

Patient

Patient Alias:
ASBAGHI,HOUMAN

Authorization to Release Protected Health Information - Scan on 4/22/2025 1101 (below)

		*MRN: _____ Facility Use Only	
Request /Authorization for Health Information (Medical Records)			
Patient Information			
*Patient Name: Hooman A Asbaghi		Also known as: _____	
*Date Of Birth: / / 01/04/1966		*Telephone: () -619-642-9545	
*Record Holder: Who has the information you want released?			
☐ Scripps Health Scripps Green		☐ Healthcare facility if not Scripps (include Facility Name, MD office address):	
*Release Records to: Where do you want records sent? Who do you want to receive records?			
☐ OTHER (Complete section below)			
Name Hooman Asbaghi		Phone: 619-642-9545	
Street Address 200 Harbor Dr #2902		City San Diego	State CA Zip 92101
FAX: _____		Email: Hooman.Asbaghi@mmimemical.com	
*I would like the Health Information:			
Sent as a ☐ CD ☐ Paper ☐ Faxed ☒ E-Mailed ☐ Secured ☒ Unsecured			
*Health Information to be Released: What do you want sent or released?			
Routine Record Sets - For Dates of Service: FROM: 10/09/2015 TO: 10/11/2015			
☒ Hospital Stay (History and physical, operative report, discharge summary, progress notes, lab, radiology reports)			
☐ Clinic Visit (office notes, procedure notes, operative notes, lab, diagnostic and radiology reports)			
☐ ED Visit (Dictation/notes, lab and radiology reports) ☒ Other Records (Please Specify): list of implanted parts			
☒ Radiology Images Sent as: ☐ CD ☒ Nucleus.io Imaging Cloud (**valid email must be provided above)			
Sensitive Information - I Specifically authorize release of:			
☐ Mental Health Records		☐ Drug & Alcohol Treatment Records	
		☐ HIV Test Results	
*Purpose/ Use of the Information:			
☐ Continued Care ☐ Legal ☐ Personal ☒ Other: If invstgtv parts, who authorized??			
Name/Signature of Patient or Authorized Representative			
*Printed Name: Hooman Asbaghi		*Date/Time: 04/22/2025	
*Signature: _____			
If signed by other than patient, indicate authorization: ☐ DPOA ☐ DPR ☐ Parent/ Legal Guardian			
☐ Other: _____			
Witness (Required if Signed by other than patient) :			
All * items need to be completed prior to fulfilling request			
Facility Use Only Records given to Requestor ☐ Initials & Corp ID Scanned to Patient Chart ☐ Initials & Corp ID			

Page 1 of 2

ROI 100-6700-7395W

WHITE - Medical Record Copy YELLOW - Requestor Copy

100-6700-7395W (Rev. 10/15/21)

Patient (continued)

Abeyta, Lanie

From: hooman <Hooman.Asbaghi@mmimedical.com>
Sent: Tuesday, April 22, 2025 2:39 AM
To: Centralized Release of Information Center
Subject: [External] Medical records request
Attachments: request-for-medical-records-scripps-health-100-8700-739sw (1) 2.pdf; publicKey - Hooman.Asbaghi@mmimedical.com - 0x27AAFDFA.asc; signature.asc

Dear Scripps Records,

Please email me the details of my hip replacement surgery of October 9, 2015 and bill my online account so I can pay it immediately. I'd be grateful if you'd do it as soon as possible. Thank you

Hooman Asbaghi

1

Demographics

Name: Hooman A Asbaghi
Address: 200 HARBOR DR UNIT 2902 SAN DIEGO CA 92101-6894
Date of birth: 1/4/1966
Aliases: ASBAGHI,HOUMAN
Ethnic background: Iranian
Mobile: 619-642-9545
Legal sex: Male
Ethnicity: Not Hispanic, Latino/a, or Spanish origin
Language: English
Gender identity: Male
Race: White
Email: hooman.asbaghi@mmimedical.com

Relationships

Name	Relation to Patient	Phone Number
Hosseiniyan,Alireza	Friend	Mobile: 617-438-6777

Patient (continued)**Demographics (continued)**

Hosseinian,Alireza	Friend	Mobile: 617-437-6888
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Address History

