

EXHIBIT I

Harmon, Linder & Rogowsky*Attorneys at Law*

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New York, NY 10016

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David Harmon, Esq. *

*(1917-2013)

Mark J. Linder, Esq.

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Thomas A. Graci, Esq.

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Maya Kogan, Esq.

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Bret Myerson, Esq.

Brett I. Bloom, Esq.

Keith A. Mininson, Esq.

Melissa Klawter, Esq.

Gennady Voldz, Esq.

Colin Johnson, Esq.

Nicole M. Bynum, Esq.

Friday, March 24, 2017

MELCER NEWMAN PLLC

JON NEWMAN

111 JOHN STRET STE 1500

NEW YORK, NY 10038

Re: Blanco, Norma vs. Ziaur Bhuiyan

Dynamic Construction Company USA

Index No.: 510600/2016

Dear Sirs:

Please accept this letter in Response to the Preliminary Conference Order and your Demand for Discovery and Inspection. Accordingly please be advised as follows:

1. Eyewitnesses:

Plaintiff is unaware of any witnesses other than the ones which are listed on the police report or other public documents and all persons involved in the subject accident.

2. Notice Witnesses:

None

3. Adverse Party Statements:

4. Photographs:

At the present time plaintiff is not in possession of any photographs, should same become available same shall be provided under separate cover

5. Authorizations for Plaintiff:**No-Fault File: Not Applicable**

Hospital: Booth Memorial Hospital
New York Hospital
56-45 Main Street
Flushing, NY, 11355
(All Hospital Report)

Medical: Physical Medicine and Rehabilitation of New York
95-20 Queens Boulevard
Rago Park, New York 11374
(All Medical Reports)

Randall V. Ehrlich M.D., P.C.
68 Boulder Ridge Road
Scarsdale, NY 10583
(All Medical Report)

Employment: Not Applicable

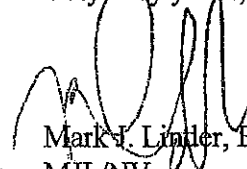
6. Medical Reports: Randall V. Ehrlich M.D., P.C.
Physical Medicine and Rehabilitation of New York
Booth Memorial Hospital
New York Hospital

7. Expert Witnesses:

All treating physicians, including the Radiologist will testify as expert witnesses on behalf of the plaintiff. Please take further notice pursuant to CPLR 4532 (a) that all testifying physicians will display the MRI, X-ray and any other diagnostic films to the jury at trial.

Plaintiff reserves the right to update this notice if and when further information becomes available as there is an ongoing investigation of this matter.

Very truly yours,


Mark J. Linder, Esq.
MJJ/NY
Mark J. Linder, Esq.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

OCA Form No.: 960

[This form has been approved by the New York State Department of Health]

Patient Name Norma Blanco	Date of Birth 09/26/1940	Social Security Number 125-44-6301
Patient Address 296 Logan Street Brooklyn, NY, 11208		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**
7. Name and address of health provider or entity to release this information:
Booth Memorial Hospital New York Hospital-56-45 Main Street Flushing, NY, 11355

8. Name and address of person(s) or category of person to whom this information will be sent:
Melcer Newman PLLC-111 John Street ste 1500, New York, NY, 10038

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☒ Other: **All Hospital Report**
Re: the accident of 10/05/2014

Include: (Indicate by Initialing)

N.B. Alcohol/Drug Treatment
N.B. Mental Health Information
N.B. HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
☒ Other: **LITIGATION**

11. Date or event on which this authorization will expire:

END OF LITIGATION

12. If not the patient, name of person signing form:

MARK J LINDER, ESQ

13. Authority to sign on behalf of patient:

ATTORNEY FOR PLAINTIFF

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date:

3-24-17

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

THE POWERS GRANTED BELOW CONTINUE TO BE EFFECTIVE
SHOULD YOU BECOME DISABLED OR INCOMPETENT

Caution: This is an important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. Then powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney. This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy to do this. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

THIS is intended to constitute a DURABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law:

I, Norma Blanco do hereby appoint: Mark Linder from the firm of Harmon, Linder & Rogowsky, Attorneys at Law, 3 Park Avenue, 23rd Floor, New York, New York, 10016 as my attorney(s)-in-fact TO ACT SEPARATELY, IN MY NAME, PLACE AND STEAD, in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent:

DIRECTIONS: Initial in the blank space to the left of your choice any one or more of the following lettered subdivisions as to which you WANT to give your agent authority. If the blank space to the left of any particular lettered subdivision is NOT initialed, NO AUTHORITY WILL BE GRANTED for matters that are included in that subdivision.

- NB [X] (A) all manner and aspects of claims and litigation including settlement, execution of Non-HIPAA Authorizations and execution of HIPAA medical record authorization forms pursuant to NY Public Health Law §18(1)(g) as amended 10/26/04;
- NB [X] (B) obtain, review and utilize all manner of records, reports, files, documents, and statements including but not limited to: medical/non-medical, No-Fault files, police reports, employment records, worker's compensation records and non-privileged legal files.
- NB [X] (C) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select:

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of 5-1503 of the New York General Obligations Law.)

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time.

In Witness Whereof, I have hereunto signed my name this 2nd day of February, 2015.

(Signature of Principal)

Mark J. Linder, Esq. (Agent)

ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF

On the 3rd day of February in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

ROGER LEWIS
Notary Public, State of New York
No. 0155074224
Qualified in Nassau County
Commission Expires May 13, 2018

Notary Public: State of New York



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

OCA Official Form No.: 960

[This form has been approved by the New York State Department of Health]

Patient Name Norma Blanco	Date of Birth 09/26/1940	Social Security Number 125-44-6301
Patient Address 296 Logan Street Brooklyn, NY, 11208		

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3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

Physical Medicine and Rehabilitation of New York -95-20 Queens Boulevard, Rago Park, New York 11374

8. Name and address of person(s) or category of person to whom this information will be sent:

Melcer Newman PLLC-111 John Street ste 1500, New York, NY, 10038

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☒ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

☒ Other: **All Medical Report**

Re: the accident of 10/05/2014

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____

Initials

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☒ Other: **LITIGATION**

11. Date or event on which this authorization will expire:

END OF LITIGATION

12. If not the patient, name of person signing form:

MARK J LINDER, ESQ

13. Authority to sign on behalf of patient:

ATTORNEY FOR PLAINTIFF

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: **3-24-17**

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

THE POWERS GRANTED BELOW CONTINUE TO BE EFFECTIVE
SHOULD YOU BECOME DISABLED OR INCOMPETENT

Caution: This is an important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your lifetime, which may include powers to mortgage, sell, or otherwise dispose of any real or personal property without advance notice to you or approval by you. Then powers will continue to exist even after you become disabled or incompetent. These powers are explained more fully in New York General Obligations Law, Article 5, Title 15, Sections 5-1502A through 5-1503, which expressly permit the use of any other or different form of power of attorney. This document does not authorize anyone to make medical or other health care decisions. You may execute a health care proxy to do this. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

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- NB [X] (C) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select:

(Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of 5-1503 of the New York General Obligations Law.)

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder; and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time.

In Witness Whereof, I have hereunto signed my name this 2nd day of February, 2015.

X Norma Blanco

(Signature of Principal)

Mark J. Linder, Esq. (Agent)

ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF

On the 3rd day of February in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument

ROGER LEWIS
Notary Public, State of New York
No. 0156074224
Qualified in Nassau County
Commission Expires May 13, 2018

Notary Public: State of New York

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 - NB [X] (C) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select;
- (Special provisions and limitations may be included in the statutory short form durable power of attorney only if they conform to the requirements of 5-1503 of the New York General Obligations Law.)

This Durable Power of Attorney shall not be affected by my subsequent disability or incompetence.

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this instrument may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party, and I for myself and for my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied on the provisions of this instrument.

This Durable General Power of Attorney may be revoked by me at any time.

In Witness Whereof, I have hereunto signed my name this 2nd day of February, 2015.

X Norma Blanco
(Signature of Principal)

Mark J. Linder, Esq. (Agent)

ACKNOWLEDGMENT

STATE OF NEW YORK, COUNTY OF

On the 3rd day of February in the year 2015, before me, the undersigned, a Notary Public in and for said State, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument

ROGER LEWIS
Notary Public, State of New York
No. 0156074224
Qualified in Nassau County
Commission Expires May 13, 2018

Notary Public: State of New York

Physical Medicine and Rehabilitation of New York
95-20 Queens Boulevard
Rego Park, New York 11374
718-459-1280

Initial Physiatric Evaluation

Re: Norma Blanco
Date of Accident: October 5, 2014
Visit Date: October 10, 2014

CHIEF COMPLAINTS

1. Eye pain with blurry vision.
2. Neck pain radiating to left shoulder.
3. Left shoulder pain.
4. Low back pain radiating to left hip.
5. Left knee pain.
6. Left ankle pain.

HISTORY OF PRESENT ILLNESS

The patient is a 74-year-old, right-hand dominant female status post personal injury on October 5, 2014. She was walking when she tripped over an elevated sidewalk, fell forward, and hit her left eye and face. No loss of consciousness. She was taken to Booth Memorial Hospital where she states she had x-rays of the face, left hand, and shoulder as well as CAT scan of the head which were negative for fractures and bleeds. She was then seen by her primary care physician; no imaging was sent. She then came here for evaluate.

Since the accident, she is complaining of neck pain radiating to the left shoulder and difficulty turning her head as well as low back pain radiating to her left leg with cramping into the leg and difficulty walking. She also has some knee and ankle pain and difficulty going up and down stairs and walking more than two blocks. She has pain going from a sit-to-stand position. She also has lacerations in both hands that are causing her pain. She has bruising over the left eye which is radiating into her head but no necessarily causing her headaches.

PAST MEDICAL HISTORY: Diabetes, hypertension, hypercholesterolemia, and peripheral vascular disease.

PAST SURGICAL HISTORY: Hernia repairs and C-section.

ALLERGIES: Denies.

MEDICATIONS: Metformin; simvastatin; Coreg; clopidogrel; oxybutynin; amlodipine; p.o. glitazone; Januvia; aspirin; and a new medication, Edarbyclor.

SOCIAL HISTORY: Denies tobacco and alcohol.

Re: Norma Blanco

October 10, 2014

WORK HISTORY: The patient is retired.

PRIOR INJURIES: Denies.

PREGNANCY: Denies.

REVIEW OF SYSTEMS: Denies headaches, dizziness, nausea, vomiting, fevers, chills, or bowel or bladder dysfunction. Difficulty seeing out of the left eye secondary to bruising.

PHYSICAL EXAMINATION

The patient is alert and oriented x3, ambulating with antalgic gait and a single-axis cane. Bruising noted over the left eye with ecchymosis and swelling causing obstruction of her vision.

Cervical Spine: Tenderness on the left paraspinals. Flexion 30 degrees (normal 50 degrees), extension 20 degrees (normal 60 degrees), right side bend 40 degrees (normal 50 degrees), left side bend 35 degrees (normal 50 degrees), right rotation 60 degrees (normal 80 degrees), left rotation 50 degrees (normal 80 degrees). Spurling is positive on the left.

Lumbar Spine: Flexion 45 degrees (normal 90 degrees), extension 10 degrees (normal 30 degrees), right side bend 10 degrees (normal 25 degrees), left side bend 10 degrees (normal 25 degrees). Straight-leg raise is positive on the left.

Left Knee: Mildly tender. Extension 0 degrees (normal full to 0 degrees), flexion 120 degrees (normal 140 degrees). Pain with varus and valgus.

Left Ankle: Mildly tender. Dorsiflexion 20 degrees (normal 20 degrees), plantar flexion 35 degrees (normal 40 degrees), inversion 20 degrees (normal 30 degrees), eversion 20 degrees (normal 20 degrees).

Left and Right Hand: Lacerations on the palm and middle finger.

Left Shoulder: Tenderness. Positive impingement. Forward flexion 90 degrees (normal 180 degrees), abduction 90 degrees (normal 170 degrees), internal rotation to left gluteus (normal 45 degrees).

Range of motion testing was done via an objective hand-held goniometer.

MOTOR SYSTEM: Manual motor testing is 4/5 on left shoulder abduction, elbow extension, and grip strength; right grip strength is 4+/5; left hip flexion, knee extension, and ankle dorsiflexion is 4+/5.

SENSORY SYSTEM: Sensory examination is decreased to light touch diffusely throughout the left upper extremity as well as on the left lateral lower extremity along the L5 dermatome.

REFLEXES: Deep tendon reflexes are 1+ throughout.

IMPRESSION

The patient is a 74-year-old female status post personal injury on October 5, 2014, with cervical and lumbar strain/sprain, left knee and left ankle strain/sprain, bilateral hand lacerations, left shoulder strain/sprain, and eye contusion with ecchymosis.

