ext	
		removed LL + LR spaces	
		impression for bilateral e bond	
		L35 + #19 + 30	
		RDT, mark prep. w/ et 40% R	
		40 min, 5 min of 1/4 hr.	
		for man, right side only	
			m: rest to + active e row DR

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Hernandez, Natalie Patient #: 1012673 CPS #: _____ DR#: 137

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C2 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: <u>distance</u></p>	<p>Balance Information</p> <p>Collect This Visit: <u>Ø</u></p>
<p>By <u>SMW</u> Auditor: Health History Signatures <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC:</p>	<p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5</p>
<p>Chart Tracking: Date: <u>03/23/16</u> Appt: <u>1:30</u> Sign In: <u>1:32</u> Chart Up: <u>1:35</u> Dismiss: <u>2:35</u> FD By: <u>[Signature]</u></p>	

<p>Doctor: <u>NO</u> # <u>127</u> <input checked="" type="checkbox"/> Reviewed Medical History <input checked="" type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given Date: <u>3/23/16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input checked="" type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
<p>Oral Hygiene Instructions <input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____</p>		

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
		LAST meal NPO SICKER medop	
3-23-16		TOCS 21 JCH Bus & JCH	
	*3) Sealant	
	14		
	19		
	30	o Sealant?	
	A	DOE	
	I	DOE	
	I	DOE	
	I	DOE	
		DOE (D) - old SSC bulky & discol ext DOE, CRT, vents prep - what L 70 - only I mill O2 + milk w-6 hal	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Ferreyra, Guadalupe Patient #: 1086523 CPS #: _____ DR#: 159

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: _____</p> <p>By: <u>[Signature]</u> Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____</p>	<p>Balance Information</p> <p>Collect This Visit: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Chart Tracking: Date: <u>05/02/16</u> Appt: <u>2:00</u> Sign In: <u>1:40</u> Chart Up: <u>1:45</u> Dismiss: _____ FD By: <u>[Signature]</u></p> </td> </tr> </table>	<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking: Date: <u>05/02/16</u> Appt: <u>2:00</u> Sign In: <u>1:40</u> Chart Up: <u>1:45</u> Dismiss: _____ FD By: <u>[Signature]</u></p>
<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking: Date: <u>05/02/16</u> Appt: <u>2:00</u> Sign In: <u>1:40</u> Chart Up: <u>1:45</u> Dismiss: _____ FD By: <u>[Signature]</u></p>		

<p>Doctor: <u>[Signature]</u> # <u>159</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given Date: <u>5.2.16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> 2 Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
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Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>5-2-16</u>		<u>Last meal at 11:45 - No meds - Not sure [Signature]</u>	
	<u>6</u>	<u>IOC RB B2 C2 give 2 capsules of 2% w/ local no 50% Zyrtec ghw smm</u>	
	<u>A</u>	<u>Pulp SSC</u>	
	<u>B</u>	<u>Pulp SSC</u>	
	<u>I</u>	<u>Pulp SSC</u>	
	<u>J</u>	<u>Pulp SSC</u>	
	<u>D</u>	<u>ep</u>	
	<u>G</u>	<u>ep</u>	
	<u>F</u>	<u>ep/added</u>	

05/03

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Mercado Miguel Patient # 1073513 CPS #: _____ DR#: 152

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: <u>dr signed</u></p>		<p>Balance Information</p> <p>Collect This Visit: <u>SPCRIMP</u></p>	
<p>By: <u>[Signature]</u> Auditor: _____ Health History Signatures Financial Signatures Incomplete FA's, Chart to TC: _____</p>		<p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5</p>	
<p>Chart Tracking: Date: <u>05/05/16</u> Appt: <u>430</u> Sign In: <u>328</u> Chart Up: <u>327</u> Dismiss: _____ FD By: <u>[Signature]</u></p>			

<p>Doctor: <u>[Signature]</u> # <u>152</u> <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>5/5/16</u> Assistant: <u>O-Gon</u> Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> Carp (s) Mepivacaine 3% no epi Carp (s): _____</p>	<p><input type="checkbox"/> 1:100,000 <input checked="" type="checkbox"/> <u>[Signature]</u> <input checked="" type="checkbox"/> IA Block and <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
<p>Oral Hygiene Instructions</p> <p><input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____</p>			

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
5/5/16		NO PAIN	
		13 Pkts	
		NO PAIN ORIB 30% 4 Times	
	3	STAINING	B1
	14		
	19		
	30		
	I X 0		
	I BM + long ID 34 E VENT		
	A MO		
	B 20		
	T MO		
		S purpury tip	
		S 2x of vent DC	
		2/2 carp 1000000	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Moya Genesis Patient #: 1143362 CPS #: _____ DR#: 159

Audit Information

Eligibility OK No
 By _____ Auditor: _____
 Consent Signatures:
 C1 Need Have
 C2 Need Have
 C3 Need Have
 C4 Need Have
 Comments: _____

Health History Signatures
 Need Have
 Financial Signatures
 Need Have
 Incomplete FA's, Chart to TC: _____

Balance Information

Collect This Visit: _____

Behavior Rating During Treatment

B1 _____
 B2 _____
 B3 _____
 B4 _____
 B5 _____

Chart Tracking:
 Date: _____
 Appt: _____
 Sign In: _____
 Chart Up: _____
 Dismiss: _____
 FD By: _____

Doctor: Dix # 159
 Reviewed Medical History
 Signed Consent Forms
 Assistant: _____

Post Operative Instructions Given

Date: 5/27/16
 Assistant: KS
 Parent Signature: _____

Topical Anesthetic
 Carp (s) 2% Lido w/epi 1:100,000
 Carp (s) Mepivacaine 3% no epi
 Carp (s) _____

Oral Hygiene Instructions

Given Not Given
 Assistant: JPham

Ara curio

IA Block ang Mental Infiltration
 PDL Intrapulpal Other

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
05/27/16		Recall Exam Instils - Cephal Pro-FLUO-045 Toothbrush - JPham	
		RMH - SeemH (B3) Exam oral Snelson Brushing 2 bottles D-E-F-G mouth over-retained ACOO 159 5-27-16 (ACOO) 159 5/27/16	N2O/TX
		Handouts 3046 20 min	
		DEF	B3
		sp. ino wire	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: ORTIZ, YANIRA Patient #: 1106334 CPS #: _____ DR#: 137

Audit Information Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: <u>Dr Sign C2</u>		By <u>MLWN</u> Auditor: <u>[Signature]</u> Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Balance Information Collect This Visit: <input checked="" type="checkbox"/>	
Behavior Rating During Treatment <input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____			Chart Tracking: Date: <u>5/31/16</u> Appt: <u>230</u> Sign In: <u>242</u> Chart Up: <u>248</u> Dismiss: <u>4:00</u> FD By: <u>[Signature]</u>		

Doctor: <u>TAD # 137</u> <input checked="" type="checkbox"/> Reviewed Medical History <input checked="" type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>5/31/16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u>	<input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <u>1:100,000</u> <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____
Oral Hygiene Instructions <input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	<input type="checkbox"/> PA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input checked="" type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>5/31/16</u>		<u>Last meal at 10:00 - No meds - Not Aseptic</u>	<u>[Signature]</u>
	<u>KB</u>	<u>DOC'S 5 Jett</u>	
	<u>S</u>	<u>ext</u>	
		<u>upr bond + lwp 2 bond U31 on #14</u>	
		<u>LR bond + lwp 2 bond U31 on #17</u>	
		<u>RDI, w/str 10-20 - Nov 2 at 407</u>	
		<u>30 min, 5 ml O2 at 100</u>	
			<u>Nov 6 at 407</u>
			<u>[Signature]</u>

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Andrew Delatorre Patient #: 1193223 CPS #: _____ DR#: 142

<p>Audit Information</p> <p>Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No By _____ Auditor: _____ Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____</p>	<p>Balance Information</p> <p>Collect This Visit: _____</p>
<p>Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____</p>	<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 <input type="checkbox"/> B2 <input checked="" type="checkbox"/> B3 <u>Crying</u> <input type="checkbox"/> B4 <input type="checkbox"/> B5</p>
<p>Chart Tracking: Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: <u>4:55</u> FD By: _____</p>	

<p>Doctor: <u>Abraham # 142</u> <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given Date: <u>6/8/16</u> Assistant: <u>O-ear</u> Parent Signature: _____</p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
---	---	--

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>6/8/16</u>		<u>Emergency IBWX - IPAX - JPharm</u>	
		<u>RMH</u>	
		<u>Abscess on #B</u>	<u>TXN 6/12/16</u>
		<u>Recommend ext of #B</u>	
		<u>#142</u>	
<u>6-8-16</u>		<u>3 pharms NIMOR OADR 30% 20mils IBW IPAX</u>	
		<u>PX5 - ABSCESS</u>	
		<u>P BAND cap # 37 E KEAR</u>	
		<u>1/2 of woc care</u>	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Lex Gallardo Patient #: 1217003 CPS #: _____ DR#: 142

Audit Information Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		Balance Information Collect This Visit: _____	
By: _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input checked="" type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____	

Doctor: <u>Abraham #142</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>6.08.16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u>	<input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____	<input checked="" type="checkbox"/> 1:100,000 <input type="checkbox"/> _____ <input type="checkbox"/> _____
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	<input type="checkbox"/> IA Block ang <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other		

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
6/8/16		emergency exam hygiene very poor Abscess on #L #L needs ext. Coloured w/ BFL. Need x-rays. #142	[Signature]
6-8-16		NIMES OXIDE 30 to 20 mins K X3 L X3 ABCESS CALLED GABRIEL PLAIN 2 yrs into care Rx: Amox 250 / Clav 125cc PPD + QIA 9/16	[Signature]

probs + carb DISCUSSIO #142

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Mercado Miguel Patient #: 1073513 CPS #: _____ DR#: 142/159

<p>Audit Information</p> <p>Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No By _____ Auditor: _____</p> <p>Consent Signatures: Health History Signatures C1 <input type="checkbox"/> Need <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Financial Signatures _____ Incomplete FA's, Chart to TC: _____</p> <p>Comments: _____</p>	<p>Balance Information</p> <p>Collect This Visit: _____</p> <table border="1" style="width:100%"> <tr> <td style="width:50%"> <p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p> </td> <td style="width:50%"> <p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____</p> </td> </tr> </table>	<p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____</p>
<p>Behavior Rating During Treatment</p> <p><input checked="" type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____</p>		

<p>Doctor: <u>Pamela # 142</u></p> <p><input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms</p> <p>Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>6/10/16</u> Assistant: _____ Parent Signature: _____</p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input type="checkbox"/> 1:100,000 <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____</p> <p><input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
<p>Oral Hygiene Instructions</p> <p><input type="checkbox"/> Given <input type="checkbox"/> Not Given</p> <p>Assistant: _____</p>	<p>_____</p>	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>06/10/16</u>		<u>emerg visit 1/10w IPA. pharm cc: Pain on lower right crown. Exam revealed abscess on tooth 5. Recommend band & loop appliance. Dr. Turla</u>	<u>NO: ten 6/10/16</u>
		<u>RE 100 4. Fdm B1 C1 gave 11 capsule of ste w/acid New 50% Supermin lozings of full smile</u>	
	<u>S</u>	<u>ephalon</u>	
	<u>S</u>	<u>Band + loop</u>	<u>ten 6/10/16</u>

ALLERGIES:

 none

MEDICAL ALERT:

 none

TREATMENT RECORD

Name: Martinez, Michelle Patient #: 1148803 CPS #: _____ DR#: 159

Audit Information Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have <i>DK</i> C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: _____ By: <u>Lyon</u> Auditor: <u>Meam</u> Health History Signatures <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Balance Information Collect This Visit: <input checked="" type="checkbox"/>	
Behavior Rating During Treatment <input type="checkbox"/> B1 <input checked="" type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5		Chart Tracking: Date: <u>6/20/16</u> Appt: <u>1:20</u> Sign In: <u>1:20</u> Chart Up: _____ Dismiss: _____ FD By: <u>[Signature]</u>	

Doctor: <u>0000 #159</u> <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>6/20/16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>MARTINEZ</u>	<input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
6/20/16		Last meal at 10:00 Sick med @ JOC'S 19 Jell C2 gave deepules of 2% Lidocaine B2 ne No 50% Zyrmin 15mins of ml 5min	
	B	Ext	
	C	Ext	
	I	Ext	
	H	Ext	
	19	O/S alloy	<u>159</u>
	30	C3 alloy	<u>10/29/16</u>

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Jaden Duran Patient #: 1163772 CPS #: _____ DR#: Dia 2

