2017 March 31st onwards till November 2018,

- Sharp Hospital
 - Dr. Nicholas Dembitsky

Narendra

Dr. Nicholas Dembitsky becomes my internal medical physician in San Diego for the duration that I live in San Diego.

Jan Though Dr. Dembitsky is aware that I do have Multiple Sclerosis and states the quality of the brain and spine lesions in his reports he is unable to prescribe the medications for MS since the prescriptions for the medications must come from specifically a neurologist.

The neurologists in the hospital (Dr. Raffer and Dr. Dominick deny treatment and write false reports to restrict medical treatment).

Dr. Dembitsky understands that the medications are needed and that I get them from abroad at personal cost.

Dr. Dembitsky mentions the features of the condition and the quality of the condition in many of the reports.

He also understands that the neurologists in the hospital are denying treatment for a clear medical findings of MS.

Narendra Jana

dro	History & Physical.			SHARP. Rees-Stealy Medical Group			
ndra				MRN: 4723442			
	Name: JANA, NARENDRA NIRMAL MRN#: 4723442				17		
1a	Note Owner: NICHOLAS PHILLIP LEON DEMBITSKY M.D.						
	Specialty: Internal Medicine Date of Encounter: 03/31/2017			Height	5 ft 7 in		
	Date of Encounter: 05/31/2017			Weight	115 lb		
	Chief Complaint			BMI Calculated	18.01		
	NARENDRA is a male age 32, presents for New patient physical exam.			BSA Calculated O2 Saturation	1.6		
	History of Present Illness			O2 Saturation	99		
				Physical Exam			
	sounds like MS. Patient does present today w as well as L-spine and T-spine. LP was never With significant improvements. Currently mov engineering. Does request double drug test fo symptoms which seem to be at bay currently. Current Meds	General: Gen.: Alert and oriented. No acute distress. Skin: No rashes. HEENT: Artaumatic, Supple. Cardiovascular: Regular rate and rhythm. Lungs: Clear to auscultation and percussion. Back: No CVA tenderness. Abdomen: Soft. No organismegaly. No masses. Nontender. Extremities: No cyanosis. No clubbing. No ediama					
	Medication Name	Instruction		Neuro: 1+ patellar Lt.	No clubbing. No edema.		
	Rebif 44 MCG/0.5ML Subcutaneous Solution						
	Prefiled Syringe	Results/Data Clinical Quality Assessme	nt				
	Social History	and a during Habesonie	Goal 31Mar2017				
	Exercises farely (278.9) Never a smoker Single Review of Systems			Fall Screening			
				Provider Action Taken (P	ositive		
				Fall Screening) PHQ2 Screening Score (
	constitutional, allergies, neurological, psychial	tric, ENT, eye, cardiovascular, respirator	ry, heme/lymph,	PHQ9 Screening Score (
	gastrointestinal, genitourinary, musculoskelet in the history of present illness or as noted:	tal, skin and endocrine review of systems	s are normal except as stated	Provider Action Taken (P			
	Vitals VitalSigns Recorded: 31Mar2017			PHQ9)			
				Provider Comments - PH	29		
				(Optional) Adult - Provider Action Ta	kan		
	10:47AM			(BMI Outside Normal	NGU.		
	Blood Pressure 112 / 68, LUE, Sitti Blood Pressure	ing		Parameters)			
	Method			Pediatric - Provider Action (BMI)	Taken		
	Heart Rate 88			Provider Comments - BM			
	Respiration 16			(Optional)			
	This document is privileged and confidential, a	Glaucoma Screening					
	individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited unless specifically and legally authorized.			Glaucoma Screening Per By	ormed		
				Retinal or Dilated Eye Exa	im		
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	 - and answer of the Cold Cold Cold Cold Cold Cold Cold Cold	-provide and a second	individual patients who may l specifically and legally author	e identifiable from this infor-	nation. All other use or discle	osure is strictly prohibite	
				Printed: 11/07/2018 11:45AM	Printed from Tou	chworks	2.64
D			alar mala an detailar	CONTRACTOR AND A STORAGE STORAGE.	Fines nom 100	ruinning.	2 of 4
Dr. De	embitsky states "patient does present today with multiple						
1.08 2.07	g studies showing enhanced lesions in MRI brain as well					N. 1	
imagin	na ctudioc chowing onk	nancod locione in	MRI brain ac woll			Narer	