Re: Norma Blanco

October 10, 2014

PLAN

1. The patient may start a course of physical therapy three times a week for strengthening, stretching, range of motion, and modalities to decrease pain with precautions.
2. The patient will be given a referral for ophthalmology to evaluate for osseous injury as the patient has pain in this location.
3. Medical records from Booth Memorial will be requested.
4. The patient was told that if her pain does not improve by the next visit, she will be sent for further imaging.
5. The patient was advised to take ibuprofen or Tylenol for pain control. Precautions were reviewed.
6. The patient understands and agrees with the above-stated plan.
7. The patient may follow up in four to six weeks at which time symptoms will be reassessed.

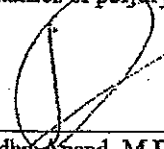
DISABILITY STATUS: The patient is partially disabled and currently retired.

CAUSALITY

If the above statements are true and accurate, causality is established between the above stated accident and today's pathological findings.

This document serves as a letter of medical necessity for the diagnostic testing and/or treatments as requested above.

I, Anuradha Anand, M.D., being a physiatrist duly licensed to practice in the State of New York, under the penalties of perjury, pursuant to CPLR 2106, do hereby affirm the contents of the foregoing.



Anuradha Anand, M.D.
Physical Medicine and Rehabilitation

ac

Physical Medicine and Rehabilitation of New York
95-20 Queens Boulevard
Rego Park, New York 11374
718-459-1280

Followup Physiatrie Evaluation

Re: Norma Blanco
Date of Accident: October 5, 2014
Visit Date: December 2, 2014

CHIEF COMPLAINTS

1. Eye pain, improving.
2. Neck pain radiating to left shoulder.
3. Left shoulder pain.
4. Low back pain radiating to left leg.
5. Left knee pain, improving.
6. Left ankle pain, improving.

HISTORY OF PRESENT ILLNESS

The patient is a 74-year-old, right-hand dominant female status post personal injury on October 5, 2014. She was walking when she tripped over an elevated sidewalk and fell forward injuring her face as well as the above-stated body parts. She was seen at Booth Memorial Hospital where imaging was negative. I have the CAT scan results from there to review. She was seen at this facility with the above-stated chief complaints.

Since then, she has some improvement in her pain, especially of the neck, back, knees, and shoulder. She is able to tolerate more activity but still has trouble with overhead activities with the left arm, trouble reaching behind her back, and trouble lifting anything with the left arm and lying on it. Her neck and back continue to bother her with any bending activity. It is her lower back that bothers her the most. The knee pain has gotten significantly better. She is able to tolerate more activity but still has difficulty going up and down stairs. The bruising of the eye has improved. She has not yet seen the ophthalmologist. She states they are on vacation, but she will be seeing them after.

WORK HISTORY: The patient is retired.

REVIEW OF SYSTEMS: Denies headaches, dizziness, nausea, vomiting, fevers, chills, bowel or bladder dysfunction, or saddle anesthesia.

Re: Norma Blanco

December 2, 2014

PHYSICAL EXAMINATION

The patient is alert and oriented x3, ambulating with antalgic gait and a single-axis cane. Bruising improved over the left eye.

Cervical Spine: Tenderness. Flexion 35 degrees (normal 50 degrees), extension 30 degrees (normal 60 degrees), right side bend 40 degrees (normal 50 degrees), left side bend 35 degrees (normal 50 degrees), right rotation 60 degrees (normal 80 degrees), left rotation 50 degrees (normal 80 degrees). Spurling is positive on the left.

Lumbar Spine: Flexion 60 degrees (normal 90 degrees), extension 15 degrees (normal 30 degrees), right side bend 15 degrees (normal 25 degrees), left side bend 15 degrees (normal 25 degrees). Straight-leg raise is positive on the left.

Left Shoulder: Tenderness. Forward flexion 150 degrees (normal 180 degrees), abduction 150 degrees (normal 170 degrees), internal rotation to gluteus (normal 45 degrees). Positive impingement.

Left Knee: Mildly tender. Extension 0 degrees (normal full to 0 degrees), flexion 125 degrees (normal 140 degrees). Pain with varus and valgus.

Left Ankle: Nontender. Dorsiflexion 20 degrees (normal 20 degrees), plantar flexion 40 degrees (normal 40 degrees), inversion 25 degrees (normal 30 degrees), eversion 20 degrees (normal 20 degrees).

Left and Right Hand: Well-healing lacerations noted.

Range of motion testing was done via an objective hand-held goniometer.

MOTOR SYSTEM: Manual motor testing is 4/5 on left shoulder abduction, elbow extension, and grip strength; 4+/5 on left hip flexion and knee extension.

SENSORY SYSTEM: Sensory examination is decreased to light touch diffusely throughout the left upper extremity as well as along the left L5 dermatome.

REFLEXES: Deep tendon reflexes are 1+ throughout.

IMPRESSION

The patient is a 74-year-old female status post personal injury on October 5, 2014, with cervical and lumbar myofascial derangement, left knee and left shoulder strain/sprain, improving left ankle strain/sprain, improving bilateral hand lacerations, and improving eye contusion with ecchymosis.

Re: Norma Blanco

December 2, 2014

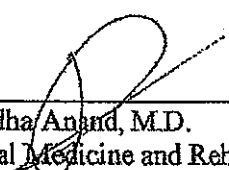
PLAN

1. The patient may continue therapy three times a week for strengthening, stretching, range of motion, and modalities to decrease pain.
2. The patient should follow up with ophthalmology regarding eye issues.
3. The patient will get MRI of the cervical and lumbar spine to evaluate for intraspinous or disc pathology as the patient continue to complain of neck and back pain with a course of therapy without resolution.
4. The patient should obtain MRI of the left shoulder to evaluate for rotator cuff and glenoid pathology as the patient continues to complain of left shoulder pain with a course of therapy without improvement.
5. The patient may continue using ibuprofen or Tylenol as needed for pain control.
6. The patient is planning on going to visit family in the Dominican Republic for a week or two at which time the patient was told to do some home exercises and then return to restart therapy here.
7. The patient understands and agrees with the above-stated plan.
8. The patient may follow up in four to six weeks at which time symptoms will be reassessed.

DISABILITY STATUS: The patient is partially disabled and currently retired.

This document serves as a letter of medical necessity for the diagnostic testing and/or treatments as requested above.

I, Anuradha Anand, M.D., being a physiatrist duly licensed to practice in the State of New York, under the penalties of perjury, pursuant to CPLR 2106, do hereby affirm the contents of the foregoing.


Anuradha Anand, M.D.
Physical Medicine and Rehabilitation

ac

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DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
10/10/14	Norma	Anand, MD	M4T	New patient evaluation	\$175.00				\$175.00	\$0.00
10/10/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/10/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/15/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/15/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/18/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/18/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/18/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
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10/21/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/21/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/24/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
10/24/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/24/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/25/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
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10/27/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/29/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/29/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/29/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/31/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
10/31/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/31/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/03/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/03/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
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11/05/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
ACCOUNT NBR		CURRENT		30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE		
000200000008431		\$865.00		\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00		

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11/05/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
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11/10/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/10/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
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11/17/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
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11/24/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
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0002000000006431		\$865.00	\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00			

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02/05/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/05/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/05/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
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02/09/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/10/15	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobiliz...	\$70.00				\$70.00	\$0.00
02/10/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/10/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
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02/17/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/18/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
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02/18/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
ACCOUNT NBR					CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0002000000006431					\$865.00	\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00

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DANNY FERNANDEZ, RPT
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AMADO CONANAN, PT, DPT
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MARJORIE PANIA, PT
Lic# 032529

AMADO COMANAN, PT, DPT
License No: 022161

1

FIRST	Norma	LAST	Blanco	ACCT. NO.	(13411)
DATE	JAN 22 2015				
PHYSICAL THERAPY PROGRESS NOTES					
R: Rx ch pain in w/ly @ch					
@ to					
O: @pex in w/ly					
@ to @ch @h					
A: @treated tx w/ly					
P: TX Given					
@p/ET ch/ly					
@p @ch @h					
TAPR					
The EX a to @ch					
Norma Blanco					
Diana Fernandez, RPT LICENSE No. 025720					

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Liberty 032529

~~Maria T. Figueira, PTA 1~~
~~Lic. No. 007040~~

MARJORIE PANA, PT
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MARJORIE PANA, PT
License No. 032529

DANNY FERNANDEZ, RPT
LICENSE No. 025720

NOV 21 2014

Anna Blom

WARJORIE PANA, PT
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ERNILLO TENECIO, RPT
License No. 027695

~~NOV 17 2014~~

JANNY FERNANDEZ, RPT
(LICENSE No. 0025720)

Jefferson Uy, PTA
Lic. No. 006578

AMADO CONANAN, PT, DPT
License No. 022161

~~MARJORIE PANA, PT~~
License No. 032529

DANNY FERNANDEZ, RPT
LICENSE No. 025720

MARJORIE PANA, PT
License No. 032529

ERNILLO TENECIO, RPT
License No. 027695

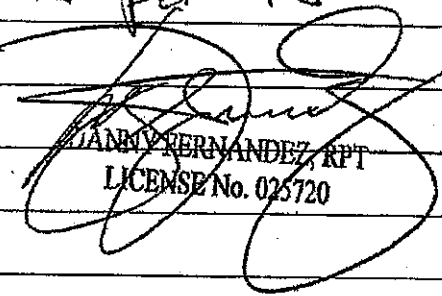
FIRST	Noema	LAST	Blanco	ACCT. NO.	220871
DATE	PHYSICAL THERAPY PROGRESS NOTES				
OCT 31 2017	<p>O: Cb aching pain CE, LS, (L) knee and shoulder.</p> <p>O: CE, LS flexion > rotation tightness</p> <p>(L) knee extensor weakness.</p> <p>(L) shoulder sup tightness.</p> <p>(L) ankle PF & inversion tightness.</p> <p>A: treatment to make</p> <p>P: Hip/LS x ism x CE, (L) knee</p> <p>Hip x ism x LS</p> <p>Therapeutic Exercise.</p>				
	<p>Noema Blanco</p> <p>Abigail Santiago, PTA License # 009243</p> <p>MARJORIE PANA, PT License No. 032529</p>				

FIRST	Neema	LAST	Blanco	ACCI. NO.	919598
DATE	OCT 29 2014				
PHYSICAL THERAPY PROGRESS NOTES					
S: Pt. @ Pain in neck, shoulder					
D: @ shoulder (L) @ neck					
A: @ shoulder @ neck					
P: @ neck @ shoulder					
X 20 in					
Amado Blanco					
AMADO CONANAN, PT, DPT License No. 022161					

FIRST	Norma	LAST	Blanco	ACCT. NO.	217609
DATE	OCT 27 2014				
PHYSICAL THERAPY PROGRESS NOTES					
S: PT do pain (L4) Outbound, Outbound, Outbound.					
O: PT do pain (L4) Outbound, Outbound, Outbound.					
A: Outbound to Inbound					
D: Hmp / FJ at L4 X15mi					
Hmp Outbound, Outbound, Outbound X15mi					
Hmp Inbound X15mi					
Hmp X15mi.					
Y Norma Blanco					
MARJORIE PANA, PT License No. 032529					

FIRST	Norma	LAST	Blanco	ACCT. No.	07717
DATE	OCT 25 2014				
PHYSICAL THERAPY PROGRESS NOTES					
S: pt. c/o pain on neck, @ sh, L B, @ knee, $\frac{1}{2}$ @ ankle.					
O: (G) ms. - spasm on paraspinals					
A: pt. - tol. tx. well.					
P: MX: - ES/HMP on C5-7S x 15 mins					
- HMP on @ sh. @ knee x 15 mins					
- TRec. - AS. @ per FLS x 8 mins					
Norma Blanco					
ADOLF TROY BATAO, PTA License No. 008149					
MELANY HUGO, PT Lic #026103					

OCT 24 2014

FIRST	Norma	LAST	Blanco	ACCT. NO.	214288
DATE	OCT 21 2017				
PHYSICAL THERAPY PROGRESS NOTES					
S: Px. ds pain in all 4 @m @n + antice					
O: @pain in all 4 + tenderness @m @n @ante					
A: @tential tx well					
P: TX @m					
Adv/RT/tx/rn on per TS					
y Norma Blanco					
 JANNY HERNANDEZ, RPT LICENSE No. 025720					

FIRST	NORMA	LAST	BLANCO	ACCT. NO.	213209
DATE	OCT 18 2014				
PHYSICAL THERAPY PROGRESS NOTES					
S: ps No pain in neck low back					
D: (L) knee (L) ankle					
A: (L) shoulders as Qs LS					
P: 1d 5/1x p treatment					
PT mt: hand ems x15					
MTR x 5					
Norma Blanco					
AMADO CONANAN, PT, DPT License No. 022161					