Audit Information		Balance Information	
Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____ Collect This Visit: _____	
Doctor: <u>Dia 2</u> # _____ <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____		Behavior Rating During Treatment <input checked="" type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____	
Chart Tracking: Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____		<input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpa <input type="checkbox"/> Other	
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		Post Operative Instructions Given Date: <u>6.20.16</u> Assistant: _____ Parent Signature: _____	
Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>6.20.16</u>		<u>Emer</u> <u>IBW 2PA CERULE</u> <u>Exam Exam dx</u> <u>PAT 10/15/16</u> <u>#J presents with abscess</u> <u>MCX AB's ABAB, pt swell</u>	
		<u>3pH units</u> <u>Nitro 2 x PE 30 to admin</u>	<u>1/30</u>
		<u>JXB - abscess</u> <u>JBan + cap #37 1/8</u> <u>2 days mo care</u> <u>return to cut dx</u>	<u>by</u>

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Nairi Amador Patient #: 1222142 CPS #: _____ DR#: 133

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No</p> <p>Consent Signatures:</p> <p>C1 <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>C2 <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>C3 <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>C4 <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Comments: _____</p>	<p>Balance Information</p> <p>Collect This Visit: _____</p>
<p>By: <u>NCAM</u> Auditor: _____</p> <p>Health History Signatures</p> <p><input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Financial Signatures</p> <p><input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Incomplete FA's, Chart to TC: _____</p>	<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____</p> <p><input type="checkbox"/> B2 _____</p> <p><input type="checkbox"/> B3 _____</p> <p><input checked="" type="checkbox"/> B4 _____</p> <p><input checked="" type="checkbox"/> B5 _____</p>
<p>Chart Tracking:</p> <p>Date: <u>06/21/14</u></p> <p>Appt: <u>9:00am</u></p> <p>Sign In: <u>9:00</u></p> <p>Chart Up: <u>9:00</u></p> <p>Dismiss: _____</p> <p>FD By: <u>NCAM</u></p>	

<p>Doctor: <u>US # 173</u></p> <p><input checked="" type="checkbox"/> Reviewed Medical History</p> <p><input type="checkbox"/> Signed Consent Forms</p> <p>Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>6/21/14</u></p> <p>Assistant: <u>KS</u></p> <p>Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic</p> <p><input checked="" type="checkbox"/> LBCarp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000</p> <p><input type="checkbox"/> Carp (s) Mepivacaine</p> <p><input type="checkbox"/> 3% no epi</p> <p><input type="checkbox"/> Carp (s) _____</p>
<p>Oral Hygiene Instructions</p> <p><input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given</p> <p>Assistant: _____</p>	<p><input type="checkbox"/> 1A Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration</p> <p><input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>06/21/14</u>		<u>LAST MAIL NPO</u> <u>SICK @ MEDICAL</u>	
<u>#133</u>		<u>4 Plots</u> <u>4 20% 60% - 90%</u> <u>Co 20 mm</u> <u>2x10 0% 0.2</u> <u>4x4</u>	
	<u>K</u>	<u>ext (Abscess/ulcerated)</u>	<u>self care</u>
	<u>L</u>	<u>oss. (slight mobility from Abscess)</u> <u>PC → guarded prognosis</u> <u>poss. ext in near future, may delay all ortho, may irritate nerve.</u> <u>no distal shock on #L, will need band around #19 to future slow movement.</u>	<u>POV in 1wk.</u> <u>w/ #133</u>

cont. Antibiotics. All w's to

ALLERGIES:

MEDICAL ALERT:
 taking motrin
 for pain

TREATMENT RECORD

Name: Alice Torres Patient #: 1185732 CPS #: _____ DR#: 152

Audit Information Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Balance Information Collect This Visit: _____	
		Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____		Chart Tracking: Date: <u>1/1</u> Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____	

Doctor: <u>DUE</u> # <u>152</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>1/25/16</u> Assistant: Parent Signature:	<input type="checkbox"/> Topical Anesthetic Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/>
Oral Hygiene Instructions <input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	<input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
1/25/16		Emergency visit low lip anesthetic	
		Exam Exam & Dx 1/27/16 PT procedure with ACCESS PT a Access for 12 X5 VBAF	1/17
		4 X 12's NITROXINE 30% 20min	1/17
		X5 ACCESS	
		1/27/16 12 X5 VBAF	1/17

45

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Quintero, Valeria Patient #: 1221583 CPS #: _____ DR#: 100

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No</p> <p>Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have</p> <p>Comments: _____</p>		<p>Balance Information</p> <p>Collect This Visit: <u>P.O. ✓</u></p>	
<p>By: <u>[Signature]</u> Auditor: _____</p> <p>Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Incomplete FA's, Chart to TC: _____</p>		<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 <u>ang</u> <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	
<p>Doctor: <u>[Signature]</u> # <u>142</u></p> <p><input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms</p> <p>Assistant: _____</p>		<p>Post Operative Instructions Given</p> <p>Date: <u>6/27/16</u></p> <p>Assistant: <u>[Signature]</u></p> <p>Parent Signature: <u>[Signature]</u></p>	
<p>Oral Hygiene Instructions</p> <p><input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given</p> <p>Assistant: _____</p>		<p><input type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 <input checked="" type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____</p> <p><input checked="" type="checkbox"/> IA Block ang <input checked="" type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
6-27-16		<p>NPO - no med - not suck</p> <p>Intraorally pt has a lot of decay</p> <p>Mem hit side of mouth</p> <p>on lower right of pool this</p> <p>post op. Right side swelling/abscess</p> <p>Reevaluate # R when #1's extracted</p> <p>Mem aware that pt has cavities but does not want to do root of ten yet.</p> <p>#142</p> <p>4 photos Rx: clindamycin 150mg / 100cc</p> <p>with OAD 30 30 30</p> <p>> X's abscess. PT presents with 3 CEWITIS. No buccal plate #1, 5, 7</p> <p>1 1/2 yrs w/occlusion. got from place</p> <p>P.O. 142</p>	<p>7/10/16</p>

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Amador, Nairi Patient #: 1222142 CPS #: _____ DR#: 133

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No</p> <p>Consent Signatures:</p> <p>C1 <input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>C2 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have</p> <p>C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have</p> <p>C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have</p> <p>Comments: _____</p>		<p>Balance Information</p> <p>Collect This Visit: <u>P.O</u> ✓</p>	
<p>By: <u>[Signature]</u> Auditor: _____</p> <p>Health History Signatures</p> <p><input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Financial Signatures</p> <p><input type="checkbox"/> Need <input type="checkbox"/> Have</p> <p>Incomplete FA's, Chart to TC: _____</p>		<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____</p> <p><input type="checkbox"/> B2 _____</p> <p><input checked="" type="checkbox"/> B3 _____</p> <p><input type="checkbox"/> B4 _____</p> <p><input type="checkbox"/> B5 _____</p>	
<p>Chart Tracking:</p> <p>Date: <u>062816</u></p> <p>Appt: <u>10:00</u></p> <p>Sign In: <u>9:50</u></p> <p>Chart Up: <u>9:41</u></p> <p>Dismiss: _____</p> <p>FD By: <u>[Signature]</u></p>			

<p>Doctor: <u>W.S. #157</u></p> <p><input type="checkbox"/> Reviewed Medical History</p> <p><input type="checkbox"/> Signed Consent Forms</p> <p>Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>6/23/16</u></p> <p>Assistant: _____</p> <p>Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic</p> <p><input type="checkbox"/> 1:100,000</p> <p><input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi</p> <p><input type="checkbox"/> Carp (s) Mepivacaine 3% no epi</p> <p><input type="checkbox"/> Carp (s) _____</p> <p><input type="checkbox"/> IA Block ang</p> <p><input checked="" type="checkbox"/> PDL</p> <p><input type="checkbox"/> Mental</p> <p><input type="checkbox"/> Intrapulpal</p> <p><input checked="" type="checkbox"/> Infiltration</p> <p><input type="checkbox"/> Other</p>
<p>Oral Hygiene Instructions</p> <p><input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given</p> <p>Assistant: _____</p>		

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
6/28/16		NPO - no meds - not sick [Signature]	
		12 Plots (w/ker.)	
		2 Plots (of face)	
#137		3 PAs tk. (w/ob 91)	
		you of 60% - 40%	
		can't see [Signature]	
		up to 2% or 3%	
		up to 4% [Signature]	
	A B J	ext. (seemly Absent get form. est. on [Signature] side.)	
		PDU play was for #137, c. ext site Co-#137 hearing wnc. when looked on teeth found [Signature] well [Signature] [Signature] [Signature] # A+B large [Signature] [Signature] (hand) similar to #137.)	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Jaden Duran Patient #: 1163772 DR#: _____

Audit Information		Balance Information	
Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____ Collect This Visit: _____	
Doctor: <u>Con # 102</u> <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____		Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____	
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		Chart Tracking: Date: <u>1/1/11</u> Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____	
Post Operative Instructions Given Date: <u>1/1/11</u> Assistant: _____ Parent Signature: _____		<input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 <input checked="" type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	
Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
		629-16 N 1/2 OR 30% Fixation Fin way 1/2 39 130 1/2 I X B Separation - placed 6L 3 PHT's Rx: Amox 250/125 100cc 1 1/2 eps cold water (11/11)	30 min

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Ruben Rodriguez Patient #: 1077033 CPS #: _____ DR#: 159

<p>Audit Information</p> <p>Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____</p> <p>By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____</p>	<p>Balance Information</p> <p>Collect This Visit: _____</p> <table border="1" style="width:100%"> <tr> <td style="width:50%"> <p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p> </td> <td style="width:50%"> <p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: <u>[Signature]</u> FD By: _____</p> </td> </tr> </table>	<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: <u>[Signature]</u> FD By: _____</p>
<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input checked="" type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: <u>[Signature]</u> FD By: _____</p>		

<p>Doctor: <u>Ordo</u> # <u>159</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>7.10.16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input type="checkbox"/> <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine <input type="checkbox"/> 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
--	--	--

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
7.1.16		see drug page limit stem 10c 13 R0 B3 C2 give 2 capsules of 250mg doxycycline no soft sup 2 min 30 min of full xmins	
	14	L alloy	
	3	OL alloy	
	A	ext	
	C	ext	
	H	ext	
	I	ext	
	J	ext	
	K	ext	
	L	ext	
		[Signature] 159 7.1.16	[Signature]

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Hernandez, Yesica Patient #: 1200232 CPS #: _____ DR#: 152

Audio Information

Eligibility OK No
 Consent Signatures:
 C1 Need Have
 C2 Need Have
 C3 Need Have
 C4 Need Have
 Comments: dr signed

By: [Signature] Auditor: _____
 Health History Signatures
 Need Have
 Financial Signatures
 Need Have
 Incomplete FA's, Chart to TC: _____

Balance Information

Collect This Visit unit # 15

Behavior Rating During Treatment

B1
 B2
 B3
 B4
 B5

Chart Tracking:
 Date: 07/10/16
 Appt: 9:00
 Sign In: [Signature]
 Chart Up: [Signature]
 Dismiss: _____
 FD By: _____

Doctor: [Signature] # 152
 Reviewed Medical History
 Signed Consent Forms
 Assistant: _____

Post Operative Instructions Given
 Date: 7/7/16
 Assistant: [Signature]
 Parent Signature: _____

Topical Anesthetic
 Carp (s) 2% Lido w/epi
 Carp (s) Mepivacaine 3% no epi
 Carp (s) _____

1:100,000
 [Signature]

Oral Hygiene Instructions
 Given Not Given
 Assistant: _____

Maria Hernandez
 IA Block ang
 PDL

Mental Infiltration
 Intrapulpal Other

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
7-7-16	NPO	No meds - nitrox 12 plk. vs HITA - 0.1% 30% 4m A Pyg - EPP A SSC - KERR E3 BXS B Bm tag - 34 - KERR T - Pyg - EPP S - SSC - KERR D4 T - E3 2 1/2 cps LIDOCAINE	B5

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Vasquez 2, Genesis Patient #: 1141642 CPS #: _____ DR#: 1591

<p>Audit Information</p> <p>Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No By _____ Auditor: _____</p> <p>Consent Signatures: Health History Signatures C1 <input type="checkbox"/> Need <input type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input checked="" type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____</p> <p>Comments: <u>discharge</u></p>		<p>Balance Information</p> <p>Collect This Visit: _____</p>	
<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>		<p>Chart Tracking</p> <p>Date: <u>8/10/16</u> Appt: <u>1:30</u> Sign In: <u>109</u> Chart Up: <u>109</u> Dismiss: <u>249</u> FD By: _____</p>	

<p>Doctor: <u>OLX</u> # <u>157</u></p> <p><input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given</p> <p>Date: <u>7.18.16</u> Assistant: <u>JM</u> Parent Signature: _____</p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> _____ <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> _____</p>
<p>Oral Hygiene Instructions</p> <p><input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____</p>	<p><input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>7-8-16</u>		<u>Last meal at 10:00 - no meds - not sick</u> <u>18 PHOTOS - C-16</u> <u>R8</u> <u>B3</u> <u>C2</u> <u>gave 2 calpus of 22eudacare</u> <u>MESOR 3yr milk 20mls</u> <u>2 full smths</u> <u>2h milk</u> <u>2k break</u>	
	<u>I</u>	<u>prepsic</u>	
	<u>K</u>	<u>prepsic</u>	
	<u>D</u>	<u>Ext</u>	
	<u>6</u>		
	<u>F</u>	<u>Ext (MBSUAS)</u>	<u>Call 159</u>
	<u>G</u>	<u>Ext</u>	<u>7-8-16</u>