Change	Street	City	County	State	Zip	Country
01/25/2025	200 HARBOR DR UNIT 2902	SAN DIEGO	SAN DIEGO	California	92101-6894	United States of America
12/24/2024	200 E harbor Dr apt 2902	SAN DIEGO	SAN DIEGO	California	92101-3327	United States of America
01/03/2023	1205 PACIFIC HWY	SAN DIEGO	SAN DIEGO	California	92101-3327	United States of America
01/31/2022	1205 Pacific Highway unit 705	San Diego	SAN DIEGO	California	92101	United States of America
10/14/2020	888 West E street Apt 1306	San Diego	SAN DIEGO	California	92101	United States of America
08/28/2019	2500 6th Ave Unit	San Diego	SAN DIEGO	California	92103-6636	United States of America
08/28/2019	2500 6th Ave. Apt#1008	SAN DIEGO	SAN DIEGO	California	92103	United States of America
10/24/2017	1414 Muirlands DR	La Jolla	SAN DIEGO	California	92037	United States of America
02/17/2017	2500 SIXTH AVE UNIT 1008	SAN DIEGO	—	California	92103-6636	—

Individual Documents**ROI Archive - Scan on 4/23/2025 0818: 254765740**

Scan (below)

Patient (continued)

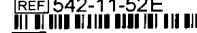
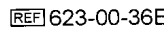
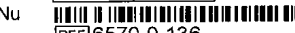
Individual Documents (continued)



IMPLANT RECORD

ASBAGHI, HOOMAN A
MRN: 603771342 DOB: 01/04/1966 M/49
10/09/15 NPR ACCT: 615025400
WALKER, RICHARD HUGH MD

SCRIPPS GREEN HOSPITAL, LA JOLLA

Unit: ☐ ASE ☐ ASC ☐ CVL ☐ Endo ☐ Int. Rad. ☒ Main O.R. Other: _____													
Procedure: <u>Right Total Hip Arthroplasty</u>													
Implant Site: Item N: Trident® PSL® HA ☐ 2020-06 Manufe Cluster Acetabular Shell Ref/Ca <table border="1"><tr><th>SIZE</th><th>ALPH CDE</th></tr><tr><td>52mm</td><td>E</td></tr></table> Serial I  Lot Nu  Expirat  Quantity: <u>1</u> Circle one: _____ Explanted Defect Size	SIZE	ALPH CDE	52mm	E	Implant Site: Item N: Secur-Fit® Advanced ☐ 2018-10 Manufe 127° Neck Angle V40™ Hip Stem Ref/Ca <table border="1"><tr><th>SIZE</th><th>NK LNTH</th><th>STM LNTH</th><th>TPR</th></tr><tr><td>#9</td><td>36mm</td><td>142mm</td><td>V40™</td></tr></table> Serial I  Lot Nu  Expira  Quantity: <u>1</u> Circle one: _____ Explanted Defect Size	SIZE	NK LNTH	STM LNTH	TPR	#9	36mm	142mm	V40™
SIZE	ALPH CDE												
52mm	E												
SIZE	NK LNTH	STM LNTH	TPR										
#9	36mm	142mm	V40™										
Implant Site: Item Trident® X3® ☐ 2020-08-16 Man 0° Polyethylene Insert Ref/ <table border="1"><tr><th>ID</th><th>ALPH CDE</th></tr><tr><td>36mm</td><td>E</td></tr></table> Seri:  Lot I  Expi  Quantity: <u>1</u> Circle one: _____ Explanted Defect Size	ID	ALPH CDE	36mm	E	Implant Site: Item Nam BioloX® delta ☐ 2020-07 Manufact Ceramic V40™ Femoral Head Ref/Catal <table border="1"><tr><th>OD</th><th>NK LNTH</th></tr><tr><td>36mm</td><td>+0mm</td></tr></table> Serial Nu  Lot Numt  Expiration  Quantity: <u>1</u> Circle one: _____ Explanted Defect Size	OD	NK LNTH	36mm	+0mm				
ID	ALPH CDE												
36mm	E												
OD	NK LNTH												
36mm	+0mm												
Implant Site: Item Name: Manufacturer: Ref/Catalog No./Model: Serial Number: Lot Number: Expiration Date: Quantity: Circle one: _____ Explanted Defect Size	Implant Site: Item Name: Manufacturer: Ref/Catalog No./Model: Serial Number: Lot Number: Expiration Date: Quantity: Circle one: _____ Explanted Defect Size												