MARJORIE PANA, P.
Licence No. 032529

MARJORIE PANA, PT
License No. 032529

ED Visit Discharge Report

Page: 1

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Health Issues:	Admitting Dx	Swelling, mass, or lump in head and neck	Swelling, mass, or lump in head and neck
Health Issues:	Chief Complaint	Accidental fall	Unspecified fall
Health Issues:	Chief Complaint	Facial swelling	Swelling, mass, or lump in head and neck
Health Issues:	ED Final DX	Accidental fall	Unspecified fall
Health Issues:	Other	3M FALL/OH	
Providers:	Attending	Garg MD, Nidhi	Medical Staff
Providers:	Primary	Garg MD, Nidhi	Medical Staff
Providers:	Referring	Garg MD, Nidhi	Medical Staff
Visit Comments:	Financial Class	J	
Visit Comments:	Financial Class	T	

10/05/2014 13:09 STAT, Stretcher

CT Head/Brain W/O Contrast

10/05/2014 13:32 1 or more Final Results
Received

STAT, Stretcher

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 13:32	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 14:04	interfaces, interfaces (IT)	ResultedResultedResulted	Interim Results Received	
10/05/2014 22:29	Boltin, Carolyn (MD)	ResultedResultedResulted	Interim Results Received	
10/05/2014 22:32	interfaces, interfaces (IT)	ResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:13	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

ED Visit Discharge Report

Page: 2

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56-45 Main Street
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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Order
10/05/2014 13:32 CT Facial Bones W/O Contrast

CT Facial Bones W/O Contrast

10/05/2014 13:32 1 or more Final Results Received

STAT, Stretcher

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 13:32	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 15:38	interfaces, interfaces (IT)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:21	interfaces, interfaces (IT)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:29	Boltin, Carolyn (MD)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:32	interfaces, interfaces (IT)	ResultedResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:15	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

XR Hand 3 Views Min LT

10/05/2014 14:11 1 or more Final Results Received

STAT, Stretcher

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 14:11	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 17:16	interfaces, interfaces (IT)	ResultedResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	Eubig, Jan (MD)	ResultedResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	interfaces, interfaces (IT)	ResultedResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:16	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

ED Visit Discharge Report

Page: 3

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DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Order	Order Date	Order Time	Order Status	Order Type	Order Category	Order Subcategory	Order Description	Order Instructions	Order Notes
XR Knee 4 Views Min LT	10/05/2014 13:09	10/05/2014 14:11	1 or more Final Results Received						

STAT, Stretcher

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 14:11	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 17:15	interfaces, interfaces (IT)	ResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	Eubig, Jan (MD)	ResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	interfaces, interfaces (IT)	ResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:16	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

Tetanus Toxoids, Diphtheria & Acellular Pertussis 10/05/2014 13:09 Completed/Stop Date Reached 10/05/2014 13:09
(Adacel)DOSE: 0.5 mL intraMUSCULAR ONCE.PRIORITY: STAT, Stop After: 1 Times; Indication: VaccinationNOTE: Administer only IM. in deltoid muscle of upper arm.

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Active	Garg MD, Nidhi (MD)
10/05/2014 13:09	Myong, Jana (RPH)	Modified	Active	
10/05/2014 14:22	_services, (Interfaces)	Completed	Completed/Stop Date Reached	

Acetaminophen 325mg / Oxycodone 5mg Tablet 10/05/2014 13:09 Completed/Stop Date Reached 10/05/2014 13:09

Brand: (Percocet)Dose: 1 tablet oral ONCE.PRIORITY: STAT, Stop After: 1 Times; Indication: PainNOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.**Please verify drug and dose before administering**

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Active	Garg MD, Nidhi (MD)
10/05/2014 13:09	White, Angelina (RPH)	Modified	Active	
10/05/2014 14:21	_services, (Interfaces)	Completed	Completed/Stop Date Reached	

ED Discharge Patient

10/05/2014 14:11 Completed

10/05/2014 15:10

Additional ED Final DX: E888.9 Accidental fallComment: Time of Completion of the ED Discharge Order is the time the patient physically leaves the Emergency Department.

When	Who	Function	New Status	Electronically Signed By
10/05/2014 14:11	Garg MD, Nidhi (MD)	New	Active	Garg MD, Nidhi (MD)
10/05/2014 15:10	Garg MD, Nidhi (MD)	Completed	Completed	

ED Visit Discharge Report

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56-45 Main Street
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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 14:21 Requested by: ADM, Override User (ADM User) ADM, Override User (ADM User) ADM, Override User (ADM User)

(ADM)

10/05/2014 14:20 Completed

ADM Item Removed (Override) - tetanus/diphtheria/accel pertussis (Tdap) BOOSTER injectionQty Removed: 1 each

When	Who	Function	New Status	Electronically Signed By
10/05/2014 14:21	ADM, Override User (ADM User)	New	Completed	

(ADM)

10/05/2014 14:20 Completed

ADM Item Removed (Override) - acetaminophen 325mg / oxycodone 5 mg tabletQty Removed: 1 each

When	Who	Function	New Status	Electronically Signed By
10/05/2014 14:21	ADM, Override User (ADM User)	New	Completed	

Tasks

Medication - Scheduled

Acetaminophen 325mg / Oxycodone 5mg Tablet

Brand: (Percocet)

Dose: 1 tablet oral ONCE.

Priority: STAT, Stop After: 1 Times; Indication: Pain

NOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.

Please verify drug and dose before administering

Start: Oct-05-14 13:09

Stop: Oct-05-14 13:09

Requested by: Garg MD, Nidhi (MD)

Oct-05-14 14:21 Rickman, Diana (RN)

Performed

Entered by: 10/5/2014 2:21:33 PM

Tetanus Toxoids, Diphtheria & Acellular Pertussis (Tdap) BOOSTER Vaccine (Adacel)

DOSE: 0.5 mL IntraMUSCULAR ONCE.

Priority: STAT, Stop After: 1 Times; Indication: Vaccination

NOTE: Administer only I.M. in deltoid muscle of upper arm.

Start: Oct-05-14 13:09

Stop: Oct-05-14 13:09

Requested by: Garg MD, Nidhi (MD)

14:21 Rickman, Diana (RN)

Performed

Entered by: 10/5/2014 2:22:27 PM

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
10/05/2014 13:32	CT Facial Bones W/O Contrast			
10/05/2014 22:32	CT Facial Bones W/O Contrast			

ED Visit Discharge Report

Page: 5

Printed: Feb-10-2015 10:34

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56-45 Main Street
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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	BLANCO, NORMA DOB: 09/26/1940 Pt Loc: Emergency Dept	1092238 Age: 74 years Order Dr: GARG RESIDENT MD, NIDHI	000414265262 Sex: F	
	RADIOLOGY			
	Exam: CT FACIAL BONES W/O CONT	Accession Nbr: CT-14-034890	Exam Date/Time: 10/05/2014 13:32:08	
	CPT-4: 70486			
	83401500			
	Reason for Exam: fall			
	REPORT:			
	CT OF THE FACIAL BONES, 10/5/14			
	HISTORY: FALL			
	TECHNIQUE: CONTIGUOUS AXIAL IMAGES WERE OBTAINED THROUGH THE MAXILLOFACIAL REGION WITH CORONAL AND SAGITTAL RECONSTRUCTION IN BONE AND SOFT TISSUE WINDOW.			
	FINDINGS:			
	THERE IS SOFT TISSUE AND POLYP VERSUS RETENTION IN THE RIGHT MAXILLARY SINUS WITH MUCOSAL THICKENING WITHIN THE RIGHTWARD ASPECT OF THE SPHENOID. THE REMAINING PARANASAL SINUSES ARE WELL AERATED. THERE IS NO EVIDENCE OF ACUTE FRACTURE OR DISLOCATION OF THE MAXILLOFACIAL REGION. THE ORBITS ARE SYMMETRIC. THE OPTIC NERVES ARE INTACT. THERE IS PRESEPTAL SOFT TISSUE SWELLING ON THE LEFT. NO EVIDENCE OF INTRA CORNEAL AIR.			
	IMPRESSION:			
	LEFT SIDED PRESEPTAL SOFT TISSUE SWELLING. RIGHT MAXILLARY AND RIGHT SPHENOID SINUS DISEASE. NO EVIDENCE OF ACUTE OSSEOUS INJURY.			
	Transcriptionist: JL			
	Dictating Radiologist: BOLTIN M.D., CAROLYN M			
	Date & Time Verified: 05-OCT-2014 10:26			
	BOLTIN M.D., CAROLYN M (Electronic Signature)			
10/05/2014 13:32	CT Head/Brain W/ Contrast			
10/05/2014 22:32	CT Head/Brain W/O Contrast			

ED Visit Discharge Report

Page: 6

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56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Date	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	<p>BLANCO, NORMA 1092238 000414265262 DOB: 09/26/1940 Age: 74 years Sex: F Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI</p> <p>RADIOLOGY</p> <p>Exam: Accession Nbr: Exam Date/Time: CT HEAD/BRAIN W/O CONTR CT-14-034889 10/05/2014 13:32:08</p> <p>CPT-4: 70450</p> <p>83400280</p> <p>Reason for Exam: fall</p> <p>REPORT:</p> <p>CT OF THE HEAD WITHOUT CONTRAST, 10/5/2014.</p> <p>HISTORY: FALL.</p> <p>TECHNIQUE:</p> <p>CONTIGUOUS AXIAL IMAGES WERE OBTAINED FROM THE SKULL BASE TO THE VERTEX WITHOUT THE BENEFIT OF INTRAVENOUS CONTRAST.</p> <p>FINDINGS:</p> <p>COMPARISON: 10/29/13.</p> <p>THE VENTRICLES AND SULCI ARE NORMAL IN SIZE AND CONFIGURATION. THERE IS NO EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE OR EXTRA-AXIAL COLLECTION. NO MIDLINE SHIFT OR MASS EFFECT. THE PARANASAL SINUSES AND TYMPANOMASTOID CAVITIES ARE WELL AERATED. THE CALVARIUM IS INTACT.</p> <p>IMPRESSION:</p> <p>NO EVIDENCE OF ACUTE INTRACRANIAL INJURY.</p> <p>Transcriptionist: JR Dictating Radiologist: BOLTIN M.D., CAROLYNM Date & Time Verified: 05-OCT-2014 10:26</p> <p>BOLTIN M.D., CAROLYNM (Electronic Signature)</p>			
10/05/2014 14:11	XR Hand 3 Views Min LT			
10/06/2014 21:02	XR Hand 3 Views Min LT			

ED Visit Discharge Report

Page: 7

Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	BLANCO, NORMA DOB: 09/26/1940 Pt Loc: Emergency Dept	1092238 Age: 74 years Order Dr: GARG RESIDENT MD, NIDHI	000414265262 Sex: F	
	RADIOLOGY			
	Exam:	Accession Nbr:	Exam Date/Time:	
	XR HAND 3 VIEWS MIN LT	XR-14-098644	10/05/2014 14:11:18	
	CPT-4:			
	73130LT			
	80016045			
	Reason for Exam:			
	n/o fx			
	REPORT:			
	THREE VIEWS LEFT HAND, 10/5/2014.			
	CLINICAL HISTORY: TRAUMA.			
	FINDINGS/IMPRESSION:			
	NO ACUTE FRACTURE OR DISLOCATION IDENTIFIED.			
	719.44			
	Transcriptionist: JR			
	Dictating Radiologist: EUBIG M.D., JAN A			
	Date & Time Verified: 06-OCT-2014 9:01			
	EUBIG M.D., JAN A (Electronic Signature)			
10/05/2014 14:11	XR Knee 3 Views Min LT			
10/06/2014 21:02	XR Knee 4 Views Min LT			

ED Visit Discharge Report

Page: 8

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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	BLANCO, NORMA	1092238	000414265262	
	DOB: 09/26/1940	Age: 74 years	Sex: F	
	Pt Loc: Emergency Dept	Order Dr: GARG RESIDENT MD, NIDHI		
	RADIOLOGY			
	Exam:	Accession Nbr:	Exam Date/Time:	
	XR KNEE 4 VIEWS MIN LT	XR-14-098645	10/05/2014 14:11:18	
	CPT-4:			
	73564LT			
	80016053			
	Reason for Exam:			
	r/o fx			
	REPORT:			
	THREE VIEWS OF THE LEFT KNEE, 10/5/2014.			
	CLINICAL HISTORY: TRAUMA.			
	FINDINGS/IMPRESSION:			
	THERE ARE MILD TRICOMPARTMENTAL DEGENERATIVE CHANGES. NO ACUTE FRACTURE OR DISLOCATION DETECTED. NO RADIOGRAPHIC EVIDENCE OF KNEE JOINT EFFUSION.			
	719.46			
	Transcriptionist: JR			
	Dictating Radiologist: EUBIG M.D., JAN A			
	Date & Time Verified: 06-OCT-2014 9:01			
	EUBIG M.D., JAN A			
	(Electronic Signature)			