ALLERGIES:

MEDICAL ALERT:

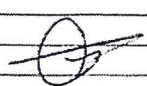
TREATMENT RECORD


Name: Gibran Greer Patient #: 1199592 CPS #: _____ DR#: 142

Audit Information Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		Balance Information Collect This Visit: _____	
By: _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____	
Doctor: <u>Abraham #142</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____		Chart Tracking: Date: _____ Appt: _____ Sign In: _____ Chart Up: <u>2:45</u> Dismiss: _____ FD By: _____	

Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	Post Operative Instructions Given Date: <u>7/9/16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u>	<input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <u>1:100,000</u> <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other
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Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
7/9/16		Emergency Exam ppa Jphum #5, needs to be extracted Abscess present. Need to re-evaluate #5 after x-rays taken again	NO: for w/ no needs to retake X rays
5/10/15	2 pal maxilla	Rm 110 Reevaluate #1 after x-rays	#142
	T 5	next lower bilateral when byp. molars erupt	NO: 1 week Pochok

ALLERGIES:


MEDICAL ALERT:


TREATMENT RECORD

Name: Joanna Jin Patient #: 1222402 CPS #: _____ DR#: 171

Audit Information		Balance Information	
Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		Collect This Visit: _____ Behavior Rating During Treatment: <input checked="" type="checkbox"/> B1 <u>Dmg</u> <input type="checkbox"/> B2 _____ <input checked="" type="checkbox"/> B3 <u>Bag</u> <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____	
By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Chart Tracking: Date: _____ Appt: _____ Sign In: _____ Chart Up: <u>4:20</u> Dismiss: _____ FD By: _____	
Doctor: <u>NLSM #171</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____		Post Operative Instructions Given Date: <u>7/28/16</u> Assistant: <u>Amul</u> Parent Signature: <u>Dina Ximora</u>	
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		<input type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <u>1:100,000</u> <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
7/28/16		Emergency Exam.	
7/28/16		4 PAS (w/epi) PIO. flow. Oh	
		Pt reported with pain in teeth #A, #I, #9, #30. #I has radiographic pathology, #A seems well radiographically. NO clinical inflammation noted. A sore noted lower right side All 1st molars erupting. #A ectopic eruption w/ mod inflammation #26.	PO CK 1 week
		Rx: Amoxicillin Suspension 250mg/5ml 1 1/2 Teaspoons Twice/day For 5 days	Leptos
		NeO 30% 20 mins O2 Smi -	
	I	EXT (Extraction radiolucency, pain)	
	I	BIL spacer	
	A	EXT - ectopic eruption #26 Irrigated w/ Peridax. POI, sterile gauze, NO complication. Ketol.	PO CK 1 week

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Noe Castillo Patient #: 1215726 CPS #: _____ DR#: 171

<p>Audit Information</p> <p>Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____</p> <p>By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____</p>	<p>Balance Information</p> <p>Collect This Visit: _____</p> <table border="1" style="width:100%"> <tr> <td style="width:50%"> <p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input checked="" type="checkbox"/> B5 _____</p> </td> <td style="width:50%"> <p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____</p> </td> </tr> </table>	<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input checked="" type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____</p>
<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input checked="" type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____</p>		

<p>Doctor: <u>Nawari #171</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p>	<p>Post Operative Instructions Given Date: <u>8/31/16</u> Assistant: <u>KS</u> Parent Signature: _____</p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input checked="" type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine <input type="checkbox"/> _____ 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
<p>Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____</p>		

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
8/31/16		Emergency exam pro-flu-ohi 1 PA Pain #L, Succation radiolucency. pt can't sleep at nights due to pain. Planned for Ext.	
8/31/16		Neo 30% 30mins 2 IOC Carmines	
	L	EXT - Succation radiolucency pain No complication, ROI+ sterile gauze	
	L	Bil - ketac 134 extra cement removed Os 5mins.	

[Signature]
171

ALLERGIES:

 none

MEDICAL ALERT:

 none

TREATMENT RECORD

Name: Jin, Joanna Patient #: 1222402 CPS #: _____ DR#: 159

<p>Audit Information</p> <p>Eligibility <input checked="" type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input checked="" type="checkbox"/> Need <input type="checkbox"/> Have <i>DL</i> C3 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have C4 <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Comments: _____</p> <p>By <u>Smok</u> Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input checked="" type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____</p>	<p>Balance Information</p> <p>Collect This Visit: <input checked="" type="checkbox"/></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p> </td> <td style="width:50%; vertical-align: top;"> <p>Chart Tracking:</p> <p>Date: <u>8/18/16</u> Appt: <u>4:00</u> Sign In: <u>[Signature]</u> Chart Up: <u>[Signature]</u> Dismiss: _____ FD By: <u>[Signature]</u></p> </td> </tr> </table>	<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: <u>8/18/16</u> Appt: <u>4:00</u> Sign In: <u>[Signature]</u> Chart Up: <u>[Signature]</u> Dismiss: _____ FD By: <u>[Signature]</u></p>
<p>Behavior Rating During Treatment</p> <p><input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input type="checkbox"/> B5 _____</p>	<p>Chart Tracking:</p> <p>Date: <u>8/18/16</u> Appt: <u>4:00</u> Sign In: <u>[Signature]</u> Chart Up: <u>[Signature]</u> Dismiss: _____ FD By: <u>[Signature]</u></p>		

<p>Doctor: <u>DRP # 159</u> <input type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____</p> <p>Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____</p>	<p>Post Operative Instructions Given Date: <u>8/18/16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u></p>	<p><input checked="" type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other</p>
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Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
<u>8-8-16</u>		<u>Last meal at 12:00 - no med - not sick</u>	
		<u>4 100's Full Photos to change</u>	
		<u>B2</u>	
		<u>C1</u>	
		<u>gave 1 capsule of Zoflora</u>	
		<u>no 50% Zyrtec min of full smm-t</u>	
		<u>Delayed eruption on permanent teeth, avcay</u>	
		<u>NT feels like has fever</u>	
		<u>saw card tyrolol</u>	<u>NV: Per week</u>
	<u>N</u>	<u>ERT</u>	
	<u>B</u>	<u>ERT</u>	
	<u>B</u>	<u>Bana + loop</u>	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Nathan Castillo Patient #: 1217512 CPS #: _____ DR#: 159

Audit Information		Balance Information	
Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete EA's, Chart to TC: _____ Collect This Visit: _____	
Doctor: <u>Alex</u> # <u>159</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____		Post Operative Instructions Given Date: _____ / _____ / _____ Assistant: _____ Parent Signature: _____	
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____		<input type="checkbox"/> Topical Anesthetic Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	
Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input type="checkbox"/> B4 _____ <input checked="" type="checkbox"/> B5 _____		Chart Tracking: Date: _____ / _____ / _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____	
Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
8/22/16		Preall Exam 1100's only w/mon Code 912 1100's w/SP	Palp
		RMT = BMT (BS) exam @ SWD @ 172 fees	Refer to v.s. to
8/21/16		came to cds for numenhi	eat
8/22/16		Pt did well in numenhi	T/S, L
8/14/16		went to ER, the ER changed it to Anax which made infection come back	Refer to v.s. when eat
		Refer to Dr. Persens to drain and eat then follow up here for Baker + loop on L	

ALLERGIES:
~~_____~~
~~_____~~
~~_____~~

MEDICAL ALERT:
~~_____~~
~~_____~~
~~_____~~

TREATMENT RECORD

Name: Joanna Jin Patient #: 1222402 CPS #: _____ DR#: NASIN

Audit Information

Eligibility OK No
 Consent Signatures:
 C1 Need Have
 C2 Need Have
 C3 Need Have
 C4 Need Have
 Comments: _____

By _____ Auditor: _____
 Health History Signatures
 Need Have
 Financial Signatures
 Need Have
 Incomplete FA's, Chart to TC: _____

Balance Information

Collect This Visit: _____

Behavior Rating During Treatment	Chart Tracking:
<input type="checkbox"/> B1 _____	Date: _____/_____/____
<input checked="" type="checkbox"/> B2 _____	Appt: _____
<input type="checkbox"/> B3 _____	Sign In: _____
<input type="checkbox"/> B4 _____	Chart Up: _____
<input type="checkbox"/> B5 _____	Dismiss: _____
	FD By: _____

Doctor: NASIN # 121
 Reviewed Medical History
 Signed Consent Forms
 Assistant: _____

Post Operative Instructions Given
 Date: _____/_____/____
 Assistant: _____
 Parent Signature: _____

Topical Anesthetic
 Carp (s) 2% Lido w/epi 1:100,000
 Carp (s) Mepivacaine _____
 3% no epi
 Carp (s) _____ _____

Oral Hygiene Instructions
 Given Not Given
 Assistant: _____

IA Block ang Mental Infiltration
 PDL Intrapulpal Other

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
8-25-16		P.O. Check BTUC - Jpham. #K & #L infection & swelling did not go down w/ Amoxicillin pt. is still in pain. Planned Rr EXT #K & #L	
	K L	EXT - B abscess introral + extraoral. A cyst was removed with #1. Pt. sent to OS Rr enucleation Rx: Clindamycin 150mg TID Ten days Rx: motrin children 15 tsp q8hrs prn Rr pain	

ALLERGIES:

MEDICAL ALERT:

TREATMENT RECORD

Name: Avila Alejandri Patient #: 1169942 CPS #: _____ DR#: 152

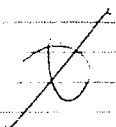
Audit Information Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No By _____ Auditor: _____ Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's. Chart to TC: _____		Balance Information Collect This Visit: _____ Behavior Rating During Treatment <input type="checkbox"/> B1 _____ <input type="checkbox"/> B2 _____ <input type="checkbox"/> B3 _____ <input checked="" type="checkbox"/> B4 <u>exam</u> <input checked="" type="checkbox"/> B5 _____	
Doctor: <u>DIAZ #152</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: <u>[Signature]</u>		Post Operative Instructions Given Date: <u>8-27-16</u> Assistant: <u>[Signature]</u> Parent Signature: <u>[Signature]</u>	

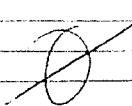
Oral Hygiene Instructions <input type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	<input checked="" type="checkbox"/> Topical Anesthetic + Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 + Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____ <input type="checkbox"/> <input type="checkbox"/> IA Block ang <input type="checkbox"/> Mental <input type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other
--	--

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
8/27/16		Emerg visit Date _____ Paid <u>35.00</u> Initials <u>SMOY</u> Exam Exam Log Rx: Amox 250/125 100ca 4/17	
8/27/16		3 Photos 4-20% 40% - 50% on 25mm 4-100% oral m, u, l, m.	
		I - ext (Abscess) I - band + loop made + u... delivery (2 photos)	W: (0) in 1 wk #152

Pls. call us to schedule
 Calculus print between # I, II.
 Menstruating avoid.

band + loop # I.