SHARP. Rees-Stealy Medical Group	SHARP. Rees-Stealy Medical Group
Patient: JANA, NARENDRA NIRMAL MRN: 4723442	Progress Note, FMH
Date of Encounter: 03/31/2017	Name: JANA, NARENDRA NIRMAL DOB: 10/27/1984 MRN#: 4723442 Gender: M
Eye Exam Performed By BMI Calculated 18.01	Note Owner: NICHOLAS PHILLIP LEON DEMBITSKY M.D. Specialty: Internal Medicine Date of Encounter: 09/06/2018
Assessment 1. Multiple sclerosis (G35)	Chief Complaint NARENDRA is a male 33 YO , who presents for: Follow-up
Multiple sclerosis: As per patient. Imaging available does look significant for active disease. Currently on interferon alpha. We'll send neurology for ongoing care. Patient wishes to hold off on getting records until he sees his neurologist.	Clinical Staff Note
	Follow up.
Basic fasting labs.	History of Present Illness
Patient also requests double confirmatory drug screen as per his job request. Follow-up as needed, or 6-12 months. Plan Health Maintenance • CBC with Differential; Status:Hold For - Manual Activation by Lab; Requested for:31Mar2017;	33-year-old male here for follow-up of his while matter changes. Patient continues to travel over world. Rec East Asia in Germany. Injury he picked up a prescripton for Tcifdera as well as optic nerve imaging. Prese images today. Which he will try to uplad into our medical records. Images seem to be tagged to his name, state on new medication feels guite well controlled. Although here today asking for blood work to follow-up i potential side effects of this medication. Which I am happy to place. Discussion on need to follow-up with ne here in UCSD and redo MRI and possible lumbar puncture to confirm diagnoses.
CMP Fasting; Status:Hold For - Manual Activation by Lab; Requested for:31Mar2017; High A1C; Status:Hold For - Manual Activation by Lab; Requested for:31Mar2017;	Would like to upload his CD images to our system. Long discussion on need to follow-up with our neurology department for updated MRIs and lumbar puncture. Patient not wild about the idea.
Lipid Profile; Status:Hold For - Manual Activation by Lab; Requested for:31Mar2017; Microalb Random Ur; Status:Hold For - Manual Activation by Lab; Requested for:31Mar2017;	Allergies No Known Drug Allergies Recorded By: GURROLA, DORALICIA; 3/31/2017 10:49:36 AM
 TSH with Free T4 Refex; Status:Hold For - Manual Activation by Lab; Requested for:31Mar2017; Urine Drug Screen Presumptive; [Do Not Release]; Status:Hold For - Manual 	Social History Exercises rately (278.9) Never a smoker
Activation by Lab; Requested for:31Mar2017; Multiple sclerosis	Single
 Neurology Consult Evaluation and Treatment Evaluate and Treat. History of multiple scierosis currently on interferon beta 1A. With significant 	Vitals Vital Signs Recorded: 06Sep2018
Improvement in his symptoms. Patient has enhancement in temporal C-spine and L-spine on MRI. Status: Need Information - Required information Requested for: 31Mar2017	Blood Pressure 125 / 82, Sitting
End of Encounter Meds	Blood Pressure Automatic. Method 79
Medication Name Instruction	
Rebif 44 MCG/0.5ML Subcutaneous Solution Prefilled Syringe	This document is privileged and confidential, and is intended for those individuals personally involved in the en individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited specifically and legally authorized.
This document is privileged and confidential, and is intended for those individuals personally involved in the care of individual patients who may be identifiable from this information. All other use or disclosure is strictly prohibited unless specifically and legally authorized.	Printed: 11/07/2018 11:45AM Printed from Touchworks 1 of 4
Printed: 11/07/2018 11:45AM Printed from Touchworks 3 of 4	
	Dr. Dembitsky understood that I had all the medical da
"Imaging available does look significant for active disease."	diagnostics to show the need for medications for MS a
8 7/ II	showed the neurologists the data as well (who then
	subsequently write a false report). Jana