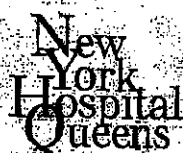
ED Visit Discharge Report

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Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

05-Oct-2014 12:42:11 F: Vital Signs Flow sheet (ED)

Chaitin, Yolanda (RN)

Entered: 10/5/14 12:42

TEMPERATURE

Temperature - F : 97 degrees F

Temperature - C : 36.1 degrees C

Temperature Source : oral

HEART RATE

Heart Rate Rate : 79

RESPIRATORY

Resp Rate, patient : 14

SpO2 (Pulse Ox) % : 96

NON-INVASIVE BLOOD PRESSURE

Systolic BP Systolic : 200

Diastolic BP Diastolic : 92

Mean (mmHg) Mean : 128

PAIN MONITOR INTERVENTION

Numeric Rating Scale (NRS) Pain Score : (5- Moderate Pain)

04-Oct-2014 12:42:11 Respiratory Flow sheet (ED)

Chaitin, Yolanda (RN)

Entered: 10/5/14 12:42

INSP GAS

Resp Rate, patient : 14

PULSE OX

SpO2 (Pulse Ox) % : 96

ED Visit Discharge Report

Page: 10

Printed: Feb-10-2015 16:34

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MRN: 1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 12:42 ED Nursing - Primary
Evaluation Note

Chalabi, Yolanda (RN)

Entered: 10/05/2014 15:50

Time of Triage/Evaluation:

- Time of Triage 12:19
- Time of Evaluation 12:42

Communication:

- History obtained by patient
- Interpreter Request not applicable

CHIEF COMPLAINT:

Chief Complaint:

- Facial swelling: Status: Active, Entered Date: 05-Oct-2014 12:43
- Accidental fall: Status: Active, Entered Date: 05-Oct-2014 12:43

ADDITIONAL CHIEF COMPLAINT INFORMATION:

- Additional Chief Complaint Information no loc,

Visit Information:

- Mode of Arrival family/friend
- Past Medical Hx Hypertension diabetes, h/d, circulation
- If present, list the following conditions of the patient Conditions not present - the patient does not have immunodeficiencies, malignancy, bone marrow or other organ transplant(s), asplenia or indwelling central catheter.
- Private MD Dr. Jamie Roman

ALLERGIES:

Allergies/Intolerances:

Allergies:

- No Known Allergies: Active

HOME MEDICATIONS:

Types of Home Medications:

- Types of Home Medications anticoagulants antihypertensives hypoglycemic agents

VITAL SIGNS:

Vital Signs:

Vital Signs:

- Temperature - F 97 degrees F
- Temperature - C 36.1 degrees C
- Temperature Source oral
- Systolic BP 200
- Diastolic BP 92
- Mean (mmHg) 128
- Heart Rate 79

ED Visit Discharge Report

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ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 12:42	ED Nursing - Primary	Chaires, Yolanda (RN)	Entered: 10/05/2014 12:50
Evaluation Note			

- Resp Rate, patient 14
- SpO2 (Pulse Ox) 96

PAIN ASSESSMENT:

Numeric Rating Scale (NRS):

- Numeric Rating Scale (NRS) 5- Moderate Pain

TRACKING CONTROLS:

- Triage Acuity Level 3 - Acute
- Treatment Area Main ED
- Triage Complete Complete

Electronic Signatures:

Chaires, Yolanda (RN) (Signed 05-Oct-2014 12:50)

Authored: TIME OF TRIAGE, CHIEF COMPLAINT, ADDITIONAL CHIEF COMPLAINT INFORMATION,
VISIT INFORMATION, ALLERGIES, HOME MEDICATIONS, VITAL SIGNS, PAIN ASSESSMENT,
TRACKING CONTROLS

Last Updated: 05-Oct-2014 12:50 by Chaires, Yolanda (RN)

ED Visit Discharge Report

Page: 12

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By: Gifford, S Betty (Medical Record Clerk)

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56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Gug MD, Nidhi

10/05/2014 13:05 - ED Nursing - Property

Qosja, Altin (Emergency

Entered: 10/05/2014 13:05

Room Technician)

- Belongings Sent Home With:
- Clothes:

family
sent home, all belongings given to pt's son fernando
blanco

Electronic Signatures:

Qosja, Altin (Emergency Room Technician) (Signed 05-Oct-2014 13:05)*Authored: Please complete all sections for each transfer***Last Updated: 05-Oct-2014 13:05 by Qosja, Altin (Emergency Room Technician)**

ED Visit Discharge Report

Page: 13

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:09 Medical Problem: ED Garg MD, Nidhi (MD) Entered: 10/05/2014 14:33 Revised:

Time of Triage:

- Time of Triage 12:19

BASIC INFORMATION:

- Time seen: 05-Oct-2014 12:30
- History source: patient, family
- Current Barriers: none
- Patient's Preferred Language for Speaking about Healthcare: English
- Mode of Arrival: family/friend¹⁰
- LMP: postmenopausal

Chief Complaint:

- Facial swelling (784.2): Entered Date: 05-Oct-2014 12:43, Coding System: ICD9, Entered By: Chaires, Yolanda
- Accidental fall (E888.9): Entered Date: 05-Oct-2014 12:43, Coding System: ICD9, Entered By: Chaires, Yolanda

VITAL SIGNS:

ED Vital Signs PS:

1. Vital Signs Flow sheet (ED):

05-Oct-2014 12:42

Temperature - F	97
Temperature - C	36.1
Temperature Source	oral
Heart Rate Rate	79
Resp Rate, patient	14
SpO2 (Pulse Ox) %	96
Systolic BP Systolic	200
Diastolic BP Diastolic	92
Mean (mmHg) Mean	128
Numeric Rating Scale (NRS)	5- Moderate Pain
Pain Score	

OUTPATIENT MEDS:

*Patient Currently Takes Medications as of 29-Oct-2013 21:35 documented in Prescription Writer

- doxycycline hyclate 100 mg tablet: Rx, 1 tab(s) orally 2 times a day x 10 days, Status: Active
- Colace 100 mg oral capsule: Rx, 1 tab(s) orally 3 times a day x 7 days Constipation, Status: Active, Comment: Medication should be taken with plenty of water.
- IBU 600 mg tablet: Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tablet: Rx, 1 tab(s) orally every 6 hours x 3 days, Status: Active
- cannot recall Hx, Status: Active
- Insulin analog: Hx, Status: Active
- Diovan: Hx, Status: Active

ED Visit Discharge Report

Page: 14

Printed: Feb-10-2015 10:34

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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Services:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:09 Medical Problem: ED, Garg MD, Nidhi (MD) Entered: 10/05/2014 13:09 Revises:

- Actos 45 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Catapres 0.2 mg oral tablet: Hx, 1 orally 3 times a day, Status: Active
- simvastatin 80 mg oral tablet: Hx, 1 orally once a day (at bedtime), Status: Active
- Glucophage 1000 mg oral tablet: Hx, 1 orally 2 times a day, Status: Active
- carvedilol 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day, Status: Active
- meloxicam 7.5 mg oral tablet: Hx, 1 orally once a day, Status: Active
- acetaminophen 500 mg oral tablet: Hx, 1 orally every 6 hours, Status: Active
- clopidogrel 75 mg oral tablet: Hx, 1 orally once a day, Status: Active
- furosemide 40 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Exforge HCT 10 mg-320 mg-25 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Januvia 100 mg oral tablet: Hx, 1 orally once a day, Status: Active

Attestation Statement:

• ATTESTATION STATEMENT:

I have reconciled the Medication List on admission
or current medication administration recordAllergies/Intolerances:

Allergies:

- No Known Allergies: Active

HISTORY OF PRESENT ILLNESS:

- Presents with
- Presents With Comments:

fall
74 y/o F with h/o htn, dm, obesity, chf, cad p/w fall
on the street after she tripped and fell on face, left
hand and knee, no loc, remembers all events pre
and post fall. Pt complain of left eyebrow swelling,
left hand abrasion and left knee painREVIEW OF SYSTEMS:

- Other Significant Review of Systems:

All other systems reviewed and negative

Past Medical History:

- Past Medical History

see hpi

Past Surgical History:

- Past Surgical History

see hpi

Family History:

- Family History

none

Social History:

- Lives
- Place of Living

with family
homePHYSICAL EXAM:

- General:

no apparent distress, non toxic, well hydrated

ED Visit Discharge Report

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:09 Medical Problem: ED Garg MD, Nidhi (MD) Entered: 10/05/2014 13:33 Revised

- **Eyes:** extra ocular muscles intact, pupils equal, round, reactive to light and accommodation, conjunctivae and lids within normal limits, left eyebrow swelling within normal limits, no septal hematoma
- **Ear, Nose and Throat:** regular, rate and rhythm, no murmurs, no gallops, no rubs, no jugular venous distension, radial and pedal pulse within normal limits, capillary refill less than seconds
- **Cardiovascular:** clear to auscultation, no wheezes, no rhonchi, no rales
- **Lungs:** Soft, non-tender, non-distended, bowel sounds within normal limits
- **Gastrointestinal:** no costovertebral angle tenderness
- **Genitourinary:** full range of motion, no deformity, no calf tenderness, radial and pedal pulses within normal limits
- **Extremities-musculoskeletal:** non-tender head, non-tender face, non-tender neck
- **Head/Neck-musculoskeletal:** stable, non-tender pelvic, non-tender back
- **Pelvis/Back-musculoskeletal:** no petechiae or purpura
- **Heme/Lymphatics:** left palm abrasion and left knee road rash
- **Skin:** alert, no pronate drift, cranial nerves II-XII intact, no nystagmus, motor within normal limits, sensation intact, cerebellar within normal limits
- **Neurology:** mood and affect within normal limits, oriented times three
- **Psych:**

Order Entry:

- Acetaminophen 325mg / Oxycodone 5mg Tablet, Brand: (Percocet)
Dose: 1 tablet oral ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Pain
NOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.
Please verify drug and dose before administering, 05-Oct-2014, Active, 05-Oct-2014, Standard
- Tetanus Toxoids, Diphtheria & Acellular Pertussis (Tdap) BOOSTER Vaccine, (Adacel)
DOSE: 0.5 mL Intramuscular ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Vaccination
NOTE: Administer only I.M. in deltoid muscle of upper arm., 05-Oct-2014, Active, 05-Oct-2014, Standard
- XR Knee 4 Views Min LT, STAT, Stretcher, 05-Oct-2014, Pending, Standard

Results review:

- **CXR result:** within normal limits, No acute findings
- **X-ray: Body location:** xr pelvis, left hand, left knee
- **X-ray:** within normal limits, normal alignment, normal soft tissue, no fracture, Interpretation by emergency physician

ED Visit Discharge Report

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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:09 Medical Problem: ED Garg MD, Nidhi (MD) [Entered: 10/05/2014 14:33] *Revised*

- CT: head with contrast, facial
- CT result: within normal limits, left preseptal soft tissue swelling

PLANNED PATIENT DISPOSITION:**ED Final Diagnosis:**

- Accidental fall (E888.9): Entered Date: 05-Oct-2014 14:11, Coding System: ICD9, Coded Name: Unspecified fall, Entered By: Garg MD, Nidhi

PLANNED PATIENT DISPOSITION:

- Counselor:: Patient, Family
- Condition: stable, fair, well controlled
- Disposition Note:: pt discharge home after tdap, pt given motrin and percocet for pain, pt instructed about side effects of percocet, and instructed to drink rune juice, take it mostly at night, instructed to apply ice on left eye pt instructed to return promptly in c/o worsening symptoms, pt verbalized understanding of instructions given in ED and plan of care
- Disposition:: discharge
- Discharge:: to home
- Private MD: Dr. Jamie Roman^{MD}

Electronic Signatures:**Garg MD, Nidhi (MD)** (Signed 05-Oct-2014 14:33)

Authored: LOAD PRE-COMPLETED NOTE, BASIC INFORMATION, VITAL SIGNS, OUTPATIENT MEDS, HISTORY OF PRESENT ILLNESS, REVIEW OF SYSTEMS, PFSH, PHYSICAL EXAM, MEDICAL DECISION MAKING, PLANNED PATIENT DISPOSITION

Last Updated: 05-Oct-2014 14:33 by Garg MD, Nidhi (MD)

References:

1. Data Referenced From "ED Nursing - Primary Evaluation Note" 5-Oct-2014 12:42

05-Oct-2014 14:33 Vital Signs Provided (ED) [Entered: 10/05/2014 14:33]

PAIN MONITOR INTERVENTION

Pain Present : yes

Pain Location : left hand

Numeric Rating Scale (NRS) Pain Score : (5- Moderate Pain)

Acceptable Pain Score : (0- No Pain)

ED Visit Discharge Report

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DOB: Sep-26-1940

BLANCO, NORMA

ED/THT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:43 ED Nursing, Physical