ALLERGIES:


MEDICAL ALERT:


TREATMENT RECORD

Name: Diaz, Fernanda Patient #: 1171522 CPS #: _____ DR#: 171

Audit Information Eligibility <input type="checkbox"/> OK <input type="checkbox"/> No Consent Signatures: C1 <input type="checkbox"/> Need <input type="checkbox"/> Have C2 <input type="checkbox"/> Need <input type="checkbox"/> Have C3 <input type="checkbox"/> Need <input type="checkbox"/> Have C4 <input type="checkbox"/> Need <input type="checkbox"/> Have Comments: _____		Balance Information Collect This Visit: _____	
By _____ Auditor: _____ Health History Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Financial Signatures <input type="checkbox"/> Need <input type="checkbox"/> Have Incomplete FA's, Chart to TC: _____		Behavior Rating During Treatment <input type="checkbox"/> B1 <input checked="" type="checkbox"/> B2 <u>ANXIOUS</u> <input type="checkbox"/> B3 <input type="checkbox"/> B4 <input type="checkbox"/> B5	Chart Tracking: Date: _____ Appt: _____ Sign In: _____ Chart Up: _____ Dismiss: _____ FD By: _____

Doctor: <u>NASIKI # 171</u> <input checked="" type="checkbox"/> Reviewed Medical History <input type="checkbox"/> Signed Consent Forms Assistant: _____	Post Operative Instructions Given Date: <u>08/30/16</u> Assistant: <u>A</u> Parent Signature: <u>[Signature]</u>	<input type="checkbox"/> Topical Anesthetic <input checked="" type="checkbox"/> Carp (s) 2% Lido w/epi <input type="checkbox"/> 1:100,000 <input type="checkbox"/> Carp (s) Mepivacaine 3% no epi <input type="checkbox"/> Carp (s) _____
Oral Hygiene Instructions <input checked="" type="checkbox"/> Given <input type="checkbox"/> Not Given Assistant: _____	<input checked="" type="checkbox"/> IA Block ang <input checked="" type="checkbox"/> Mental <input checked="" type="checkbox"/> Infiltration <input type="checkbox"/> PDL <input type="checkbox"/> Intrapulpal <input type="checkbox"/> Other	

Date	Tooth	Treatment, Procedures, Prescriptions, Etc.	Next Appointment
8/30/16		Recall Exam LOPA 2BW-C8UN plw film. Ohi. - C8UN	
		D.M.A. 1E0/1E0 WNL OH: poor Cavities: + O.A.I.P.I.E.T All primary first molars PA radiolucency 10 P.I.P.T.'s 4A N.I.M.S. 2FAI 30% 4T max B I L S B A S X B Band + loop #31 CKRAZ #31 #31	

30 B) Ag
 3 CARPS UNOCARRE

EXHIBIT B

9.16.16

Conference call with Irma Bishop, Eric Pagsanhan, Sheryl Lydon, Linda Gerhard

Issue: Bacterial contamination

Press Release issued by Fox News: 7 children who have been hospitalized for a potentially deadly bacterial infection after visiting a dental clinic in Southern California, and 500 more may be at risk. Based on previous outbreaks of the infection, oral cellulitis, health officials say the source may be contaminated water, the OC Register reported.

- Santa Ana's customer –
 - o Children's Dental Group, 2156 E. Lincoln, Anaheim, CA 92806
 - o Start of services 11.27.2013
 - o Account #1875418
- Services include:
 - o DI + RO – equipment believed to be involved in dental instrument sterilization
 - Contaminated instruments appear to be source of bacteria
 - o Basic RO

Our Equipment:

Located Upstairs – RO in the employee breakroom. Under the sink, connected to the POU, no faucet. No contact with public. Going upstairs requires code key access.

Located Downstairs – DI/RO system – source of water used for the autoclave and direct rinsing with patients mouths. There is a hose/spout from the system. The employees pour that water into a separate container, WATER DOES NOT FEED DIRECTLY FROM OUR SYSTEM TO THE RECEIVER (patient; autoclave; etc).

- Water is carried from our system to the autoclave
- Water is carried/fed into a receptacle for use on patients for rinsing
- Note – Eric and Dave Keeney, and Ken Ottenbacher were told by the people at the clinic that the water is transferred via plastic pitchers, 2 liter bottles and that mechanism is in question.

Water Testing – *microbacterium abscessus* (rare) is found to be the cause.

Our Testing – we tested the water for ecoli/coliform – test results found these to be absent in the sample – EXHIBITS A 1-3

OCHCA Testing - Their testing found that the water coming directly from our equipment in the sterilization area showed a numeric rating of 74. Per the OCHCA, anything 500+ is concerning, so the results on our equipment were extremely low. In contrast, samples taken from other areas of the clinic

having nothing to do with our equipment showed levels as from 660 – 16,000 – extremely high.

EXHIBITS B 1-5

- o Orange County Health Department
 - Dr. Eric Handler, Health Officer believes this has to do with the water source used at the clinic.
 - “As to why, we’re still investigating that”.
- o It was disclosed that kids have been getting sick since late April, early May 2016.
- o Water testing done by the Orange County Health Department on 9.7.16 shows water from our equipment in the sterilization room to reflect a numeric result of 74, well below the 500 threshold.
- o An email from Sam Guenbaum, CEO of Children’s Dental Group was sent to Rudy Saldana on 9.8.16 at 2:53pm requesting our immediate attention and notifying us that the CDC is addressing the situation.
- o Rudy forwarded the email to Dan Alexander on 9.8.16 at 3:02pm
- o Dan Alexander forwarded the email to Ken Ottenbacher, Rob Pendergraft, and David Keeney with CC to Eric Pagsanhan on 9.8.16 at 3:45pm.
- o 9.9.16 David Keeney went out to the site and took water samples from the DI/RO used in the sterilization process.

Outstanding:

1. If we get a request from media for interview – Who responds and what do we want them to say? What is our message?
 - a. Per CR 9.16.16- “No tests that have been performed by us or the OCHCA on our equipment or the water coming out from it showed any abnormalities. We continue to work with the clinic and the OCHCA to ensure the safety of the patients”.
 - b. What about on-camera media requests?
 - c. Eric P to communicate to his employees to direct any communication to him.
2. Eric conveyed during 9.16.16 conference call that he gets the feeling the clinic is trying to pin this problem on us.
 - a. We are filing with Custard as a ‘report only’ so we may fulfill our reporting requirements with our carrier.
3. OCHCA is waiting on a written plan for replacement of the current water system. This involves the complete replacement of all Culligan equipment as a safeguard.
 - a. Equipment removed to be bagged and stored securely at our dealership
4. Water sample taken prior to removal of equipment for future reference – sealed and secured.

EXHIBIT C

From: Wayne Taylor <WTaylor@cdgdental.com>
Sent: 1/19/2015 1:19:00 PM -0800
To: Samuel Gruenbaum <samuel.gruenbaum@gmail.com>
CC: John Fehmer <jfehmer@cdgdental.com>; Chris Sakamoto <csakamoto@cdgdental.com>
Subject: RE: Adult dental DDS production

Sam:

In the Adult Dept, Drs Siazon and Pasion are the treatment doctors, which is reflected in the higher \$ / Day average. Drs Guerrero and Wahby are strictly hygiene doctors. Dr Zar is also a hygiene doctor, with some limited treatment, but the majority of his schedule is HMO patients. Dr. Abraham works a limited schedule (one to 1.5 days per week) doing endodontic procedures for MediCal patients.

WT

From: Samuel Gruenbaum [mailto:samuel.gruenbaum@gmail.com]
Sent: Sunday, January 18, 2015 9:22 PM
To: Chris Sakamoto; Wayne Taylor
Cc: John Fehmer
Subject: Adult dental DDS production

Wayne:

In looking at the figures on the attached schedule of adult DDS production, I noticed some numbers that seemed low. Any special reason for the numbers?

Sam G.

323-702-3539

EXHIBIT D

FW: Feb Production Summary

Alma Herrera [aherrera@cdgdental.com]

Sent: Tuesday, April 14, 2015 2:49 PM

To: Greg Jacks [gregoryhjacks@gmail.com]

Attachments: Feb15-ProductionSummary.xlsx (24 KB)

FYI

From: Wayne Taylor

Sent: Thursday, March 05, 2015 11:57 AM

To: Office Managers; Administrative Team

Cc: John Fehmer; Chris Sakamoto; Dr. Corina Ramirez; Dr. Brindha Subramanian; Dr. Irina Tarnavsky; Dr. Jay Lutsky

Subject: Feb Production Summary

Office Managers: Total pedo production of \$1.6 million was -8.2% behind last year, with double-digit declines vs. LY in NW, SA and SJ. Visits were up 2.6%, and New patients were up 1.9%, breaking a five month trend of declines. For the year, total pedo production of \$3.3 million is down -6% from last year, with total patient visits up 4.3%. Only AH, SV and WH are ahead of LY on a YTD basis.

The Adult Dept saw 7% growth in production in Feb, in spite of a -4% decline in visits. For the year, the Adult Dept is up 7.9%, with a -2% decline in visits.

WT

EXHIBIT E

From: Maria Gonzalez <mgonzalez@cdgdental.com>
Sent: 3/10/2016 8:57:02 AM -0800
To: Jonathan Elosseini <JElosseini@cdgdental.com>; Dr. Jerry Minsky <JMinsky@cdgdental.com>
Subject: RE: Dr.Sheng

Good morning,

Jonathan, did you get my message about the video?

She worked with this patient for a total of like 2 minutes, the child did move and kick her legs to help herself up, she did manage to inject a little. Joyce did try and calm the kid but Dr.Sheng apparently say something that ended up in terminating the work. In my opinion, kid was not on the N2O2 long enough to get her sedated. I think Joyce probably asked Dr. Sheng to allow the gas to do its job but Dr. Sheng chose not to. I agree with Cristina that she is likely rescheduling patients without really trying but if I were making a decision on this case alone I would say other Docs would have done the same.

Jack Yeung, Peter Chen, Pamela Abraham, these Docs come to mind. I have not been able to get this kids account number to pull up her records.

Having said all of that, this has become a trend, according to Cristina, and she needs to help us understand what is going on. When I say us, I think perhaps Dr.Minsky or you.

Thanks

MG

From: Jonathan Elosseini
Sent: Thursday, March 10, 2016 12:48 AM
To: Dr. Jerry Minsky
Cc: Maria Gonzalez
Subject: FW: Dr.Sheng

Dr. Minsky,

I have made adjustments to the doctor schedule for Carson and am ok to proceed with terminating Dr. Sheng on my end. Please advise how you would like to proceed.

Thank you,

Jonathan Elosseini
Operations Director
Children's Dental Group
Mobile: [\(310\) 490-1278](tel:3104901278)
Email: jelosseini@cdgdental.com

Begin forwarded message:

From: "Cristina C. Perez" <CPerez@cdgdental.com>
Date: March 5, 2016 at 4:51:51 PM PST
To: Jonathan Elosseini <JElosseini@cdgdental.com>
Subject: **Dr.Sheng**

I know you have a lot in your plate – but I want to discuss Saturday doctor schedule.

Total production for Dr. Sheng today was \$2,061.00 – not only do we have challenges not giving her any Delta Dental patients, but she also re-schedules everything for OCS or IV. If you have a minute, can you please view camera recording for TX Room 2, time frame from 12:23pm to 12:25pm. This little girl was pulled for treatment, and in 2 minutes, Dr.Sheng canceled the appointment and recommended OCS or IV sedation only. Her reasoning, the patient is too big and she was kicking and moving out of control. If you view the video, you will notice that there is not "patient management" from Dr.Sheng, she simply stops the anesthetic process and cancels the appointment. Dr.Sheng saw a total of 11 patients, while Dr.Olex saw over 30 patients, this is completely unacceptable.

Dr.Sheng sat around most of the day, while Dr.Olex is jumping from chair to chair. A lot of it has to do with Dr.Sheng not being credential with Delta, but a large reason is for thing such as this one.

Saturday's can be very productive for Carson and we're losing so much opportunities..... this is driving me crazy.

Cristina

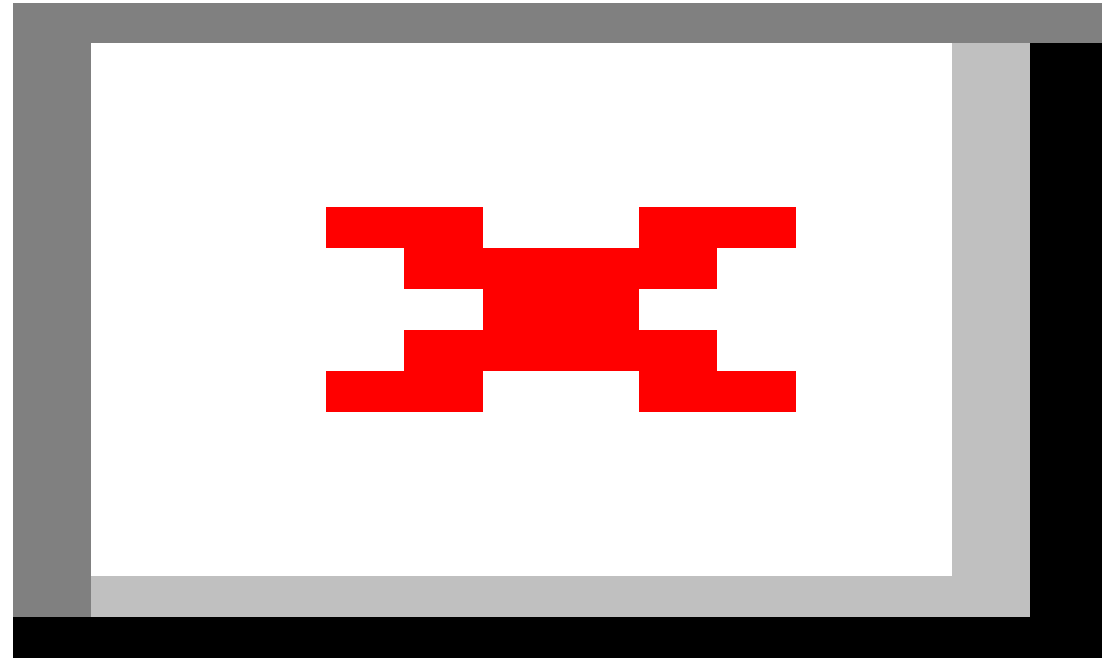


EXHIBIT F

From: Jonathan Elosseini <JElosseini@cdgdental.com>
Sent: 6/24/2016 4:34:46 PM -0700
To: Dr. Jerry Minsky <jerryminskydds@emailpros.net>
CC: Sam Gruenbaum <SGruenbaum@cdgdental.com>
Subject: Dr. Kong and Dr. Nasiri Concerns

Dr. Minsky,

Please see the table below for the average production per day for both Dr. Nasiri and Dr. Kong (Pedo) by month for 2016. As you can see, I have some concerns regarding the consistently low productivity from both doctors. Sam recommended that you perhaps spend some time observing these doctors in the offices and make an assessment as to whether or not they are the right fit for CDG. Let me know your thoughts.