Though the report mentions that I am on "interferon" the medication is limited by the US neurologists so I buy it in Mexico at considerable personal cost. Interferon is typically given in relapse remitting forms of MS and not secondary progressive MS, the drug was ineffective its infectiveness results in repeated ER appointments due to continued disease progression. The ER appointments in the US result in assault by withholding medications in severe disease states.

larendra	SHAL	Rees-Stealy Medical Group		SHA	Rees-Stealy Medical Group			
Jana	Patient: JANA, NARENDRA NIRMAL MRN: 4723442				Progress Note,			
	Date of Encounter: 09/06/2018			Name: JANA, NARENDRA NIRMAL DOB: 10/27/1984 MRN#: 4723442 Gender: M				
	the need to follow-up with our neurology depair	on MRI (G93.9) a bit. More than the steroid he was given in the past. Again voice iment and UCSD and undergo proper workup. He Would like to our system, which I am apprehensive about, that appears to be fin		Note Owner: NICHOLAS PHILLIP LEON DEMBITSKY M.D. Specialty: Internal Medicine Date of Encounter: 10/12/2017 Chief Complaint				
	Follow-up after specialist evaluations Plan • CBC with Differential; Status:Complete; • CMP Non-Fasting; Status:Complete; Do	ne: 06Sep2018 02:51PM		NARENDRA is a male age 32, who presents for: Follow up History of Present Illness 32-year-old male presents with follow-up. Patient has been having long-standing nonspecific white matter changes on MRIs. Has seen neurology historically. Requested LP. Patient aware he needs LP however in the interim he has gone down to Mexico. Most recently went to emergancy department Mexico twice. Was given IV loading doses of 1 g methylpredinsioner s6 days with improvement in symptoms as per him. Patient was also changed from rebit to glienya. Patient having great results as per him. Symptoms almost abated completely. Patient currently paying out				
	Hgb A1C; Status:Complete; Done: 06Se TSH with Free T4 Reflex; Status:Comple End of Encounter Meds							
	Medication Name	Instruction						
	Minocycline HCI - 100 MG Oral Capsule	TAKE 1 CAPSULE DAILY WITH FOOD.		of pocket. Requests refill through us. Long de aware. Patient will think about seeing neurolo		currently paying out redication. Patient		
	Rebif 44 MCG/0.5ML Subcutaneous Solution Prefilled Syringe		-	Current Meds	gy.			
	Signatures			Medication Name	Instruction	1		
	Electronically signed by : MARA VALLE, MA; Se Electronically signed by : NICHOLAS DEMBITS	o 6 2018 2:18PM PST (Co-participant) Y, M.D.; Sep 6 2018 5:44PM PST (Author)		Rebif 44 MCG/0.5ML Subcutaneous Solution Prefilled Syringe				
	£			Allergies No Known Drug Allergies Recorded By: GURROLA, DORALICIA; 3/31/2017 10:49:36 AM				
				Social History Exercises rarely (Z78.9) Never a smoker Single				
				Vitals Vital Signs				
				Recorded: 12Oct20 01:47PM	11			
				Blood Pressure 110 / 60 Blood Pressure				
				Method Manual				
				Weight 110 lb BMI Calculated 17.23				
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		rom Touchworks 4 of 4						
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unpr	ese medications are helpful but the condition is predictable in progressive forms of MS. Its safer to get IV			Dr. Dembitsky often mentions the positive effects of medications in his reports. ER and outpatient medications.				
medi	ications to prevent pro	gression.		1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19		tana en ante 1997 a 1997 a 1997 e 1997 a 1997 a		

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