Rickman, Blain H N

Entered: 10/05/2014 14:29

Revised**

TIME SEEN:**Time of Assessment:**

- Time of Assessment 13:43

COMMUNICATION BARRIERS:**Language/Communication Assessment:**

- Communication Method/Special Needs of the Patient verbal
- Current Barriers none^Q
- Preferred Way(s) to Discuss Healthcare: hear/speak
- Patient's Preferred Language for Speaking about Healthcare: English^Q
- Patient's Preferred Language for Reading about Healthcare: English
- Interpreter Request not applicable^Q

GENERAL ASSESSMENT:**General Assessment:**

- Rapid HIV testing offered (Ages 13-64 years ONLY) - patient's response N/A, patient not within age range
- Immunizations. unknown

HOME MEDICATIONS:**Outpatient Medication Profile:**

* Patient Currently Takes Medications as of 29-Oct-2013 21:35 documented in Prescription Writer

- doxycycline hyclate 100 mg tablet: Rx, 1 tab(s) orally 2 times a day x 10 days, Status: Active
- Colace 100 mg oral capsule: Rx, 1 tab(s) orally 3 times a day x 7 days Constipation, Status: Active, Comment: Medication should be taken with plenty of water.
- IBU 600 mg tablet: Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tablet: Rx, 1 tab(s) orally every 6 hours x 3 days, Status: Active
- cannot recall Hx, Status: Active
- Insulin analog: Hx, Status: Active
- Diovan: Hx, Status: Active
- Actos 45 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Catapres 0.2 mg oral tablet: Hx, 1 orally 3 times a day, Status: Active
- simvastatin 80 mg oral tablet: Hx, 1 orally once a day (at bedtime), Status: Active
- Glucophage 1000 mg oral tablet: Hx, 1 orally 2 times a day, Status: Active
- carvedilol 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day, Status: Active
- meloxicam 7.5 mg oral tablet: Hx, 1 orally once a day, Status: Active
- acetaminophen 500 mg oral tablet: Hx, 1 orally every 6 hours, Status: Active
- clopidogrel 75 mg oral tablet: Hx, 1 orally once a day, Status: Active

ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:43	ED Nursing - Physical	Rickman, Diana (RN)	Entered: 10/05/2014 14:29	Revised: 10/05/2014 14:29
Assessment Note, Adult				

- furosemide 40 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Exforge HCT 10 mg/320 mg/25 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Januvia 100 mg oral tablet: Hx, 1 orally once a day, Status: Active

PHYSICAL ASSESSMENT:**Neurological:**

- Neurological Assessment alert
- Orientation oriented to time, oriented to place, oriented to person
- Pupils equal, round, reactive
- Hand Grasps equal
- Gait unable to assess

Glasgow Coma Assessment:

- Eye Opening spontaneously
- Best Verbal Response oriented
- Best Motor Response obeys verbal commands
- Total GCS Score 16

Respiratory:

- Left Lung Sounds clear
- Right Lung Sounds clear

Eyes, Ears and Nose:

- Eyes, Ears and Nose - Normal no vision impairment, no hearing impairment, no pain, otorrhea, or rhinorrhea

Mouth, Teeth and Throat:

- Mouth, Teeth and Throat - Normal lips smooth, pink and moist, mucous membranes pink and moist, teeth intact, no evidence of decay, no bleeding gums, swallowing without difficulty

Cardiovascular:

- Prior Medical Condition yes, PMH CHF, DM, HTN
- Pulses regular
- Nailbed Color pink

Gastrointestinal:

- Abdomen soft, non-tender, distended
- Bowel Sounds present in all quadrants

Genitourinary:

- Genitourinary - Normal voiding without difficulty, clear urine, no bladder distention, continent

GYN:

- GYN Assessment post-menopausal

ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

By: Clifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN: 1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:43 ED Nursing - Physical
Assessment Note, Adult

Rickman, Diana (RN)

Entered: 10/05/2014 14:29

Revised:

Psych:

- Psych- Normal

alert, oriented, and communicative, insight, affect,
and behavior appropriate to situation

Skin:

- Skin Description
- Mucous Membrane
- Skin Temperature
- Skin Intact
- Additional Information

dry
pink
warm
yes
Patient noted with left hand abrasion and left knee
swelling

Musculoskeletal:

- Additional Information

Patient presented to the ED status post a trip and
fall. Patient ambulates with cane. Patient noted with
full ROM in b/l upper and lower extremities. Palpable
pulses noted in b/l upper and lower extremities.
Patient denies dizziness, chest pain, headache,
numbness, tingling or weakness in b/l upper and
lower extremities. Patient safety maintained.PAIN ASSESSMENT:

Pain Assessment:

- Pain Present
- Pain Location
- Quality
- Onset of Pain

yes
left hand
aching
sudden

ADULT ONLY - Numeric Rating Scale (NRS):

- Numeric Rating Scale (NRS)
- Acceptable Pain Score

5- Moderate Pain
0- No Pain

Assessment Complete:

- Assessment Completed:

yes

Electronic Signatures:

Rickman, Diana (RN) (Signed 05-Oct-2014 14:29)

Authored: TIME SEEN, COMMUNICATION BARRIERS, GENERAL ASSESSMENT, HOME
MEDICATIONS, PHYSICAL ASSESSMENT, PAIN ASSESSMENT, ASSESSMENT COMPLETE

Last Updated: 05-Oct-2014 14:29 by Rickman, Diana (RN)

References:

1. Data Referenced From "Medical Problem, ED" 5-Oct-2014 1:09 PM
2. Data Referenced From "ED Nursing - Primary Evaluation Note" 5-Oct-2014 12:42 PM

ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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Flushing, NY 11355

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BLANCO, NORMA

ED/TBT

Valid#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 15:18 ED Nursing Disposition: Rickman, Dana(RN) [Entered: 10/05/2014 15:18]

ALLERGIES:**Allergies/Intolerances:****Allergies:**

- No Known Allergies: Active

OUTPATIENT MEDICATIONS:**Outpatient Medication Profile:***** Patient Currently Takes Medications as of 05-Oct-2014 14:17 documented in Prescription Writer**

- ibuprofen 600 mg oral tablet:** Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active, Comment: It is very important that you take or use this exactly as directed. Do not skip doses or discontinue unless directed by your doctor.
May cause drowsiness or dizziness.
Obtain medical advice before taking any non-prescription drugs as some may affect the action of this medication.
Take with food or milk.
- acetaminophen-hydrocodone 325 mg-5 mg oral tablet:** Rx, 1 tab(s) orally 3 times a day Abdominal Pain, Status: Active, Comment: Caution federal law prohibits the transfer of this drug to any person other than the person for whom it was prescribed.
May cause drowsiness. Alcohol may intensify this effect. Use care when operating dangerous machinery.
This product contains acetaminophen. Do not use with any other product containing acetaminophen to prevent possible liver damage.
Using more of this medication than prescribed may cause serious breathing problems.
- doxycycline hyclate 100 mg tablet:** Rx, 1 tab(s) orally 2 times a day x 10 days, Status: Active
- Colace 100 mg oral capsule:** Rx, 1 tab(s) orally 3 times a day x 7 days Constipation, Status: Active, Comment: Medication should be taken with plenty of water.
- IBU 600 mg tablet:** Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tablet:** Rx, 1 tab(s) orally every 6 hours x 3 days, Status: Active
- cannot recall: Hx, Status: Active
- Insulin analog: Hx, Status: Active
- Diovan: Hx, Status: Active
- Actos 45 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Catapres 0.2 mg oral tablet: Hx, 1 orally 3 times a day, Status: Active
- simvastatin 80 mg oral tablet: Hx, 1 orally once a day (at bedtime), Status: Active
- Glucophage 1000 mg oral tablet: Hx, 1 orally 2 times a day, Status: Active
- carvedilol 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day, Status: Active
- meloxicam 7.5 mg oral tablet: Hx, 1 orally once a day, Status: Active
- acetaminophen 500 mg oral tablet: Hx, 1 orally every 6 hours, Status: Active
- clopidogrel 75 mg oral tablet: Hx, 1 orally once a day, Status: Active
- furosemide 40 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Exforge HCT 10 mg-320 mg-25 mg oral tablet: Hx, 1 orally once a day, Status: Active

ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharge: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 15:18 ED Nursing - Disposition: Reikman, Diana (RN) Entered: 10/05/2014 15:18

Note:

- Januvia 100 mg oral tablet: Hx, 1 orally once a day, Status: Active

ORDERS:**Order Entry:**

- Acetaminophen 325mg / Oxycodone 5mg Tablet, Brand: (Percocet)
Dose: 1 tablet oral ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Pain
NOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.
Please verify drug and dose before administering, 05-Oct-2014, Completed/Stop Date Reached, 05-Oct-2014, Standard
- Tetanus Toxoids, Diphtheria & Acellular Pertussis (Tdap) BOOSTER Vaccine, (Adacel)
DOSE: 0.5 mL Intramuscular ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Vaccination
NOTE: Administer only IM. In deltoid muscle of upper arm., 05-Oct-2014, Completed/Stop Date Reached, 05-Oct-2014, Standard

IMMUNIZATIONS:**Health Manager:****Charted Data:**

Tdap: Tdap - (Adacel/Boostrix), Dose #: 1, Action Date/Time: 05-Oct-2014 14:21, Completed

HEALTH ISSUES:**ED Health Issues:****Chief Complaint:**

- Facial swelling (784.2): Entered Date: 05-Oct-2014 12:43, Status: Active, Scope: Chart, Coding System: ICD9, Coded Name: Swelling, mass, or lump in head and neck, Display Name: Swelling, mass, or lump in head and neck, Entered By: Chaires, Yolanda, Last Modified By: Chaires, Yolanda
- Accidental fall (E888.9): Entered Date: 05-Oct-2014 12:43, Status: Active, Scope: Chart, Coding System: ICD9, Coded Name: Unspecified fall, Display Name: Unspecified fall, Entered By: Chaires, Yolanda, Last Modified By: Chaires, Yolanda

Other:

- 3M FALL/JH: Entered Date: 05-Oct-2014 12:18, Status: Active, Scope: Visit, Description: 3M FALL/JH, Entered By: interfaces, interfaces, Last Modified By: interfaces, interfaces

ED Final DX:

- Accidental fall (E888.9): Entered Date: 05-Oct-2014 14:11, Status: Active, Scope: Chart, Coding System: ICD9, Coded Name: Unspecified fall, Display Name: Unspecified fall, Entered By: Garg MD, Nidhi, Last Modified By: Garg MD, Nidhi

DISPOSITION:**Disposition:**

- | | |
|----------------------------------|---|
| • Disposition | discharged |
| • Discharge Destination | home |
| • Transportation Mode From ED | walked |
| • Instructions Given To | patient, able to verbalize instructions |
| • Patient Condition at Discharge | improved |
| • Assessment Completed: | yes |

ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 15:18 ED Nursing Disposition Rickman, Diana (RN)

Entered: 10/05/2014 15:18

Electronic Signatures:Rickman, Diana (RN) (Signed 05-Oct-2014 15:18)Authored: ALLERGIES, OUTPATIENT MEDICATIONS, ORDERS, IMMUNIZATIONS, HEALTH
ISSUES, DISPOSITION

Last Updated: 05-Oct-2014 15:18 by Rickman, Diana (RN)

ED Visit Discharge Report

Page: 23

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

New
York
Hospital
Queens
56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Patient Education Log

Education Material	Education Date	Location	Source	Given By	Created By	Created Date	Comment	Status
NYHQ_D/C_Coverpage (.)	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active
Fall Prevention and Home Safety, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active
Facial or Scalp Contusion, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active
Abrasion, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active

ExitCare® Patient Information - NORMA BLANCO - ID# 000414265262 - MR# 1092238

New York Hospital Queens

56 45 Main Street 3rd Fl

Flushing, NY 11355

718 670-1100

BLANCO, NORMA

09/26/40 MR: 1092238

DOB: 10/05/14

414265262000

ED

ER PHYSICIAN

EXITCARE® PATIENT INFORMATION

Patient Information:

Patient ID: 000414265262	Patient Medical Record Number: 1092238
Patient Name: NORMA BLANCO	Patient Address: 105-18 NORTHERN BLVD, APT 2, CORONA, NY, 11368
Responsible Adult:	Patient Email: NONE@NONE.COM
Patient Weight:	Patient Height:
Patient DOB: 9/26/1940	Patient Gender: F
Patient Phone Number: (718)458-8180	

Visit Information:

Visit Start Date: 10/5/2014	Department: ED
Discharge Date/Time: 10/5/2014 2:12:22 PM	
Primary Caregiver: Garg MD, Nidhi	Diag:

Primary Follow-up Info: 02 days with your primary doctor: NYHQ NYHQ AMBULATORY CARE CENTER, - 182-19 Horace Harding Expressway Fresh Meadows NY 11365 (718)670-2971 PLEASE CALL FOR AN APPOINTMENT

User Information:

Login ID: Generic	User Name: Generic User	Dept: ED
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Patient did not request electronic copy of documents.