FYI - company average for doctors in our Pedo practice is \$3683 Year-To-Date.

	Jan	Feb	Mar	Apr	May	Jun (MTD)	YTD
Dr. Kong	\$2,201	\$2,418	\$2,232	\$2,967	\$3,021	\$3,047	\$2,648
Dr. Nasiri	\$1,937	\$2,720	\$3,485	\$3,268	\$3,106	\$2,805	\$2,887

Hire dates:

Dr. Kong – 11/14/15

Dr. Nasiri – 12/10/15

Thank you,

Jonathan Elosseini

Operations Director

Children's Dental Group

Mobile: [\(310\) 490-1278](tel:(310)490-1278)

Email: jelosseini@cdgdental.com

EXHIBIT G

REMIT TO:
 Jerry Minsky, DDS, Tax ID 33-0111-411
 6720 E. Swarthmore Dr.
 Anaheim, Ca 92807
 Phone: 562-860-8330, Fax: 714-363-5441

Invoice

DATE	INVOICE #
7/31/2016	130

BILL TO
Sierra Pacific Consulting

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Professional Services	07-01-2016 TC w/Maria on inf control Ana	0.75	125.00	93.75
Professional Services	07-05-2016 TC w/ Elma and TC w/ Maria re inf control	1.25	125.00	156.25
Professional Services	07-08-2016. Mentor Dr. Kong in Carson 09:30-6pm. 30 min lunch	8	125.00	1,000.00
Professional Services	07-11-2016 Arrange OS for Anaheim pt.	3.5	125.00	437.50
Professional Services	07-12-2016 Mentor Dr. Nisiri in Anaheim,	3	125.00	375.00
Professional Services	07-13-2016. TC with Ryan, JDR Tech Service, sterilizer testing and repair re ANA, TC with Maria about JDR Co, waterline testing, TC with Greg Jacks on face to face int.	2	125.00	250.00
Professional Services	07-15-2016 Face to face interview corporate Dr. Laurel	2	125.00	250.00
Professional Services	07-15-2016, Face to face interview Dr. Adonis	1.25	125.00	156.25
Professional Services	07-15-2016 TC Sam Bd inquiry, backup suction, review Qtr Chart template	0.5	125.00	62.50
Professional Services	07-20-2016 TC w/ Maria on sterilizer and new RX laws per Triad Pharm (our compounding phamacy).	0.5	125.00	62.50
Professional Services	07-20-2016 TC w/ Jonathan on new RX laws per Triad Pharm (our compounding phamacy).	0.5	125.00	62.50

REMIT TO:
 Jerry Minsky, DDS, Tax ID 33-0111-411
 6720 E. Swarthmore Dr.
 Anaheim, Ca 92807
 Phone: 562-860-8330, Fax: 714-363-5441

Invoice

DATE	INVOICE #
7/31/2016	130

BILL TO
Sierra Pacific Consulting

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Professional Services	07-21-2016 Phone interview w/ Dr. Moussodian, Greg Jacks, and Shanaz Vyed	1	125.00	125.00
Professional Services	07-20-2016 TC w/ Ron, Pharmacist re new coumpound laws	0.5	125.00	62.50
Professional Services	07-21-2016, review and sign retainer and representation letter from Kalt, atty re purchase documents	0.5	125.00	62.50
Professional Services	07-22-2016, mentor Dr. Kong in Carson	2	125.00	250.00
Professional Services	07-22-2016, Mtg w/Sam and Dr. Diaz in AH	1	125.00	125.00
Professional Services	07-22-2016 Review records on DBC inquiry, AH	4.5	125.00	562.50
Professional Services	07-24-2016, review Dr. Olex notes	3	125.00	375.00
Professional Services	07-26-2016 Draft DBC response, Dr. Olex, ANA	1.25	125.00	156.25
Professional Services	07-29-2016, Mentor Dr. Kong in Carson	5	125.00	625.00
				-1,000.00

Page 2	Total	4,250.00
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EXHIBIT H

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF ORANGE - COMPLEX JUSTICE CENTER

COORDINATION PROCEEDING SPECIAL)	JUDICIAL COUNCIL
TITLE (RULE 3.350))	COORDINATION
)	PROCEEDING NO. 4917
)	
In Re: CHILDREN'S DENTAL GROUP)	
)	
_____)	

VIDEOTAPED DEPOSITION OF JERRY MINSKY, DDS
Costa Mesa, California
March 27, 2019
VOLUME I

Reported by:
CAROLYN GREGOR, CSR 2351, CRR, RMR, RDR
JOB NO. 3206787
PAGES 1 - 223

1 A Yeah, I just said that. I'm sorry, I don't. 12:58:49

2 Q Okay. No, don't be sorry. If you don't, that's 12:58:52

3 part of the rules that we play by here. So I'll be more

4 than happy to rephrase it or try and get the question out

5 in a better form.

6 A Thank you. 12:59:03

7 Q Would it be accurate to say that you became 12:59:04

8 aware of infections that were somewhat unusual occurring

9 as of July 1st, 2016, at Anaheim CDG?

10 A No. 12:59:18

11 Q Okay. When did you first become aware that 12:59:19

12 there was something going on with infections that were

13 somewhat unusual from Anaheim CDG patients?

14 A The only thing that I can reference is this 12:59:29

15 e-mail when I became aware that there was a concern

16 expressed by Elma. I cannot say whether they were

17 infections or cellulitis.

18 Q Okay. Did you go back and review the charts 12:59:41

19 that are mentioned here, the three charts that are

20 outlined in this e-mail?

21 A I believe I did. 12:59:49

22 Q Okay. Well, at that point, you would know 12:59:51

23 whether there were infections or not, true?

24 A If there was enough information from the doctor 12:59:56

25 for me to make a dental decision, then, yes.

EXHIBIT I

From: Jonathan Elosseini <JElosseini@cdgdental.com>
Sent: 10/26/2015 1:56:38 PM -0700
To: Dr. Jerry Minsky <jerryminskydds@emailpros.net>
CC: Maria Gonzalez <mgonzalez@cdgdental.com>
Subject: Re: High Importance, CDG Anaheim, Items that need correction before 11-4-2015 HMO audit

Confirmed

Jonathan Elosseini
Operations Director
Children's Dental Group
Mobile: (310) 490-1278
Email: jelosseini@cdgdental.com

On Oct 26, 2015, at 1:52 PM, Jerry Minsky, DDS - HIPAA Secure Email <jerryminskydds@emailpros.net> wrote:

Jonathan, please confirm that Elma has received the email specific to the corrections needed in Anaheim.
Thank you.

Sent from my Windows Phone

From: [Jonathan Elosseini](mailto:jelosseini@cdgdental.com)
Sent: 10/26/2015 12:09 PM
To: [Maria Gonzalez](mailto:mgonzalez@cdgdental.com); [Dr. Jerry Minsky](mailto:jerryminskydds@emailpros.net)
Subject: RE: High Importance, CDG Anaheim, Items that need correction before 11-4-2015 HMO audit

Hi Maria, In my previous experience, either a Clinical Director or Compliance Director would sent out an email/memo to all Managing Dentists and Office Managers with the requested items and any instructions. There was also a OSHA Compliance Auditor that would visit each office at least one per quarter and go through a checklist. The Auditor would score each office and share the results with the Office Manager, Managing Dentist and Flow Coordinator. Any failed audits were reported to the Regional Manager and Clinical Director and corrective action was taken. I know Kay has discussed potentially bringing on a OSHA Compliance Trainer/Auditor in her department to take on a similar role but the initial instructions and expectation should be set forth by executive management. Jonathan Elosseini Operations Director Children's Dental Group Mobile: (310) 490-1278 Email: jelosseini@cdgdental.com

From: Maria Gonzalez Sent: Monday, October 26, 2015 6:45 AM To: Dr. Jerry Minsky; Jonathan Elosseini Subject: RE: High Importance, CDG Anaheim, Items that need correction before 11-4-2015 HMO audit Good morning , Jonathan, can you educate me how this was handled in your previous experience? I suspect the proper protocol may be for you and to what ever degree you feel necessary to engage Kay. Just so you have background feedback lack of cleanliness has always been a concern in AH. Sam in SA appears to be more in tune with this in his office. SA has a heavier patient load than AH. What would you suggest ? Thank you, MG

From: Jerry Minsky, DDS - HIPAA Secure Email [jerryminskydds@emailpros.net] Sent: Sunday, October 25, 2015 3:48 PM To: Jonathan Elosseini; Maria Gonzalez Subject: High Importance, CDG Anaheim, Items that need correction before 11-4-2015 HMO audit 1. Barriers must be place on patient light

handles, patient light handle switches, and amalgamator control panels. They must be applied so they don't peel off. 2. Room one and two have broken amalgamator covers that need to be replaced. The amalgamators with broken covers must be replaced or repaired. If this cannot be completed by 11-4, the amalgamators with broken covers need to be removed from the treatment rooms and placed into a storage cabinet. 3. Floors in the bathroom are dirty. The bathrooms should be checked and cleaned throughout the day. 4. Amalgamator hygiene: The amalgam spill kit was not labeled. The amalgam spill kit storage area was labeled, however the spill kit was not in its proper place. Amalgam spill kit items need to be stored together. I had difficulty finding the scoop. The amalgam spill kit absorbent was the wrong kind. Alma Herrera has ordered the proper spill kit absorbent. Please contact her to obtain this absorbent. 5. Emergency kit. NO expired items. No used items are returned or placed in emergency kit. The emergency kit had a used glucose tube. This is an infection control hazard. The glucose must be single use. It should be replaced with a new tube each time it is used. All items cannot be expired. This include, band aids, thermometers, ammonia capsules, aspirin, syringes, etc. 6. Protective eyewear must be worn by all doctors. This is a Dental Board regulation. Doctors cannot keep extra masks or gloves in their pockets. Dr. Diaz was observed with masks in his pocket. 7. Language assistance signage must be present in the reception area (State law). 8. Dental Board signage about doctors licensing must be displayed in a nice frame. State Law. 9. Consent forms, Doctors must sign and date consent form before treatment is started and before sedation is given. The patients first and last name and chart number must be on each form. NO first name, last initial. The patient's parent or consent signer must sign and date all consent forms before sedation is given and before treatment starts. 10. Doctors must provide more treatment descriptions (type or name of cement used, the chemical used for the pulpotomy, comment regarding occlusion checked). 11. Doctors must date their own records. 12. Sedation records must be signed and dated by the doctors. (Dr. Abraham). 13. Dismissal time must be documented on the sedation record (Dr. Abraham). 14. Assistants must sign the sedation record. Jerry Minsky, DDS ---- HIPAA Secure Email Special Needs Dentistry with Hospital General Anesthesia (Sedation) PO Box 17430 Anaheim ,CA 92817 Phone: 562-860-8330 Fax : 714-363-5441 Website: jerryminskydds.com Click here for Secure Online Payment at our website Click here to download new patient forms Click here for Patient Financing Write a review on Yelp

EXHIBIT J

From: Dr. Jerry Minsky <JMinsky@cdgdental.com>
Sent: 7/13/2016 12:41:12 PM -0700
To: Maria Gonzalez <mgonzalez@cdgdental.com>; Dr. Jerry Minsky <jerryminskydds@emailpros.net>
Subject: RE: DR DIAZ

Yes, Sam needs to be advised.

If this is accurate and a doctor is not following infection control procedures it needs to be addressed.

From: Maria Gonzalez
Sent: Wednesday, July 13, 2016 10:28 AM
To: Dr. Jerry Minsky; Dr. Jerry Minsky
Subject: RE: DR DIAZ

Good morning,

Is there anything I need to do here?

Thank you
MG

From: Elma Irving
Sent: Wednesday, July 13, 2016 10:24 AM
To: Dr. Jerry Minsky; Dr. Jerry Minsky
Cc: Maria Gonzalez; Jonathan Elosseini
Subject: FW: DR DIAZ

Hi doc, here is that e-mail that you spoke to Claudia about yesterday just for the record.