RN Signature Kay Anthony **Printed Name or Corporate ID** _____
OR Room No. 7 **Date** 10-9-15 **Time** _____



1IMPR

WHITE - Chart CANARY - Log PINK - Billing GOLDENROD - Implant Record Copy 100-7420-772SW (2/1/13)

Patient Communication

☐ Not Released

☒ Not seen

10/12/2015 - Conversion Encounter in Scripps Clinic Torrey Pines Orthopedic Surgery

Imaging - LMR

10/12/2015 - Conversion Encounter in Scripps Clinic Torrey Pines Orthopedic Surgery (continued)

Imaging - LMR (continued)

Imaging

X-ray pelvis 1 view [407791124]

Resulted: 10/12/15 1655, Result status: Final result

Accession number: 15692554

Resulting lab: FOUNDATION LAB SYSTEM

Narrative:

SCRIPPS GREEN HOSPITAL RADIOLOGY
Scripps Clinic Radiology Medical Group
10666 North Torrey Pines Road La Jolla, CA 92037
Telephone: 858-554-2626 FAX: 858-554-2742

Pt Name: ASBAGHI, HOOMAN A Age:49 Sex:M Dob:01/04/1966
Corp MR: 603771342 MR No: 603771342 Dos: 10/09/2015 Pt Type: IP
Ordering Dr: RICHARD HUGH WALKER MD RMS Ord No: 90006 Rm: -
Attending Dr: RICHARD HUGH WALKER MD Acct No: 615025400 HB: TP
IDX Order:23811601 Pacs Acc: 15692554

*****Final Report*****

IMPRESSION:

1. Expected postoperative appearance status post right total hip arthroplasty.
2. Mild left hip osteoarthritis.

CC Dr: P: F:

EXAMINATION: PELVIS 1 VIEW

PROCEDURE DATE AND TIME: 10/9/2015 10:50:00
CPT: 72170 GD PELVIS 1VW

HISTORY: Right hip arthroplasty.

COMPARISON EXAM (S): Pelvis radiograph, 09/10/2015

TECHNIQUE: Standard

FINDINGS:

There has been interval right total hip arthroplasty. Hardware alignment is adequate without evidence of complication. No acute displaced fracture is noted. There is no periosteal reaction or osseous destruction. There is a small amount of postoperative gas about the right hip joint. There is mild left hip osteoarthritis. A Foley catheter is noted.

Report generated in SpeechQ
TECHNOLOGIST: 160981

Dictated: 10/12/2015 16:50..... EVELYN FLISZAR MD
Trans: 10/12/2015 15:55 by: 480764 JEREMY GRUBIN MD
Final Report - Electronically Signed on 10/12/2015 16:50

ICD CODE 1 - Z96.641 ICD CODE 2 - ICD CODE 3 -
ICD CODE 1 - Z96.641 ICD CODE 2 - ICD CODE 3 -

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
21 - FS LAB	FOUNDATION LAB SYSTEM	Unknown	9535 Waples Street, Ste 150 San Diego CA 92121	Create - Present

ATTENTION: This is a converted historical result. Dates and procedure details should be carefully reviewed.

10/12/2015 - Conversion Encounter in Scripps Clinic Torrey Pines Orthopedic Surgery (continued)

Imaging - LMR (continued)

X-ray pelvis 1 view [407791124]

Electronically signed by: **Interface, Lab Results Conversion on 10/12/15 1655** Status: **Completed**
Ordering user: Interface, Lab Results Conversion 10/12/15 1655 Authorized by: Walker, Richard Hugh, MD
Frequency: 10/12/15 1655 -

X-ray pelvis 1 view: Patient Communication

 Released

 Not seen

10/09/2015 - Conversion Encounter in Scripps Clinic Torrey Pines Orthopedic Surgery

Imaging - LMR

Imaging

X-ray imaging guidance performed in the or [407791123] Resulted: 10/09/15 0937, Result status: Final result

Accession number: 15691980 Resulting lab: FOUNDATION LAB SYSTEM

Narrative:

SCRIPPS GREEN HOSPITAL RADIOLOGY
Scripps Clinic Radiology Medical Group
10666 North Torrey Pines Road La Jolla, CA 92037
Telephone: 858-554-2626 FAX: 858-554-2742

Pt Name: ASBAGHI, HOOMAN A Age:49 Sex:M Dob:01/04/1966
Corp MR: 603771342 MR No: 603771342 Dos: 10/09/2015 Pt Type: IP
Ordering Dr: RICHARD HUGH WALKER MD RMS Ord No: 90004 Rm: G4W-W45TA
Attending Dr: RICHARD HUGH WALKER MD Acct No: 615025400 HB: TP
IDX Order:23810616 Pacs Acc: 15691980

Final Report

IMPRESSION: See the operative report of the same date.

EXAMINATION: GD IMAGING GUIDANCE PERFORMED IN THE OR

Report generated in SpeechQ
TECHNOLOGIST: 160981

Dictated: 10/09/2015 09:37..... RADIOLOGY ADMINISTRATOR
Trans: 10/09/2015 09:37 by: AUTRES
Final Report - Electronically Signed on 10/09/2015 09:37

ICD CODE 1 - Z96.641 ICD CODE 2 - ICD CODE 3 -
ICD CODE 1 - Z96.641 ICD CODE 2 - ICD CODE 3 -

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
21 - FS LAB	FOUNDATION LAB SYSTEM	Unknown	9535 Waples Street, Ste 150 San Diego CA 92121	Create - Present

ATTENTION: This is a converted historical result. Dates and procedure details should be carefully reviewed.

10/09/2015 - Conversion Encounter in Scripps Clinic Torrey Pines Orthopedic Surgery (continued)**Imaging - LMR (continued)****X-ray imaging guidance performed in the or [407791123]**Electronically signed by: **Interface, Lab Results Conversion on 10/09/15 0937**Status: **Completed**

Ordering user: Interface, Lab Results Conversion 10/09/15 0937 Authorized by: Walker, Richard Hugh, MD

Frequency: 10/09/15 0937 -

 X-ray imaging guidance performed in the or: Patient Communication Not Released Not seen**10/09/2015 - Conversion Encounter in Scripps Green Hospital 4th FL West****Notes - LMR****Discharge Summary****Walker, Richard Hugh, MD at 10/12/2015 1503**

Scripps Green Hospital

DISCHARGE SUMMARY

PATIENT: ASBAGHI, HOOMAN A

MR# 603771342

ACCT: 615025400

DATE OF ADMISSION: 10/09/2015 DISCHARGE DATE: 10/12/2015

PRIMARY DIAGNOSIS:

Osteonecrosis, right hip.

PROCEDURE PERFORMED:

Right total hip arthroplasty.

HOSPITAL COURSE:

The patient was admitted on 10/09/2015 for semi-elective right total hip arthroplasty. He tolerated the procedure well, was taken to PACU in stable condition. He is on chronic pain medication and was subsequently started on PCA. He progressed well with physical therapy. He was started on Xarelto for DVT prophylaxis on postop day 1. His PCA was discontinued on postop day 2. He was started on oral medications. He was also restarted on his chronic opioids including methadone. His vital signs remained stable throughout his hospital course. He subsequently deemed stable for discharge home on postop day 3. His hemoglobin on the day of discharge was 10.7. His vital signs remained stable. His incision was clean, dry, and intact. He

10/09/2015 - Conversion Encounter in Scripps Green Hospital 4th FL West (continued)**Notes - LMR (continued)**

was subsequently deemed safe and stable for discharge home.

DISCHARGE INSTRUCTIONS:

1. Diet, regular.
2. Activity, weightbear as tolerated.

MEDICATIONS:

Per medical record.

FOLLOW UP:

The patient will follow up with Dr. Walker in four to six week's time

For full information regarding patient admission, hospitalization, and discharge, please see medical record.

The patient was instructed if he has any chest pain, shortness of breath, numbness, tingling, increasing pain, redness, swelling, he is to call our clinic or go to the nearest emergency room. He conveyed understanding appreciation.