>>>> NYHQ_D/C_Coverpage (.) - English - {E586D919-528F-4987-9B8B-6824AAF9B300}
This Document has either been modified or created by the Issuing facility or caregiver.

Additional Follow-up caregivers:

Additional Notes:

>>>> Fall Prevention and Home Safety, Easy-to-Read - English - {50ADA9A6-5CE8-44FC-AFE5-7C0306B8C242}

Additional Follow-up caregivers:

Additional Notes:

>>>> Facial or Scalp Contusion, Easy-to-Read - English - {09A0E74D-8FB1-4941-AD3D-838E2D51210F}

Ice should be applied to specified area for how many minutes?:

Ice should be applied to specified area how many times per day? :

Additional Follow-up caregivers:

Additional Notes:

>>>> Abrasion, Easy-to-Read - English - {7D7A51A2-42EC-4450-9C1D-E31A363FAC01}

Additional Follow-up caregivers:

Additional Notes:

ExitCare® Patient Information - NORMA BLANCO - ID# 000414265262 - MR# 1092238

I have received the above patient education materials/instructions and have verbalized understanding:


Patient Signature

Date


Provider Signature

Date

Escort

Date

2/10/2015
10:32:42AM

DEH9069

QUEENS
Medical Record Outpatient Abstract

Med Rec #: 01092238E

Last Name: BLANCO

First Name: NORMA

Account #: 414265262

Birth Date: 9/26/1940

Sex: F

Admit Date: 10/5/2014

Disposition: HOME / ROUTINE

Disch Date: 10/5/2014

Financial Class: HEALTHFIRST 65/MHI MC

OP Type: ED

NIDHI GARG
56-45 MAIN STREET
DEPARTMENT OF EMERGENCY MEDICI
FLUSHING, NY 11355

Internal ZIP:

Fax:

Admit Dx	Description	ICD Version
7842	Swelling/mass/or lump in head and neck	9

Diag	Description	ICD Version
9140	Hand, abrasion/friction burn, without infection	9
71946	Pain in joint, lower leg	9
V061	Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis, (DTP) (DTaP)	9
E8859	Fall on same level from slipping/tripping/stumbling	9
E8498	Injury or poisoning occurring at/in other specified places	9

ICD9-CM - PROCEDURES						
Proc Cd	Interv #	Date	Physician #	Role	Description	ICD Version

CPT PROCEDURES							
ASC	Proc Cd /	Modifier Code(s)	Interv #	Date	Physician #	Role	Description
	99284	/	1	10/5/2014	EA3410	PRIN	Emergency department visit high/urgent severity
	90471	/	1	10/5/2014	EA3410	PRIN	1Madm prq id subq/IM njxs 1 vaccine

NYSCEF DOC. NO. 39

RECEIVED NYSCEF: 08/29/2017

2014-NOV-25 13:45

From: 7186702337

Page: 3/7



All results performed dates from 05-Oct-2014

BLANCO, NORMA DOB: 09/28/1940 Age: 74 years Sex: F Garg MD, Nidhi
DSC 26-Sep-1940 10922387 000414265262

Criteria for selection:

05-Oct-2014 13:32 CT Head/Brain W/O Contrast For more Final Results Received

CT Head/Brain W/O
Contrast

Final

BLANCO, NORMA 1092238 000414265262
DOB: 09/28/1940 Age: 74 years Sex: F
Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

Exam: Accession Nbr: Exam Date/Time:
CT HEAD/BRAIN W/O CONT CT-14-034889 10/05/2014 13:32:08

OPT-4:
70450

83400280

Reason for Exam:
fall

REPORT:

CT OF THE HEAD WITHOUT CONTRAST, 10/5/2014.

HISTORY: FALL

TECHNIQUE:

CONTIGUOUS AXIAL IMAGES WERE OBTAINED FROM THE SKULL BASE TO THE VERTEX
WITHOUT THE BENEFIT OF INTRAVENOUS CONTRAST.

FINDINGS:

COMPARISON: 10/29/13.

THE VENTRICLES AND SULCI ARE NORMAL IN SIZE AND CONFIGURATION. THERE IS NO
EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE OR EXTRA-AXIAL COLLECTION. NO
MIDLINE SHIFT OR MASS EFFECT. THE PARANASAL SINUSES AND TYMPANOMASTOID
CAVITIES ARE WELL AERATED. THE CALVARIUM IS INTACT.

IMPRESSION:

12/2/14

Requested By: Ronjana Ello (Medical Record Clerk) Printed from New York Hospital Queens
25-Nov-2014 11:51 Page: 1 of 5

2014-NOV-25 13:45

From: 7186702337

Page: 4/7



All results performed dates from 05-Oct-2014



NO EVIDENCE OF ACUTE INTRACRANIAL INJURY.

Transcriptionist: JR

Dictating Radiologist: BOLTIN M.D., CAROLYN M

Date & Time Verified: 05-OCT-2014 10:28

BOLTIN M.D., CAROLYN M
(Electronic Signature)CT Facial Bones W/O
Contrast

Final

BLANCO, NORMA 1092238 000414265262
DOB: 09/26/1940 Age: 74 years Sex: F
Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

Exam: CT FACIAL BONES W/O CONT Accession Nbr: CT-14-034890 Exam Date/Time: 10/05/2014 13:32:08

OPT-4:
70486

83401500

Reason for Exam:
fall

REPORT:

CT OF THE FACIAL BONES, 10/6/14

HISTORY: FALL

TECHNIQUE: CONTIGUOUS AXIAL IMAGES WERE OBTAINED THROUGH THE MAXILLOFACIAL REGION WITH CORONAL AND SAGITTAL RECONSTRUCTION IN BONE AND SOFT TISSUE WINDOW.

FINDINGS:

THERE IS SOFT TISSUE AND POLYP VERSUS RETENTION IN THE RIGHT MAXILLARY



NYSCEF DOC. NO. 39

RECEIVED NYSCEF: 08/29/2017

2014-NOV-25 13:46

From: 7186702337

Page: 5/7

New York Hospital Queens	
Patient Results	

All results performed dates from 05-Oct-2014

BLANCO, NORMA	74y	Gar MD, Nidhi
DSO	26 Sep 1940	1092235 ED00414265262

05-Oct-2014-13:32	CT Facial Bones W/O Contrast	For more Final Results Received
-------------------	------------------------------	---------------------------------

SINUS WITH MUCOSAL THICKENING WITHIN THE RIGHTWARD ASPECT OF THE SPHENOID. THE REMAINING PARANASAL SINUSES ARE WELL AERATED. THERE IS NO EVIDENCE OF ACUTE FRACTURE OR DISLOCATION OF THE MAXILLOFACIAL REGION. THE ORBITS ARE SYMMETRIC. THE OPTIC NERVES ARE INTACT. THERE IS PRESEPTAL SOFT TISSUE SWELLING ON THE LEFT. NO EVIDENCE OF INTRA CORNEAL AIR.

IMPRESSION:

LEFT SIDED PRESEPTAL SOFT TISSUE SWELLING. RIGHT MAXILLARY AND RIGHT SPHENOID SINUS DISEASE. NO EVIDENCE OF ACUTE OSSEOUS INJURY.

Transcriptionist: JL

Dictating Radiologist: BOLTIN M.D., CAROLYN M

Date & Time Verified: 05-OCT-2014 10:26

BOLTIN M.D., CAROLYN M
(Electronic Signature)

05-Oct-2014-14:11	AR-Head 3 Views Min 1.0	For more Final Results Received
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Requested By: Roman, Elna (Medical Record Clerk)	Printed from New York Hospital Queens
25-Nov-2014-11:11	Page: 3 of 3

2014-NOV-25 13:46 From: 7185702307

Page: 6/7



All results performed dates from 05-Oct-2014

BLANCO, NORMA TBH 74y GARG MD, NIDHI
DOB: 09/26/1940 26-Sep-1940 10922387-000414765262

05-Oct-2014 14:11 XR-Hand 3 Views Min LT 1 or more Final Results Received

XR Hand 3 Views Min LT

Final

BLANCO, NORMA 1092238 000414265262
DOB: 09/26/1940 Age: 74 years Sex: F
Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

Exam: Accession Nbr: Exam Date/Time:
XR HAND 3 VIEWS MIN LT XR-14-098844 10/05/2014 14:11:18

CPT-4:
73130LT

80016046

Reason for Exam:
r/o fx

REPORT:

THREE VIEWS LEFT HAND, 10/5/2014.

CLINICAL HISTORY: TRAUMA.

FINDINGS/IMPRESSION:

NO ACUTE FRACTURE OR DISLOCATION IDENTIFIED.

719.44

Transcriptionist: JR

Dictating Radiologist: EUBIG M.D., JAN A

Date & Time Verified: 06-OCT-2014 8:01

EUBIG M.D., JAN A
(Electronic Signature)

NYSCEF DOC. NO. 39

2014-NDU-25 13:47

From: 7186702307

RECEIVED NYSCEF: 08/29/2017

Page: 7/7

New York Hospital Queens	
Patient Results	

All results performed dates from 05-Oct-2014	
BLANCO, NORMA	TB1
DSC	26 Sep 1940
Garg MD, Nidhi	
10922387000414285262	

05-Oct-2014 14:11	XR Knee 4 Views Min LT	For more final Results Received
XR Knee 4 Views Min LT		Final

BLANCO, NORMA 1092238 000414285262
DOB: 09/26/1940 Age: 74 years Sex: F
Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

Exam: Accession Nbr: Exam Date/Time:
XR KNEE 4 VIEWS MIN LT XR-14-088645 10/05/2014 14:11:18

CPT-4:
73684LT

80016063

Reason for Exam:
r/o fx

REPORT:

THREE VIEWS OF THE LEFT KNEE, 10/5/2014.

CLINICAL HISTORY: TRAUMA.

FINDINGS/IMPRESSION:

THERE ARE MILD TRICOMPARTMENTAL DEGENERATIVE CHANGES. NO ACUTE FRACTURE OR DISLOCATION DETECTED. NO RADIOGRAPHIC EVIDENCE OF KNEE JOINT EFFUSION.

719.46

Transcriptionist: JR

Dictating Radiologist: EUBIG M.D., JAN A

Date & Time Verified: 05-OCT-2014 9:01

EUBIG M.D., JAN A
(Electronic Signature)

Requested By: Romana, Jella (Medical Record Clerk)	Printed from: New York Hospital Queens
25-Nov-2014 16:11	End of Report
Page: 5 of 5	

Physical Medicine and Rehabilitation of New York
95-20 Queens Boulevard
Rego Park, New York 11374
718-459-1280

Initial Physiatric Evaluation

Re: Norma Blanco
Date of Accident: October 5, 2014
Visit Date: October 10, 2014

CHIEF COMPLAINTS

1. Eye pain with blurry vision.
2. Neck pain radiating to left shoulder.
3. Left shoulder pain.
4. Low back pain radiating to left hip.
5. Left knee pain.
6. Left ankle pain.

HISTORY OF PRESENT ILLNESS

The patient is a 74-year-old, right-hand dominant female status post personal injury on October 5, 2014. She was walking when she tripped over an elevated sidewalk, fell forward, and hit her left eye and face. No loss of consciousness. She was taken to Booth Memorial Hospital where she states she had x-rays of the face, left hand, and shoulder as well as CAT scan of the head which were negative for fractures and bleeds. She was then seen by her primary care physician; no imaging was sent. She then came here for evaluate.

Since the accident, she is complaining of neck pain radiating to the left shoulder and difficulty turning her head as well as low back pain radiating to her left leg with cramping into the leg and difficulty walking. She also has some knee and ankle pain and difficulty going up and down stairs and walking more than two blocks. She has pain going from a sit-to-stand position. She also has lacerations in both hands that are causing her pain. She has bruising over the left eye which is radiating into her head but no necessarily causing her headaches.

PAST MEDICAL HISTORY: Diabetes, hypertension, hypercholesterolemia, and peripheral vascular disease.

PAST SURGICAL HISTORY: Hernia repairs and C-section.

ALLERGIES: Denies.

MEDICATIONS: Metformin; simvastatin; Coreg; clopidogrel; oxybutynin; amlodipine; p.o. glitazone; Januvia; aspirin; and a new medication, Edarbyclor.

SOCIAL HISTORY: Denies tobacco and alcohol.

Re: Norma Blanco

October 10, 2014

WORK HISTORY: The patient is retired.

PRIOR INJURIES: Denies.

PREGNANCY: Denies.

REVIEW OF SYSTEMS: Denies headaches, dizziness, nausea, vomiting, fevers, chills, or bowel or bladder dysfunction. Difficulty seeing out of the left eye secondary to bruising.

PHYSICAL EXAMINATION

The patient is alert and oriented x3, ambulating with antalgic gait and a single-axis cane. Bruising noted over the left eye with ecchymosis and swelling causing obstruction of her vision.