Thank you,

Elma

From: Claudia Perez [mailto:c_perez87@yahoo.com]
Sent: Monday, July 11, 2016 2:06 PM
To: Elma Irving
Subject:

Hello Elma,

I'd like to share my thoughts with you about certain situations that have been coming up to my attention. There has been a few incidents that have happened with Dr. Diaz that I am not comfortable with. For Example, Dr. Diaz has told a few assistants including myself to have a "5 second rule" when instruments or anything falls on the floor. I've had a few conversations that have led to somewhat arguments with Dr. Diaz because he gets bothered when i either replace the instrument or go out and get a new one. He uses contaminated instruments to get pulp material out of Containers. He answers his phone with dirty gloves when working with patient. Another thing he does is when we hand him the curing light he does not like us putting the orange shield on. I have repeatedly told him is to protect our eyes, his reply is "just don't look at it, I'm the one curing it not you" I've told him he cant show the patient the curing light when its on because it can damage their eyes. On (7-7-16) He used an irrigation syringe on a patient then he saw blood splatter on his scrubs so he used that same syringe to put hydrogen peroxide on the stain. Another assistant told him that was not sanitary and that it was gross, he said "no its not, its just for now till i go home and change. He did the same thing twice. Thank you for hearing me out. Let me know if you have any questions.

Claudia Perez
(Anaheim)

EXHIBIT K

Children's Dental Meeting September 15, 2016

This meeting was called because of reports of some 8-10 children becoming ill with infections after Pulpotomy procedures performed at this dental office since late April to early May. The infections were not going away with normal antibiotics and some of the kids were hospitalized because of it. This meeting consisted of delegates from Children's Dental Group, Orange County Health Department, independent contractors and consultants.

Orange County Health Department, Doctors Zahn and Calvet had taken 53 test samples from various locations throughout the Children's dental office. As a result they narrowed the focus to the water supply. They had 6 samples in which the standard plate counts ranged from 610 – 16,000. They stated anything above 500 needs to be addressed. These 6 samples tested positive for a bacteria called Mycobacterium Abscessus. These samples seemed to point to the water unit tubes in the treatment rooms. The standard plate counts for the water from the Culligan system was low 70's and did not show and Mycobacterium Abscessus.

At this time, Doctors Zahn and Calvet of the Orange County Health Department have given a formal order to immediately stop the use of any water use for patient care. The Conditions of Isolation are attached.

There were a few concerns regarding SOPs of the handling of water and the refillable plastic containers that were used in the treatment rooms. The way the employees handled the tubing and non-sterilization of the bottles.

The Orange County Health Department, Doctors Zahn and Calvet would like all equipment that is in contact with the water supply inside the building removed and replaced.

The CEO of Children's Dental Group would like each company involved to submit a plan to remove and replace equipment. They would like this plan submitted to them by Wednesday September 21, 2016.

EXHIBIT L

Lori Stockton

From: Jonathan Elosseini
Sent: Monday, July 11, 2016 02:32 PM
To: Chris Sakamoto; Sam Gruenbaum
Subject: Fwd: IMPORTANT !!!
Attachments: UCI REPORT1.tif

FYI

Jonathan Elosseini
Operations Director
Children's Dental Group
Mobile: (310) 490-1278
Email: jelosseini@cdgdental.com

Begin forwarded message:

From: "Elma Irving" <ElIrving@cdgdental.com>
To: "Dr. Jerry Minsky" <JMinsky@cdgdental.com>, "Karla Morales" <KMorales@cdgdental.com>, "Dr. Jerry Minsky" <jerryminskydds@emailpros.net>
Cc: "Maria Gonzalez" <mgonzalez@cdgdental.com>, "Jonathan Elosseini" <JElosseini@cdgdental.com>
Subject: RE: IMPORTANT !!!

Ok, so mom was ok to get records tomorrow by afternoon.

She was here and gave me copies of the other visits, apparently she was referred for biopsy at UCI Irvine by the doctor that we referred her to but when she was at UCI she was sent to CHOC. CHOC then referred her to the OMS this morning, so patient has had the run around from all these places for the pathology. The latter was not a provider for medical so she was given the fees for pathology which mom didn't go through because of the fees.

Per the OMS this morning whatever mom decides to do she needs to do it ASAP because it is not a good thing to wait.

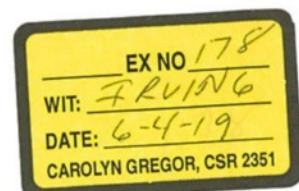
So she basically wants us to either pay for this or find her a place that will cover the procedure without any costs, she said she had already missed so many days of work and does not have any money.

Please advise, anyone knows a place where we can send them? Please look into this paper works I sent you.

Thank you,

Elma

From: Dr. Jerry Minsky



Sent: Monday, July 11, 2016 1:43 PM
To: Elma Irving; Karla Morales; Dr. Jerry Minsky; Cristina Cordova
Cc: Maria Gonzalez; Jonathan Elosseini
Subject: RE: IMPORTANT !!!

I spoke with Jonathan. He is going to followup with you shortly.

Sent from my Windows Phone

From: Elma Irving<<mailto:ElIrving@cdgdental.com>>
Sent: 7/11/2016 1:10 PM
To: Karla Morales<<mailto:KMorales@cdgdental.com>>; Dr. Jerry Minsky<<mailto:jerryminskydds@emailpros.net>>; Cristina Cordova<<mailto:ccordova@cdgdental.com>>
Cc: Dr. Jerry Minsky<<mailto:JMinsky@cdgdental.com>>; Maria Gonzalez<<mailto:mgonzalez@cdgdental.com>>; Jonathan Elosseini<<mailto:JElosseini@cdgdental.com>>
Subject: RE: IMPORTANT !!!

Hello, account number is #1073513 – Miguel Mercado.

Mom came upset about the bills that she has incurred on the pathology test and all the work days she is missing, she mentioned that we should take care of all of this for her since it all started when we did treatment on the patient . She also demanded the copy of records when she was told to give us 48 to 72 hours she mentioned it doesn't take that long to printout paper works I will be back to pick this up in a couple of hours.

Please advise if I can go ahead and print her copies.

Thank you,

Elma

From: Karla Morales
Sent: Monday, July 11, 2016 1:03 PM
To: Dr. Jerry Minsky; Cristina Cordova
Cc: Elma Irving; Dr. Jerry Minsky; Maria Gonzalez; Jonathan Elosseini
Subject: Re: IMPORTANT !!!

Dr. minsky,

Patients mother is requesting a copy of her records. My understanding is that she is at the office now, and I am wondering if you can review the chart notes to ensure what we give her a copy of is legit.

Cristina -

Can you please review the account (financial perspective) and ensure everything was entered and billed accordingly?

Elma would like to respond to the patient as soon as possible.

Please advise.

Karla Morales

On Jul 11, 2016, at 11:40 AM, Jerry Minsky, DDS - HIPAA Secure Email <jerryminskydds@emailpros.net<mailto:jerryminskydds@emailpros.net>> wrote:
If it is a Denti -cal dentist, the extraction and biopsy are a covered benefit.

Thank you.

Jerry Minsky, DDS, Ph: 562-860-8330
Sent from my Windows Phone

From: Elma Irving<mailto:ElIrving@cdgdental.com>

Sent: 7/11/2016 10:50 AM

To: Dr. Jerry Minsky<mailto:jerryminskydds@emailpros.net>; Dr. Jerry Minsky<mailto:JMinsky@cdgdental.com>

Cc: Maria Gonzalez<mailto:mgonzalez@cdgdental.com>; Jonathan Elosseini<mailto:JElosseini@cdgdental.com>; Karla Morales<mailto:KMorales@cdgdental.com>

Subject: FW: IMPORTANT !!!

Hi, I just received a call from the place where one of the patients is getting an extraction and biopsy mom told the facility that we're at fault and that we are going to pay for the patients fees for the extraction and biopsy. I confirmed with the staff and that there was in no time that we told mom we will cover for any expenses.

Please advise.

Thank you,

Elma

From: Elma Irving

Sent: Friday, July 08, 2016 3:39 PM

To: Dr. Jerry Minsky

Cc: Maria Gonzalez; Jonathan Elosseini; Karla Morales

Subject: FW: MISC !!!

Importance: High

Hi, just an update a couple of these patients were referred to the OS and according to the OS doctor they sent patient to get a pathology biopsy so as soon as results are received she will be calling us to let us know.

Thank you,

Elma

From: Elma Irving

Sent: Friday, July 01, 2016 11:25 AM

To: Dr. Jerry Minsky; Dr. Jerry Minsky

Cc: Maria Gonzalez; Jonathan Elosseini; Karla Morales

Subject: MISC !!!

Importance: High

Hello, in the last couple of weeks we have seen a handful of patients that had contracted infection from a treatment of pulp/ssc that was done at least 1 month ago. The odd part is that even when the doctor extracted the tooth that was in question the patients seem to not get rid of the infection and in fact they have developed some type of cellulitis around the area of extractions. Dr Diaz has referred a couple of them to an OS. Per Diaz it could be the instruments that we use are not properly sterile or could possibly the pulp (viscostat). Here are some accounts can you please review and let us know what you think can this be.

1073513 – pulp/ssc done by Diaz on 05/05/16 and extraction was done by Olex on 06/10/16 up until 06/30 their some cellulitis on the area of extractions

#1217003 – pulp./ssc done by Pham on 05/03/16 and extraction was done by Diaz on 06/08/16 up until 06/13 their some cellulitis on the area of extractions

#1062554 – pulp/ssc done by Pamela on 05/18/16 and extraction was done by Diaz on 06/21/16 up until 07/01 their some cellulitis on the area of extractions

Please advise.

Thank you,

Elma



EXHIBIT M

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SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF ORANGE - COMPLEX JUSTICE CENTER

COORDINATION PROCEEDING SPECIAL) JUDICIAL COUNCIL
TITLE (RULE 3.350)) COORDINATION
) PROCEEDING NO. 4917
)
IN RE: CHILDREN'S DENTAL GROUP)
)
)
)

VIDEOTAPED DEPOSITION OF MATTHEW M. ZAHN, M.D.
COSTA MESA, CALIFORNIA
WEDNESDAY, JULY 10, 2019
VOLUME I

JOB NO. 3401777
REPORTED BY:
CAROLYN GREGOR, CSR 2351, CRR, RMR, RDR
PAGES 1 - 166

1 overbroad.

2 Q BY MR. MULLEN: Do you understand my question? 15:05

3 A I got to repeat back your question and make sure 15:05

4 I understand what you're saying.

5 MR. MULLEN: Will you read it back to him, 15:05

6 please? I don't think I can say it again.

7 THE WITNESS: Well, how about if I repeat back 15:06

8 what I think you -- because I think --

9 Q BY MR. MULLEN: Tell me what you think I asked 15:06

10 you.

11 A I'm just making sure I get it right. 15:06

12 You're saying that if those bottles are not
13 cleaned regularly, there's the potential for biofilm to
14 form in those bottles. My answer to that would be yes.

15 If there is biofilm formed in those bottles,
16 could that be a potential source of contamination of the
17 water as it goes to the patient? The answer to that is
18 yes, that's a potential source to --

19 Q Okay. Let me ask you this: Once -- let's say 15:06

20 that water from the bottles gets into the system. Those
21 biofilms will cling onto the plastic or the rubber
22 tubing, correct? Isn't that what they do? They -- they
23 live on -- inside and on the tubing?

24 A There is the potential for biofilm forming at 15:06

25 any point along the lines of that -- of those systems.

1 changed or washed. Left in place overnight."

2 Do you know where you got that information?

3 A Interview of staff at CDG. 15:27

4 Q Do you know -- do you remember which staff? Was 15:27

5 it a dental assistant? Was it the office manager? Was

6 it Mr. Gruenbaum? Do you remember?

7 A It would have been directly from staff. Which 15:27

8 staff wouldn't -- I couldn't say. And I'm pretty sure we

9 asked multiple staff just to make sure that we had the --

10 we had the story correctly.

11 Q Did they volunteer this information, or did 15:28

12 you -- do you remember asking them?

13 A No, we asked them, sure. 15:28

14 Q Was that important to find out? 15:28

15 A Sure. 15:28

16 Q You don't ask unimportant questions when you're 15:28

17 investigating, right, or you --

18 A I try to avoid them. 15:28

19 Q Okay. And they said: No, we don't -- we don't 15:28

20 generally wash them and they are not changed; they stay

21 overnight.

22 Correct?

23 A Correct. 15:28

24 Q Does that cause you some concern for 15:28

25 contamination or --

1 MR. KELLY: Objection -- 15:28

2 Q BY MR. MULLEN: Or did it cause you concern at 15:28

3 that time?

4 A Um, yes. 15:28

5 Q Why? 15:28

6 A The concern was for potential contamination of 15:28

7 the water system. At that point, we were still figuring

8 out exactly how water systems were supposed to be

9 managed, you know, for general recommendations.

10 But leaving -- leaving in place overnight would

11 at least lend to the concern that you could have bacteria

12 accumulation in those bottles.