DICTATED BY: KENNETH SCHMIDT, MDF RICHARD H WALKER, MD

KS:MODL C: CONFIRMATION #: 1353866

D: 10/17/2015 07:51:50 T: 10/17/2015 08:36:04 DOCUMENT: 674017566

Authenticated by Richard H. Walker, M.D. On 10/19/2015 11:46:01 AM

Authenticated by Kenneth J. Schmidt, M.D. On 10/19/2015 03:48:43 PM

Electronically signed by Walker, Richard Hugh, MD at 03/06/17 2257

 Patient Communication Not Released Not seen**Op Note**

Schmidt, Kenneth James, MD at 10/9/2015 2047

Scripps Green Hospital

OPERATIVE REPORT

PATIENT: ASBAGHI, HOOMAN A

MR# 603771342

10/09/2015 - Conversion Encounter in Scripps Green Hospital 4th FL West (continued)**Notes - LMR (continued)**

ACCT#: 615025400

DATE OF OPERATION: 10/09/2015

SURGEON: Richard H Walker, MD

ASSISTANT SURGEON: KENNETH SCHMIDT, MDF

An assistant was necessary for the technical complexity of the case.

ANESTHESIOLOGIST:

Dr. Angelica Smith.

ANESTHESIA:

General with spinal.

POSTOPERATIVE DIAGNOSIS:

Osteonecrosis, right femoral head.

POSTOPERATIVE DIAGNOSIS:

Osteonecrosis, right femoral head.

PROCEDURE PERFORMED:

Right total hip arthroplasty via posterior approach.

ESTIMATED BLOOD LOSS:

500 mL.

INTRAOPERATIVE COMPLICATIONS:

None.

IMPLANTS:

1. Stryker Secur-Fit Advanced 127 neck angle, size 936 mm neck length, C40 taper.
2. Stryker Trident PSL HA cluster acetabular shell, size 52, alpha code E.
3. Biologix delta ceramic V40 femoral head size 36+0 neck length.
4. Cup insert Trident X3 0 degree polyethylene insert, size 36 mm inner diameter.

INDICATIONS FOR PROCEDURE:

Mr. Asbaghi is a 49-year-old male with a significant past medical history for a car accident and developing complex regional sympathetic dystrophy of the left lower extremity. Approximately one month ago, he developed pain while ambulating in the right groin area. He underwent x-ray, workup as well as MRI which showed osteonecrosis of

10/09/2015 - Conversion Encounter in Scripps Green Hospital 4th FL West (continued)**Notes - LMR (continued)**

the right femoral head. He is severely disabled because of the pain and cannot walk around very much without the use of ambulatory aids. After discussing the risks, benefits, and alternatives with the patient, he elected to proceed with a right total hip arthroplasty.

DESCRIPTION OF PROCEDURE:

The patient was brought in the operating theater, placed under general anesthesia. He was prepped and draped in the usual sterile fashion after being placed on the operative table in the right lateral decubitus position with an axillary roll and well-padded bony prominences. At this point, a time-out was performed indicating correct patient, correct procedure, correct side, and correct site. We confirmed antibiotics had been given.

We utilized a posterolateral approach incising the skin and subcutaneous fat with knife and Bovie cautery. Hemostasis was obtained. The IT band was incised longitudinally into the gluteal fascia with care not to disrupt the musculature. The gluteus maximus was bluntly dissected proximally. The Charnley retractor was then placed. The sciatic nerve was palpated and protected throughout the case. The piriformis tendon was identified and resected out of the piriformis fossa. It was tagged and used to retract posteriorly. The capsule was then incised in a T-shaped fashion. The T-shaped capsulotomy was tagged and retracted. The proximal aspect of the capsulotomy was taken to the acetabular rim and the labrum. The hip was atraumatically dislocated. The head was inspected. Retractors were placed in the superior and inferior aspects of the neck. The neck was marked one fingerbreadth above the lesser trochanter. a cut was made in the femoral neck and the head was removed. The head did show subchondral collapse and soft ballotable cartilage. The subchondral bone was inspected intraoperatively and was found to be completely devoid of structural support.