Cervical Spine: Tenderness on the left paraspinals. Flexion 30 degrees (normal 50 degrees), extension 20 degrees (normal 60 degrees), right side bend 40 degrees (normal 50 degrees), left side bend 35 degrees (normal 50 degrees), right rotation 60 degrees (normal 80 degrees), left rotation 50 degrees (normal 80 degrees). Spurling is positive on the left.

Lumbar Spine: Flexion 45 degrees (normal 90 degrees), extension 10 degrees (normal 30 degrees), right side bend 10 degrees (normal 25 degrees), left side bend 10 degrees (normal 25 degrees). Straight-leg raise is positive on the left.

Left Knee: Mildly tender. Extension 0 degrees (normal full to 0 degrees), flexion 120 degrees (normal 140 degrees). Pain with varus and valgus.

Left Ankle: Mildly tender. Dorsiflexion 20 degrees (normal 20 degrees), plantar flexion 35 degrees (normal 40 degrees), inversion 20 degrees (normal 30 degrees), eversion 20 degrees (normal 20 degrees).

Left and Right Hand: Lacerations on the palm and middle finger.

Left Shoulder: Tenderness. Positive impingement. Forward flexion 90 degrees (normal 180 degrees), abduction 90 degrees (normal 170 degrees), internal rotation to left gluteus (normal 45 degrees).

Range of motion testing was done via an objective hand-held goniometer.

MOTOR SYSTEM: Manual motor testing is 4/5 on left shoulder abduction, elbow extension, and grip strength; right grip strength is 4+/5; left hip flexion, knee extension, and ankle dorsiflexion is 4+/5.

SENSORY SYSTEM: Sensory examination is decreased to light touch diffusely throughout the left upper extremity as well as on the left lateral lower extremity along the L5 dermatome.

REFLEXES: Deep tendon reflexes are 1+ throughout.

IMPRESSION

The patient is a 74-year-old female status post personal injury on October 5, 2014, with cervical and lumbar strain/sprain, left knee and left ankle strain/sprain, bilateral hand lacerations, left shoulder strain/sprain, and eye contusion with ecchymosis.

Re: Norma Blanco

October 10, 2014

PLAN

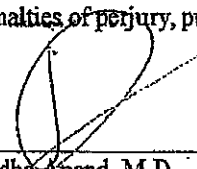
1. The patient may start a course of physical therapy ~~three times a week~~ for strengthening, stretching, range of motion, and modalities to decrease pain with precautions.
2. The patient will be given a referral for ophthalmology to evaluate for osseous injury as the patient has pain in this location.
3. Medical records from Booth Memorial will be requested.
4. The patient was told that if her pain does not improve by the next visit, she will be sent for further imaging.
5. The patient was advised to take ibuprofen or Tylenol for pain control. Precautions were reviewed.
6. The patient understands and agrees with the above-stated plan.
7. The patient may follow up in four to six weeks at which time symptoms will be reassessed.

DISABILITY STATUS: The patient is partially disabled and currently retired.**CAUSALITY**

If the above statements are true and accurate, causality is established between the above stated accident and today's pathological findings.

This document serves as a letter of medical necessity for the diagnostic testing and/or treatments as requested above.

I, Anuradha Anand, M.D., being a physiatrist duly licensed to practice in the State of New York, under the penalties of perjury, pursuant to CPLR 2106, do hereby affirm the contents of the foregoing.



Anuradha Anand, M.D.
Physical Medicine and Rehabilitation

ac

Physical Medicine and Rehabilitation of New York
95-20 Queens Boulevard
Rego Park, New York 11374
718-459-1280

Followup Physiatriic Evaluation

Re: Norma Blanco
Date of Accident: October 5, 2014
Visit Date: December 2, 2014

CHIEF COMPLAINTS

1. Eye pain, improving.
2. Neck pain radiating to left shoulder.
3. Left shoulder pain.
4. Low back pain radiating to left leg.
5. Left knee pain, improving.
6. Left ankle pain, improving.

HISTORY OF PRESENT ILLNESS

The patient is a 74-year-old, right-hand dominant female status post personal injury on October 5, 2014. She was walking when she tripped over an elevated sidewalk and fell forward injuring her face as well as the above-stated body parts. She was seen at Booth Memorial Hospital where imaging was negative. I have the CAT scan results from there to review. She was seen at this facility with the above-stated chief complaints.

Since then, she has some improvement in her pain, especially of the neck, back, knees, and shoulder. She is able to tolerate more activity but still has trouble with overhead activities with the left arm, trouble reaching behind her back, and trouble lifting anything with the left arm and lying on it. Her neck and back continue to bother her with any bending activity. It is her lower back that bothers her the most. The knee pain has gotten significantly better. She is able to tolerate more activity but still has difficulty going up and down stairs. The bruising of the eye has improved. She has not yet seen the ophthalmologist. She states they are on vacation, but she will be seeing them after.

WORK HISTORY: The patient is retired.

REVIEW OF SYSTEMS: Denies headaches, dizziness, nausea, vomiting, fevers, chills, bowel or bladder dysfunction, or saddle anesthesia.

Re: Norma Blanco

December 2, 2014

PHYSICAL EXAMINATION

The patient is alert and oriented x3, ambulating with antalgic gait and a single-axis cane. Bruising improved over the left eye.

Cervical Spine: Tenderness. Flexion 35 degrees (normal 50 degrees), extension 30 degrees (normal 60 degrees), right side bend 40 degrees (normal 50 degrees), left side bend 35 degrees (normal 50 degrees), right rotation 60 degrees (normal 80 degrees), left rotation 50 degrees (normal 80 degrees). Spurling is positive on the left.

Lumbar Spine: Flexion 60 degrees (normal 90 degrees), extension 15 degrees (normal 30 degrees), right side bend 15 degrees (normal 25 degrees), left side bend 15 degrees (normal 25 degrees). Straight-leg raise is positive on the left.

Left Shoulder: Tenderness. Forward flexion 150 degrees (normal 180 degrees), abduction 150 degrees (normal 170 degrees), internal rotation to gluteus (normal 45 degrees). Positive impingement.

Left Knee: Mildly tender. Extension 0 degrees (normal full to 0 degrees), flexion 125 degrees (normal 140 degrees). Pain with varus and valgus.

Left Ankle: Nontender. Dorsiflexion 20 degrees (normal 20 degrees), plantar flexion 40 degrees (normal 40 degrees), inversion 25 degrees (normal 30 degrees), eversion 20 degrees (normal 20 degrees).

Left and Right Hand: Well-healing lacerations noted.

Range of motion testing was done via an objective hand-held goniometer.

MOTOR SYSTEM: Manual motor testing is 4/5 on left shoulder abduction, elbow extension, and grip strength; 4+/5 on left hip flexion and knee extension.

SENSORY SYSTEM: Sensory examination is decreased to light touch diffusely throughout the left upper extremity as well as along the left L5 dermatome.

REFLEXES: Deep tendon reflexes are 1+ throughout.

IMPRESSION

The patient is a 74-year-old female status post personal injury on October 5, 2014, with cervical and lumbar myofascial derangement, left knee and left shoulder strain/sprain, improving left ankle strain/sprain, improving bilateral hand lacerations, and improving eye contusion with ecchymosis.

Re: Norma Blanco

December 2, 2014

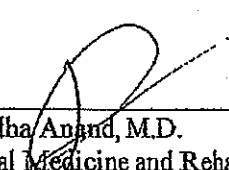
PLAN

1. The patient may continue therapy three times a week for strengthening, stretching, range of motion, and modalities to decrease pain.
2. The patient should follow up with ophthalmology regarding eye issues.
3. The patient will get MRI of the cervical and lumbar spine to evaluate for intraspinous or disc pathology as the patient continue to complain of neck and back pain with a course of therapy without resolution.
4. The patient should obtain MRI of the left shoulder to evaluate for rotator cuff and glenoid pathology as the patient continues to complain of left shoulder pain with a course of therapy without improvement.
5. The patient may continue using ibuprofen or Tylenol as needed for pain control.
6. The patient is planning on going to visit family in the Dominican Republic for a week or two at which time the patient was told to do some home exercises and then return to restart therapy here.
7. The patient understands and agrees with the above-stated plan.
8. The patient may follow up in four to six weeks at which time symptoms will be reassessed.

DISABILITY STATUS: The patient is partially disabled and currently retired.

This document serves as a letter of medical necessity for the diagnostic testing and/or treatments as requested above.

I, Anuradha Anand, M.D., being a physiatrist duly licensed to practice in the State of New York, under the penalties of perjury, pursuant to CPLR 2106, do hereby affirm the contents of the foregoing.



Anuradha Anand, M.D.
Physical Medicine and Rehabilitation

ac

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY PC
PO Box 9242

Garden City, NY 11530

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/05/15	CONTINUED	000200000006431
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

|||||

Norma Blanco
105 18 Northern Blvd
Corona, NY 11368
USA

REMIT TO:

|||||

Physical Med And Rehab Of NY PC
PO Box 9242
Garden City, NY 11530

☐ Please check box if above address is incorrect or Insurance Information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
10/10/14	Norma	Anand, MD	M4T	New patient evaluation	\$175.00				\$175.00	\$0.00
10/10/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/10/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/15/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/15/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/18/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/18/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/18/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/21/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/21/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/21/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/24/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
10/24/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/24/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/25/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
10/25/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/25/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/27/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
10/27/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/27/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/29/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
10/29/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/29/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
10/31/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
10/31/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
10/31/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/03/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/03/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/03/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/05/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
ACCOUNT NBR					CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
000200000006431					\$865.00	\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00

MESSAGE:

PLEASE PAY
THIS AMOUNT >>> CONTINUED** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT

PAGE: 1

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY-PC
PO Box 9242

Garden City, NY 11530

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input checked="" type="checkbox"/> AMERICAN EXPRESS	<input checked="" type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/05/15	CONTINUED	000200000006431
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

Norma Blanco
105 18 Northern Blvd
Corona, NY 11368
USA

REMIT TO:

Physical Med And Rehab Of NY PC
PO Box 9242
Garden City, NY 11530

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
11/05/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/05/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/07/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
11/07/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/07/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/10/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/10/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/10/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/12/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/12/14	Norma	Anand, MD	MMS	MASSAGE THERAPY	\$40.00				\$40.00	\$0.00
11/12/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/12/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/14/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/14/14	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
11/14/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/14/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/17/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/17/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/17/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/19/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/19/14	Norma	Anand, MD	MMS	MASSAGE THERAPY	\$40.00				\$40.00	\$0.00
11/19/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/19/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/21/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/21/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/21/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/24/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
11/24/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
11/24/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
11/26/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
ACCOUNT NBR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE				
000200000006431	\$865.00	\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00				

MESSAGE:

PLEASE PAY
THIS AMOUNT >>>> CONTINUED

** PAYMENT DUE UPON RECEIPT * THANK YOU **
STATEMENT

PAGE: 2

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY PC
PO Box 9242

Garden City, NY 11530

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE	EXP. DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/05/15	CONTINUED	0002000000006431
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

Norma Blanco
105 18 Northern Blvd
Corona, NY 14368
USA

REMIT TO:

Physical Med And Rehab Of NY PC
PO Box 9242
Garden City, NY 11530

☐ Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
11/26/14	Norma	Anand, MD	MMS	MASSAGE THERAPY	\$40.00				\$40.00	\$0.00
11/26/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
12/01/14	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
12/01/14	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
12/01/14	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
12/02/14	Norma	Anand, MD	M4P	Established patient evaluation	\$85.00				\$85.00	\$0.00
01/17/15	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
01/17/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
01/17/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
01/17/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
01/19/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
01/19/15	Norma	Anand, MD	MMS	MASSAGE THERAPY	\$40.00				\$40.00	\$0.00
01/19/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
01/22/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
01/22/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
01/22/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
01/29/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
01/29/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
01/29/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
01/31/15	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
01/31/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
01/31/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
01/31/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/03/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/03/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/03/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/05/15	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilati...	\$70.00				\$70.00	\$0.00
02/05/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/05/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/05/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
ACCOUNT NBR					CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE
0002000000006431					\$865.00	\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00

MESSAGE:




PLEASE PAY,
THIS AMOUNT >>>> CONTINUED

** PAYMENT DUE UPON RECEIPT * THANK YOU **

STATEMENT

PAGE: 3

Garden City, NY 11530

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
 AMERICAN EXPRESS	 MASTERCARD	 VISA
CARD NUMBER	CVV	AMOUNT
SIGNATURE		EXP. DATE
STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NBR
03/05/15	\$0.00	000200000000643
SHOW AMOUNT PAID HERE		\$

STATEMENT

ADDRESSEE:

Norma Blanco
105 18 Northern Blvd
Corona, NY 11368
USA

REMIT TO:

Physical Med And Rehab Of NY PC
PO Box 9242
Garden City, NY 11530

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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	PATIENT	PROVIDER	SERVICE	DESCRIPTION OF SERVICE	CHARGE	INSUR RECEIPT	PATIENT RECEIPT	ADJUST	INSUR BALANCE	PATIENT BALANCE
02/09/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/09/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/09/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/10/15	Norma	Anand, MD	MMR	Myofascial Release/Joint Mobilat...	\$70.00				\$70.00	\$0.00
02/10/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/10/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/10/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/13/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/13/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/13/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/17/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/17/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
02/18/15	Norma	Anand, MD	MTE	Therapeutic Exercise	\$55.00				\$55.00	\$0.00
02/18/15	Norma	Anand, MD	MES	Electrical Stimulation	\$40.00				\$40.00	\$0.00
02/18/15	Norma	Anand, MD	MPK	Hot/Cold Packs	\$35.00				\$35.00	\$0.00
ACCOUNT NBR		CURRENT		30 DAYS	60 DAYS	90 DAYS	120 DAYS	TOTAL ACCOUNT BALANCE		
0002000000006431		\$865.00		\$920.00	\$0.00	\$1,555.00	\$1,575.00	\$4,915.00		

MESSAGE:

PLEASE PAY THIS AMOUNT »»»»	\$0.00
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**** PAYMENT DUE UPON RECEIPT * THANK YOU ****
STATEMENT

· PAGE: 4

HARMON, LINDER & ROGOWSKY, ESQS.