13 Q It could be like an incubator, correct? 15:29

14 MR. KELLY: Objection; vague and ambiguous. 15:29

15 THE WITNESS: It could be a source. 15:29

16 Q BY MR. MULLEN: A source. 15:29

17 If I take sterile water -- okay, there's no

18 bacteria in it -- and I leave it on this table overnight.

19 A In a sterile jar or a nonsterile jar? 15:29

20 Q In a sterile jar, everything is sterile about 15:29

21 it.

22 A Yeah. 15:29

23 Q And then I come back the next day, is it 15:29

24 possible that it could have some germs in it, some

25 bacteria?

1 A If both are truly stable, no, or sterile, no. 15:29

2 Q If it's sterile, no? 15:29

3 A Yeah. There -- if you have a sterile jar and a 15:29

4 sterile water, and you leave it overnight in a closed

5 system, you will not have bacteria.

6 Q How about -- what if it's open and it's just tap 15:29

7 water, but it's 70 --

8 A Sure. 15:30

9 Q -- it's 74 CFU's mL, or something along those 15:30

10 lines.

11 A If that's the case, then -- then -- 15:30

12 Q Could the bacteria count go up? I mean, would 15:30

13 it be possible that the water is going to be different

14 because you left it overnight?

15 MR. KELLY: Incomplete hypothetical. 15:30

16 THE WITNESS: It's a potential. 15:30

17 Q BY MR. MULLEN: Was there any testing done of 15:30

18 these bottles to see if they had any biofilm in them

19 or --

20 A Yes. 15:30

21 Q -- anything? 15:30

22 A Yeah. 15:30

23 Q What was done? 15:30

24 A Um, we -- I believe what we did is we swabbed 15:30

25 the bottles themselves, the inside of the bottles

EXHIBIT N

CONSENTIMIENTO PARA TRATAMIENTO DE ODONTOLOGIA PEDIATRICA

C2

NOMBRE: Nathan Castillo

NO. DE CUENTA: 1217512

1. ÓXIDO NITROSO

Iniciales: A.C.

Autorizo al dentista para que le administre óxido nitroso a mi niño durante su tratamiento dental. El óxido nitroso se utiliza para ayudar a mi niño a relajarse y para disminuir su ansiedad. Es posible que el óxido nitroso le provoque náuseas.

2. DROGAS Y MEDICAMENTOS

Iniciales: A.C.

Entiendo que los antibióticos y analgésicos pueden causar reacciones alérgicas tales como enrojecimiento e inflamación de los tejidos, dolor, comezón, vómito, y/o shock anafiláctico (reacción alérgica severa)

3. CAMBIOS DE TRATAMIENTO

Iniciales: A.C.

Entiendo que durante el curso de tratamiento puede haber cambios o adiciones debido a condiciones encontradas una vez empezando el trabajo dental, los cuales no fueron encontrados durante el examen inicial. Siendo el más común la endodoncia después de restauraciones rutinarias. Autorizo al dentista para que haga todos los cambios y adiciones necesarias, después de haberme informado y al estar yo de acuerdo con el costo de dichos cambios o adiciones.

4. ANESTÉSICO LOCAL

Iniciales: A.C.

Entiendo que el doctor utilizará un anestésico local para adormecer los tejidos alrededor del área de tratamiento. El uso de un anestésico local es necesario para controlar el dolor y las molestias asociadas con el tratamiento dental. El adormecimiento podría durar varias horas después del tratamiento y entiendo que debo vigilar a mi niño cuidadosamente y de seguir las instrucciones post-operativas para evitar que mi niño se muerda el interior de las mejillas o la lengua. Otros riesgos asociados con los anestésicos locales incluyen posibles reacciones alérgicas, oscurecimiento (hematoma) en el área de la inyección, adormecimiento por tiempo indefinido en el área de la inyección (parestesia), o palpitaciones del corazón.

5. RELLENOS

Iniciales: A.C.

El/la Dentista me explicó que la amalgama es un material y proceso aceptado por la ADA, y por lo tanto es un tipo de tratamiento otorgado en esta oficina. También me explicaron las ventajas y desventajas de utilizar otros materiales.

6. EXTRACCIONES (Sacar los dientes)

Iniciales: A.C.

Me han explicado las alternativas para evitar las extracciones (rellenos, coronas, tratamiento de endodoncia) y autorizo al dentista para que le haga las extracciones necesarias de acuerdo con el plan de tratamiento de mi niño. Entiendo que las extracciones no siempre curan la infección, y podría necesitar tratamiento adicional. Mi niño podría sentir dolor, inflamación y sangrado como resultado de las extracciones. Seguiré las instrucciones post-operativas que me dieron y estoy de acuerdo en comunicarme con esta oficina dental de inmediato si el estado o condición de mi niño no progresa de la manera esperada.

7. PULPOTOMÍAS (Tratamiento de nervio)

Iniciales: A.C.

Entiendo que una pulpotomía es necesaria cuando la caries ha penetrado la pulpa del diente, exponiendo el nervio. Este procedimiento previene la infección o ayuda a curarla si el diente ya está infectado. Los dentistas con frecuencia se refieren a este procedimiento como una canalización en un diente de leche. Este procedimiento tiene una efectividad del 90%. Si una pulpotomía fracasa, entiendo que podría ser necesario extraer el diente y colocar un aparato para mantener el espacio, hasta que salga el diente permanente. Si no se le hace la pulpotomía, mi niño podría perder el diente y/o padecer de infección e inflamación.

8. CORONAS

Iniciales: A.C.

Me han informado que mi niño necesita coronas en uno o más dientes. Entiendo que el doctor prefiere usar coronas de acero inoxidable, ya que son más fuertes y durables. También puedo pedir coronas blancas o que le pongan un material blanco a la corona de acero inoxidable (frente blanco), pero debo discutir estas opciones con el doctor y/o consejero de tratamiento para confirmar que mi niño es candidato para este tipo de coronas, ya que no siempre dan resultado. Si pido coronas blancas o frentes blancos y el doctor está de acuerdo, entiendo que mi seguro dental podría no cubrir los costos y yo sería responsable por el costo total.

Pida ver nuestro muestrario de fotografías.

9. MANTENIMIENTO DE ESPACIO

Iniciales: A.C.

Me han informado que se necesita colocar un aparato para mantener el espacio cuando se pierde un diente de leche antes de lo normal. Este aparato mantiene el espacio abierto para que el diente permanente pueda salir adecuadamente. Si no se coloca un aparato para mantener el espacio abierto, los dientes podrían moverse, causando que los dientes permanentes salgan torcidos o encimados. Cuando esto sucede, podría necesitarse tratamiento ortodóncico (frenos). Aunque el aparato para mantener el espacio no garantiza que los dientes saldrán derechos, entiendo que el no usarlo podría resultar en problemas de ortodoncia más severos y costosos, los cuales tardan más en corregirse. Pida ver nuestro muestrario de fotografías.

10. PLACA PARA DIENTES DELANTEROS

Iniciales: A.C.

Entiendo que las placas se usan para reemplazar dientes delanteros y que son importantes por varias razones. Primero, la placa ayudará a que mi niño mantenga una bonita sonrisa, y de esta manera evitara los complejos asociados con la apariencia de sus dientes. Además, la placa ayuda a prevenir el desarrollo de problemas de pronunciación y facilita la masticación adecuada de los alimentos. También entiendo que la placa no es necesaria para mantener el espacio para los dientes delanteros. Los dientes delanteros no tienden a moverse y es muy raro que haya consecuencias con los dientes permanentes delanteros. Por lo general no se recomienda utilizar una placa para reemplazar un solo diente. Me han informado que este tipo de placa podría no ser un beneficio cubierto por mi póliza de seguro dental, y que de ser así, yo sería totalmente responsable de su costo. Pida ver nuestro muestrario de fotografías.

11. USO DEL BAÑO

Iniciales: A.C.

Autorizo al dentista y/o a sus asistentes a llevar a mi niño/a al baño si esto fuera necesario.

12. PADRE, MADRE O GUARDIAN EN LA SALA DE TRATAMIENTO

Iniciales: A.C.

Me han informado que no estaré presente durante el tratamiento de mi niño (a).

Por medio de la presente pido y autorizo a los dentistas y su personal para que otorguen los servicios dentales necesarios a fin de mejorar la apariencia, función, y salud de la boca, dientes, hueso y tejidos de mi niño(a), de la manera que me fue explicado. Me han explicado ampliamente el efecto y naturaleza del proceso a llevarse a cabo, los riesgos involucrados, al igual que los métodos de tratamiento alternos. También autorizo al dentista y a sus asistentes para que efectúen cualquier otro procedimiento que juzguen necesario o recomendable al intentar mejorar o corregir la condición descrita en la forma de diagnóstico de tratamiento, y/o a atender condiciones insolubles e imprevistas encontradas durante el curso del tratamiento.

Se que la práctica de odontología no es una ciencia exacta, y por lo tanto quienes ejercen esta profesión no pueden garantizar los resultados. Reconozco que nadie me ha dado ningún tipo de garantía o seguridad sobre el tratamiento que por medio de la presente solicito y autorizo.

También entiendo que es mi responsabilidad informar al dentista si mi niño presenta problemas después del tratamiento, para que él o ella puedan ayudar a minimizar cualquier tipo de complicaciones.

Me han explicado las alternativas y reacciones posibles clara y detalladamente. También me explicaron claramente sobre complicaciones tales como infección, hemorragia y/o sangrado, eicitización, contracciones, posibles deformidades, prolongación en el período de recuperación, reacciones a cualquier droga o medicamento antes, durante y después del procedimiento, adormecimiento o comezón en la lengua, labio, dientes, tejidos (parestesia), fracturas de la quijada, etc.

CERTIFICO QUE HE LEIDO Y ENTENDO COMPLETAMENTE ESTE CONSENTIMIENTO DE TRATAMIENTO DENTAL Y QUIE RECIBÍ LAS EXPLICACIONES COMO EN ESTE SE INDICAN. TODO LO QUE NO ENTENDE ME FUE EXPLICADO.

Firma: Araceli Castillo Parentesco: Mama Fecha: 2-13-16

Doctor: _____ Testigo: _____ Fecha: _____

CONSENTIMIENTO PARA TRATAMIENTO DE ODONTOLOGIA PEDIATRICA

C2

NOMBRE: Nathan Castillo

NO. DE CUENTA: 1217512

1. ÓXIDO NITROSO

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Iniciales: A.C.

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Iniciales: A.C.

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Iniciales: A.C.

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Iniciales: A.C.

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Iniciales: A.C.

8. CORONAS

Me han informado que mi niño necesita coronas en uno o más dientes. Entiendo que el doctor prefiere usar coronas de acero inoxidable, ya que son más fuertes y durables. También puedo pedir coronas blancas o que le pongan un material blanco a la corona de acero inoxidable (frente blanco), pero debo discutir estas opciones con el doctor y/o consejero de tratamiento para confirmar que mi niño es candidato para este tipo de coronas, ya que no siempre dan resultado. Si pido coronas blancas o frentes blancos y el doctor está de acuerdo, entiendo que mi seguro dental podría no cubrir los costos y yo sería responsable por el costo total.

Iniciales: A.C.

Pida ver nuestro muestrario de fotografías.

9. MANTENIMIENTO DE ESPACIO

Me han informado que se necesita colocar un aparato para mantener el espacio cuando se pierde un diente de leche antes de lo normal. Este aparato mantiene el espacio abierto para que el diente permanente pueda salir adecuadamente. Si no se coloca un aparato para mantener el espacio abierto, los dientes podrían moverse, causando que los dientes permanentes salgan torcidos o encimados. Cuando esto sucede, podría necesitarse tratamiento ortodóncico (frenos). Aunque el aparato para mantener el espacio no garantiza que los dientes saldrán derechos, entiendo que el no usarlo podría resultar en problemas de ortodoncia más severos y costosos, los cuales tardan más en corregirse. Pida ver nuestro muestrario de fotografías.

Iniciales: A.C.

10. PLACA PARA DIENTES DELANTEROS

Entiendo que las placas se usan para reemplazar dientes delanteros y que son importantes por varias razones. Primero, la placa ayudará a que mi niño mantenga una bonita sonrisa, y de esta manera evitará los complejos asociados con la apariencia de sus dientes. Además, la placa ayuda a prevenir el desarrollo de problemas de pronunciación y facilita la masticación adecuada de los alimentos. También entiendo que la placa no es necesaria para mantener el espacio para los dientes delanteros. Los dientes delanteros no tienden a moverse y es muy raro que haya consecuencias con los dientes permanentes delanteros. Por lo general no se recomienda utilizar una placa para reemplazar un solo diente. Me han informado que este tipo de placa podría no ser un beneficio cubierto por mi póliza de seguro dental, y que de ser así, yo sería totalmente responsable de su costo. Pida ver nuestro muestrario de fotografías.