The femur was then delivered into the wound. The anterior capsule was slightly released off the anterior femoral neck. The remaining soft tissue in the piriformis fossa was resected. The box osteotome was utilized to lateralize the femoral neck entry portal into the canal. A canal finder was used. We sequentially broached by hand broaching to a size 8 utilizing the Stryker Secur-Fit Advance system. We then broached to a size 8 and had good cortical fit. We subsequently turned our attention to the acetabulum leaving the broach in. The femur was moved anteriorly with the retractor placed in the anterior column between the capsule and labrum.

An inferior retractor was placed inferior to the cotyloid fossa and the obturator foramen. At this point, we had a good exposure after a Gelpi was placed opening the capsule. The labrum was removed and debrided off the acetabular rim. The pulvinar was removed from the base of acetabulum and

10/09/2015 - Conversion Encounter in Scripps Green Hospital 4th FL West (continued)**Notes - LMR (continued)**

the cotyloid fossa. The Stryker navigation set was pinned to the supra-acetabular region. The registration maneuver was performed. We sequentially reamed starting with a 44 mm reamer to medialize the cup down to the fovea. Once we had this, we sequentially reamed up to a size 52 mm cup. This gave us good removal of cartilage and subchondral bone with good bleeding cancellous bone. We had no ridges anteriorly or posteriorly and had not reamed out the back. We then using navigation placed our cup in approximately 27 degrees of anteversion and 45 degrees of abduction. Once this was done, the trial liner was placed and we tried reduction.

Size 127 degree angled neck was placed on the femoral stem with a +0 femoral head. The hip was reduced atraumatically. The wound was packed and the x-ray was obtained.

The x-ray showed that we were approximately 4-5 mm short on our operative side and that our offset was not anatomic. We did appreciate _____ cup position

We then decided to up broach to a size 9 as the size 8 did not fill real well distally in the canal. We hand reamed up to a size 9 using the Stryker Secur-Fit Advance system. We then broached again ensuring that we were lateral enough in the trochanteric region. We broached up to a size 9, had good fit, and it sat up approximately 1 mm. The neck length is increased when we jump between a size 8 and a size 9, which would give us 4 mm of overall leg length after putting in the real implant. We then accepted this. The trial implant was removed as well as the trial liner. The real stem was impacted into place after the canal was irrigated. It did fit at the same height as the broach. A +0 36 mm ceramic head was impacted into place. The hip was relocated atraumatically and found to be stable in hip flexion, internal rotation, and hip extension and external rotation. The wound was then thoroughly irrigated with 2 L normal saline with Ancef after 3 minutes and lavaged with dilute Betadine.

The posterior capsule was primarily repaired with #2 Ethibond suture. The piriformis tendon was tagged back down to the posterior capsule with Ethibond suture. The posterior capsule and the piriformis tendon were then reattached to the piriformis fossa with trans-tendinous suture. The IT band was closed and approximated with #5 FiberWire and #2

Barbed suture in a running fashion. Skin and subcutaneous tissue were approximated with 0 Vicryl interrupted suture as well as 2-0 barbed suture in a running fashion. The skin was closed with 3-0 barbed suture and Dermabond. Sterile dressing was applied. The patient was extubated and taken to PACU in stable condition.

Dr. Walker was present through the interval portions of the procedure.

10/09/2015 - Conversion Encounter in Scripps Green Hospital 4th FL West (continued)

Notes - LMR (continued)

POSTOPERATIVE COURSE:

1. Weight bear as tolerated.
2. Low risk hip precautions.
3. Start Xarelto 10 mg p.o. at 1800 on postop day 1.
4. Ancef for 23 hours postoperatively.
5. Discontinue Foley postop day 2.
6. Discontinue dressing postop day 2.

COMPLICATIONS:

None.

DICTATED BY: KENNETH SCHMIDT, MDF RICHARD H WALKER, MD

KS:MODL C: CONFIRMATION #: 1340288

D: 10/09/2015 10:34:34 T: 10/09/2015 20:47:08 DOCUMENT: 673072630

cc: KENNETH SCHMIDT, MDF

Authenticated and Edited by Kenneth J. Schmidt, M.D. On 10/12/15 6:22:01 AM

Authenticated by Richard H. Walker, M.D. On 10/15/2015 09:59:27 AM

Electronically signed by Interface, Transcription Conversion at 03/06/17 2222

 Patient Communication

 Not Released

 Not seen

END OF DOCUMENT