Iniciales: A.C.

11. USO DEL BAÑO

Autorizo al dentista y/o a sus asistentes a llevar a mi niño/a al baño si esto fuera necesario.

Iniciales: A.C.

12. PADRE, MADRE O GUARDIAN EN LA SALA DE TRATAMIENTO

Me han informado que no estaré presente durante el tratamiento de mi niño (a).

Iniciales: A.C.

Por medio de la presente pido y autorizo a los dentistas y su personal para que obtengan los servicios dentales necesarios a fin de mejorar la apariencia, función y salud de la boca, dientes bucales y tejidos de mi niño (a), de la manera que me fue explicado. Me han explicado ampliamente el efecto y naturaleza del proceso a llevarse a cabo, los riesgos involucrados, al igual que los beneficios de tratamiento ofrecidos. También autorizo al dentista y a sus asistentes para que efectúen cualquier otro procedimiento que juzguen necesario o recomendable al intentar mejorar o otorgar la condición deseada en la forma de diagnóstico de tratamiento, y/o atender condiciones insolubles e imprevisibles encontradas durante el curso del tratamiento.

Se que la práctica de odontología no es una ciencia exacta, y por lo tanto quienes ejercen esta profesión no pueden garantizar los resultados. Reconozco que nadie me ha dado ningún tipo de garantía o seguridad sobre el tratamiento que por medio de la presente solicito y autorizo.

También entiendo que es mi responsabilidad informar al dentista si mi niño presenta problemas después del tratamiento, para que él o ella puedan ayudar a minimizar cualquier tipo de complicaciones.

Me han explicado las alternativas y reacciones posibles clara y detalladamente. También me explicaron claramente sobre complicaciones tales como infección, hemorragia y/o sangrado, cicatrización, contracciones, posibles deformidades, prolongación en el periodo de recuperación, reacciones a cualquier droga o medicamento antes, durante y después del procedimiento, adormecimiento o comezón en la lengua, labios, dientes, tejidos (parestesia), fracturas de la quijada, etc.

CERTIFICO QUE HE LEÍDO Y ENTENDÍ COMPLETAMENTE ESTE CONSENTIMIENTO DE TRATAMIENTO DENTAL Y QUE RECIBÍ LAS EXPLICACIONES COMO EN ESTE SE INDICAN. TODO LO QUE NO ENTENDÍ ME FUE EXPLICADO

Firma: Araceli Castillo

Parentesco: Mamá

Fecha: 2-12-16

Doctor: [Signature]

Testigo: [Signature] Fecha: 5-9-16

EXHIBIT O

From: "Plevin, Rebecca" <rplevin@scpr.org>
Sent: 9/21/2016 2:56:56 PM -0700
To: Sam Gruenbaum <SGruenbaum@cdgdental.com>
Subject: Re: From KPCC

Thanks, Sam, for your quick response.

A couple more questions: Do you have an idea of how many kids received pulpotomies at Children's Dental Group in Anaheim since April 1?

Also, is it correct to call a pulpotomy a baby root canal or a baby tooth root canal? I've seen this in other reports.

Thanks. I'm on deadline for this afternoon.

Rebecca Plevin
Health Reporter

Southern California Public Radio
89.3 KPCC
847-269-7401 (cell)
@rebeccaplevin

On 9/21/16, 1:24 PM, "Sam Gruenbaum" <SGruenbaum@cdgdental.com> wrote:

>Rebecca, thank you for coming to us with your question. We are working
>closely with the families involved, including providing copies of
>patient's charts when requested. It usually takes about a day to
>complete this process. We are not withholding charts.

>Sam Gruenbaum

>

>From: Plevin, Rebecca [rplevin@scpr.org]
>Sent: Wednesday, September 21, 2016 11:03 AM
>To: Sam Gruenbaum
>Subject: From KPCC

>

>Hi Sam -

>

>I'm a reporter for KPCC, the NPR station in LA. Last week, we ran a story
>about your clinic, and it included a quote from the father of the
>4-year-old girl who was hospitalized with a mycobacterial infection. It
>says he tried to get his daughter's medical records, but the clinic
>refused to hand them over.

>

>I wanted to follow up and see if the clinic is giving parents kids'
>medical records or withholding them? Any clarity on this would be greatly
>appreciated. This is for something I'm working on for this afternoon.

>
>Thanks in advance I look forward to hearing from you,
>Rebecca
>
>
>
>Rebecca Plevin
>Health Reporter
>
>Southern California Public Radio
>89.3 KPCC
>847-269-7401 (cell)
>@rebeccaplevin
>
>

EXHIBIT P

Lori Stockton

From: Jonathan Elosseini
Sent: Monday, July 11, 2016 02:32 PM
To: Chris Sakamoto; Sam Gruenbaum
Subject: Fwd: IMPORTANT !!!
Attachments: UCI REPORT1.tif

FYI

Jonathan Elosseini
Operations Director
Children's Dental Group
Mobile: (310) 490-1278
Email: jelosseini@cdgdental.com

Begin forwarded message:

From: "Elma Irving" <ElIrving@cdgdental.com>
To: "Dr. Jerry Minsky" <JMinsky@cdgdental.com>, "Karla Morales" <KMorales@cdgdental.com>, "Dr. Jerry Minsky" <jerryminskydds@emailpros.net>
Cc: "Maria Gonzalez" <mgonzalez@cdgdental.com>, "Jonathan Elosseini" <JElosseini@cdgdental.com>
Subject: RE: IMPORTANT !!!

Ok, so mom was ok to get records tomorrow by afternoon.

She was here and gave me copies of the other visits, apparently she was referred for biopsy at UCI Irvine by the doctor that we referred her to but when she was at UCI she was sent to CHOC. CHOC then referred her to the OMS this morning, so patient has had the run around from all these places for the pathology. The latter was not a provider for medical so she was given the fees for pathology which mom didn't go through because of the fees.

Per the OMS this morning whatever mom decides to do she needs to do it ASAP because it is not a good thing to wait.

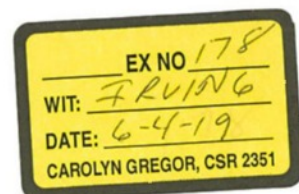
So she basically wants us to either pay for this or find her a place that will cover the procedure without any costs, she said she had already missed so many days of work and does not have any money.

Please advise, anyone knows a place where we can send them? Please look into this paper works I sent you.

Thank you,

Elma

From: Dr. Jerry Minsky



Sent: Monday, July 11, 2016 1:43 PM
To: Elma Irving; Karla Morales; Dr. Jerry Minsky; Cristina Cordova
Cc: Maria Gonzalez; Jonathan Elosseini
Subject: RE: IMPORTANT !!!

I spoke with Jonathan. He is going to followup with you shortly.

Sent from my Windows Phone

From: Elma Irving<<mailto:ElIrving@cdgdental.com>>
Sent: 7/11/2016 1:10 PM
To: Karla Morales<<mailto:KMorales@cdgdental.com>>; Dr. Jerry Minsky<<mailto:jerryminskydds@emailpros.net>>; Cristina Cordova<<mailto:ccordova@cdgdental.com>>
Cc: Dr. Jerry Minsky<<mailto:JMinsky@cdgdental.com>>; Maria Gonzalez<<mailto:mgonzalez@cdgdental.com>>; Jonathan Elosseini<<mailto:JElosseini@cdgdental.com>>
Subject: RE: IMPORTANT !!!

Hello, account number is #1073513 – Miguel Mercado.

Mom came upset about the bills that she has incurred on the pathology test and all the work days she is missing, she mentioned that we should take care of all of this for her since it all started when we did treatment on the patient . She also demanded the copy of records when she was told to give us 48 to 72 hours she mentioned it doesn't take that long to printout paper works I will be back to pick this up in a couple of hours.

Please advise if I can go ahead and print her copies.

Thank you,

Elma

From: Karla Morales
Sent: Monday, July 11, 2016 1:03 PM
To: Dr. Jerry Minsky; Cristina Cordova
Cc: Elma Irving; Dr. Jerry Minsky; Maria Gonzalez; Jonathan Elosseini
Subject: Re: IMPORTANT !!!

Dr. minsky,

Patients mother is requesting a copy of her records. My understanding is that she is at the office now, and I am wondering if you can review the chart notes to ensure what we give her a copy of is legit.

Cristina -

Can you please review the account (financial perspective) and ensure everything was entered and billed accordingly?

Elma would like to respond to the patient as soon as possible.

Please advise.

Karla Morales

On Jul 11, 2016, at 11:40 AM, Jerry Minsky, DDS - HIPAA Secure Email <jerryminskydds@emailpros.net<mailto:jerryminskydds@emailpros.net>> wrote:
If it is a Denti -cal dentist, the extraction and biopsy are a covered benefit.

Thank you.

Jerry Minsky, DDS, Ph: 562-860-8330
Sent from my Windows Phone

From: Elma Irving<mailto:ElIrving@cdgdental.com>

Sent: 7/11/2016 10:50 AM

To: Dr. Jerry Minsky<mailto:jerryminskydds@emailpros.net>; Dr. Jerry Minsky<mailto:JMinsky@cdgdental.com>

Cc: Maria Gonzalez<mailto:mgonzalez@cdgdental.com>; Jonathan Elosseini<mailto:JElosseini@cdgdental.com>; Karla Morales<mailto:KMorales@cdgdental.com>

Subject: FW: IMPORTANT !!!

Hi, I just received a call from the place where one of the patients is getting an extraction and biopsy mom told the facility that we're at fault and that we are going to pay for the patients fees for the extraction and biopsy. I confirmed with the staff and that there was in no time that we told mom we will cover for any expenses.

Please advise.

Thank you,

Elma

From: Elma Irving

Sent: Friday, July 08, 2016 3:39 PM

To: Dr. Jerry Minsky

Cc: Maria Gonzalez; Jonathan Elosseini; Karla Morales

Subject: FW: MISC !!!

Importance: High

Hi, just an update a couple of these patients were referred to the OS and according to the OS doctor they sent patient to get a pathology biopsy so as soon as results are received she will be calling us to let us know.

Thank you,

Elma

From: Elma Irving

Sent: Friday, July 01, 2016 11:25 AM

To: Dr. Jerry Minsky; Dr. Jerry Minsky

Cc: Maria Gonzalez; Jonathan Elosseini; Karla Morales

Subject: MISC !!!

Importance: High

Hello, in the last couple of weeks we have seen a handful of patients that had contracted infection from a treatment of pulp/ssc that was done at least 1 month ago. The odd part is that even when the doctor extracted the tooth that was in question the patients seem to not get rid of the infection and in fact they have developed some type of cellulitis around the area of extractions. Dr Diaz has referred a couple of them to an OS. Per Diaz it could be the instruments that we use are not properly sterile or could possibly the pulp (viscostat). Here are some accounts can you please review and let us know what you think can this be.

1073513 – pulp/ssc done by Diaz on 05/05/16 and extraction was done by Olex on 06/10/16 up until 06/30 their some cellulitis on the area of extractions

#1217003 – pulp./ssc done by Pham on 05/03/16 and extraction was done by Diaz on 06/08/16 up until 06/13 their some cellulitis on the area of extractions

#1062554 – pulp/ssc done by Pamela on 05/18/16 and extraction was done by Diaz on 06/21/16 up until 07/01 their some cellulitis on the area of extractions

Please advise.

Thank you,

Elma



PROOF OF SERVICE
COORDINATION PROCEEDING
Special Title:
CHILDREN'S DENTAL GROUP CASES

Judicial Council Coordination No JCCP 4917
Orange County Superior Court, Civil Complex Center

STATE OF CALIFORNIA, COUNTY OF ORANGE

I am over the age of 18, employed in the County of Orange, State of California, and not a party to the within action. My business address is 9210 Irvine Center Drive, Irvine, California 92618.

On July 30, 2019, the document(s) entitled: **SUPPLEMENTAL FILING IN FURTHER SUPPORT OF PLAINTIFFS' MOTION FOR LEAVE TO FILE AMENDED COMPLAINT TO CLAIM PUNITIVE DAMAGES AGAINST THE CDG DEFENDANTS PURSUANT TO CODE OF CIVIL PROCEDURE SECTION 425.13** was served on the interested parties in this action by placing true copies thereof to be delivered/addressed as follows:

[SEE ATTACHED SERVICE LIST]

- BY ELECTRONIC SERVICE ONLY VIA THE CASE ANYWHERE SYSTEM: I transmitted a true copy of the above entitled documents(s) to the Case Anywhere for service and notification on all parties as registered pursuant to the Case Management Order.
- STATE: I declare under penalty of perjury under the laws of the State of California that the above is true and correct. Executed on July 30, 2019 at Irvine, California.



Val Kesler

Electronic Service List

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 Case Info: **JCCP 4917, Orange County Superior Court**

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