David Harmon, Esq.
Mark J. Linder, Esq.
Ira Rogowsky, Esq.
Bhavisha H. Patel, Esq.
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New York, New York 10016
Tel. (212) 732-3665
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Maya Kogan, Esq.
Jordan Byrd, Esq.
Bret Myerson, Esq.
Brett I. Bloom, Esq.
Andrew Teig, Esq.
Priscilla J. Gabela Esq.
Natalie Phelps, Esq.

December 15, 2014

BOOTH MEMORIAL HOSPITAL
5645 MAIN STREET-
FLUSHING, NY 11355
ATTENTION MEDICAL RECORDS DEPARTMENT

Re: Norma Blanco
D/A: October 5, 2014 until present
DOB: September 26, 1940
SS#: 125-44-6301

Dear Sir/Madam:

Please be advised that this office represents Norma Blanco who was treated at your hospital as a result of an accident that occurred on the referenced date.

Upon receipt of this letter kindly provide the undersigned with a complete copy of our referenced client's hospital records and hospital bill certified if possible referable SOLELY to the above referenced accident of October 5, 2014.

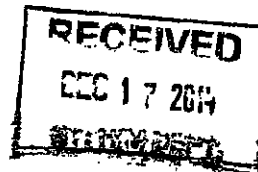
Enclosed please find a duly executed authorization from our client permitting the release of your medical records under the Public Health Sections 17 and 18. Please be guided by the reasonable fee scale set forth by the Department of Health and the recently enacted legislation of the State of New York establishing a maximum of \$.75 per page for copies of medical records.

We would also like to take this time to confirm and provide you with the No-Fault information in connection to this matter:

Please feel free to contact our office if you have any questions regarding this correspondence.

Very truly yours,

Mark Linder Esq.



ExitCare® Patient Information - NORMA BLANCO - ID# 000414265262 - MR# 1092238

New York Hospital Queens

56 45 Main Street 31 34

Flushing, NY 11355

718 670-1100

BLANCO, NORMA

09/26/40 MR: 1092238

PATIENT ID: 000414265262

DOB: 10/05/14

414265262000 ED

SR PHYSICIAN

EXITCARE® PATIENT INFORMATION

Patient Information:

Patient ID: 000414265262	Patient Medical Record Number: 1092238
Patient Name: NORMA BLANCO	Patient Address: 105-18 NORTHERN BLVD, APT 2, CORONA, NY, 11368
Responsible Adult:	Patient Email: NONE@NONE.COM
Patient Weight:	Patient Height:
Patient DOB: 9/26/1940	Patient Gender: F
Patient Phone Number: (718)458-8180	

Visit Information:

Visit Start Date: 10/6/2014	Department: ED
Discharge Date/Time: 10/5/2014 2:12:22 PM	
Primary Caregiver: Garg MD, Nidhi	Diag:

Primary Follow-up Info: 02 days with your primary doctor: NYHQ NYHQ AMBULATORY CARE CENTER, - 182-19 Horace Harding Expressway Fresh Meadows NY 11365 (718)670-2971 PLEASE CALL FOR AN APPOINTMENT

User Information:

Login ID: Generic	User Name: Generic User	Dept: ED
-------------------	-------------------------	----------

Patient did not request electronic copy of documents.

>>>> NYHQ DIC Coverage (.) - English - (E586D919-528F-4987-9B8B-6824AAF9B300)
This Document has either been modified or created by the issuing facility or caregiver.

Additional Follow-up caregivers:

Additional Notes:

>>>> Fall Prevention and Home Safety, Easy-to-Read - English - (50ADA9A6-5CE8-44FC-AFE5-7C0306B8C242)

Additional Follow-up caregivers:

Additional Notes:

>>>> Facial or Scalp Contusion, Easy-to-Read - English - (09A0E74D-8FB1-4941-AD3D-838E2D51210F)

Ice should be applied to specified area for how many minutes?:

Ice should be applied to specified area how many times per day?:

Additional Follow-up caregivers:

Additional Notes:

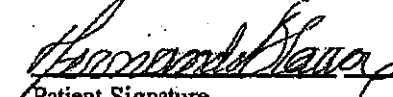
>>>> Abrasion, Easy-to-Read - English - (7D7A51A2-42EC-4450-9C1D-E31A382FAC01)

Additional Follow-up caregivers:

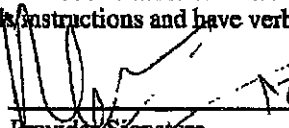
Additional Notes:

ExitCare® Patient Information - NORMA BLANCO - ID# 000414265262 - MR# 1092238

I have received the above patient education materials/instructions and have verbalized understanding:



Patient Signature Date



Provider Signature Date

Escort Date

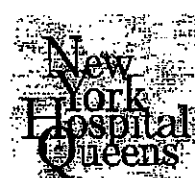
ED Visit Discharge Report

Page: 1

Printed: Feb-10-2015 10:34

By: Clifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 13:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Health Issues:	Admitting Dx	Swelling, mass, or lump in head and neck	Swelling, mass, or lump in head and neck
Health Issues:	Chief Complaint	Accidental fall	Unspecified fall
Health Issues:	Chief Complaint	Facial swelling	Swelling, mass, or lump in head and neck
Health Issues:	ED Final DX	Accidental fall	Unspecified fall
Health Issues:	Other	3M FALL/JH	
Providers:	Attending	Garg MD, Nidhi	Medical Staff
Providers:	Primary	Garg MD, Nidhi	Medical Staff
Providers:	Referring	Garg MD, Nidhi	Medical Staff
Visit Comments:	Financial Class	J	
Visit Comments:	Financial Class	T	

CT Head/Brain W/O Contrast

10/05/2014 13:32 1 or more Final Results
Received

STAT, Stretcher

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 13:32	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 14:04	interfaces, interfaces (IT)	ResultedResultedResulted	Interim Results Received	
10/05/2014 22:29	Boltin, Carolyn (MD)	ResultedResultedResulted	Interim Results Received	
10/05/2014 22:32	interfaces, interfaces (IT)	ResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:13	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

New York Hospital Queens

Dr: Garg MD, Nidhi

**56-45 Main Street
Flushing, NY 11355**

10/05/2014 13:32 1 or more Final Results
Received

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 13:32	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 15:38	interfaces, interfaces (IT)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:21	interfaces, interfaces (IT)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:29	Boltin, Carolyn (MD)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:32	interfaces, interfaces (IT)	ResultedResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:15	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

10/05/2014 14:11 I or more Final Results
Received

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 14:11	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 17:16	interfaces, interfaces (IT)	ResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	Eubig, Jan (MD)	ResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	interfaces, interfaces (IT)	ResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:16	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

ED Visit Discharge Report

Page: 3

Printed: Feb-10-2015 10:34

By: Clifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management



56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi



XR Knee 4 Views Min LT

10/05/2014 14:11 1 or more Final Results
Received

STAT, Stretcher

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Order has been Placed/Received by Radiology Dept.	
10/05/2014 14:11	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 17:15	interfaces, interfaces (IT)	ResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	Eubig, Jan (MD)	ResultedResultedResulted	Interim Results Received	
10/06/2014 21:02	interfaces, interfaces (IT)	ResultedResultedResulted	1 or more Final Results Received	
10/06/2014 22:16	ROGAN, PA, MONICA (PA)	Results Acknowledged	1 or more Final Results Received	

Tetanus Toxoids, Diphtheria & Acellular Pertussis

10/05/2014 13:09 Completed/Stop Date Reached 10/05/2014 13:09

(Adacel)DOSE: 0.5 mL intramuscular ONCE. Priority: STAT, Stop After: 1 Times; Indication: VaccinationNOTE: Administer only IM. in
deltoid muscle of upper arm.

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Active	Garg MD, Nidhi (MD)
10/05/2014 13:09	Myong, Jana (RPH)	Modified	Active	
10/05/2014 14:22	_services, (Interfaces)	Completed	Completed/Stop Date Reached	

Acetaminophen 325mg / Oxycodone 5mg Tablet

10/05/2014 13:09 Completed/Stop Date Reached 10/05/2014 13:09

Brand: (Percocet)Dose: 1 tablet oral ONCE. Priority: STAT, Stop After: 1 Times; Indication: PainNOTE: This order will automatically discontinue on
the date specified. If continued therapy is warranted, please contact prescriber for renewal. **Please verify drug and dose before administering**

When	Who	Function	New Status	Electronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Active	Garg MD, Nidhi (MD)
10/05/2014 13:09	White, Angeline (RPH)	Modified	Active	
10/05/2014 14:21	_services, (Interfaces)	Completed	Completed/Stop Date Reached	

ED Discharge Patient

10/05/2014 14:11 Completed

10/05/2014 15:10

Additional ED Final DX: B888.9 Accidental fallComment: Time of Completion of the ED Discharge Order is the time the patient physically leaves
the Emergency Department.

When	Who	Function	New Status	Electronically Signed By
10/05/2014 14:11	Garg MD, Nidhi (MD)	New	Active	Garg MD, Nidhi (MD)
10/05/2014 15:10	Garg MD, Nidhi (MD)	Completed	Completed	

ED Visit Discharge Report

Page: 4

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238 DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 14:21 ADM Item Removed (Override) - tetanus/diphtheria/acel pertussis (Tdap) BOOSTER injection Qty Removed: 1 each

(ADM)

10/05/2014 14:20 Completed

ADM Item Removed (Override) - tetanus/diphtheria/acel pertussis (Tdap) BOOSTER injection Qty Removed: 1 each

When	Who	Function	New Status	Electronically Signed By
10/05/2014 14:21	ADM, Override User (ADM User)	New	Completed	

(ADM)

10/05/2014 14:20 Completed

ADM Item Removed (Override) - acetaminophen 325mg / oxycodone 5 mg tablet Qty Removed: 1 each

When	Who	Function	New Status	Electronically Signed By
10/05/2014 14:21	ADM, Override User (ADM User)	New	Completed	

Tasks

Medication - Scheduled

Acetaminophen 325mg / Oxycodone 5mg Tablet

Brand: (Percocet)

Dose: 1 tablet oral ONCE.

Priority: STAT, Stop After: 1 Times; Indication: Pain

NOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.

Please verify drug and dose before administering

Start: Oct-05-14 13:09 Stop: Oct-05-14 13:09 Requested by: Garg MD, Nidhi (MD)

Oct-05-14 14:21 Rickman, Diana (RN)

Performed

Entered by: 10/5/2014 2:21:33 PM

Tetanus Toxoids, Diphtheria & Acellular Pertussis (Tdap) BOOSTER Vaccine

(Adacel)

DOSE: 0.5 mL intramuscular ONCE.

Priority: STAT, Stop After: 1 Times; Indication: Vaccination

NOTE: Administer only IM in deltoid muscle of upper arm.

Start: Oct-05-14 13:09 Stop: Oct-05-14 13:09 Requested by: Garg MD, Nidhi (MD)

14:21 Rickman, Diana (RN)

Performed

Entered by: 10/5/2014 2:22:27 PM

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
10/05/2014 13:37	CT Facial Bones W/O Contrast			
10/05/2014 22:32	CT Facial Bones W/O Contrast			

ED Visit Discharge Report

Page: 5

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

New
York
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Queens
56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	<p>BLANCO, NORMA 1092238 000414265262 DOB: 09/26/1940 Age: 74 years Sex: F Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI</p> <p>RADIOLOGY</p> <p>Exam: Accession Nbr: Exam Date/Time: CT FACIAL BONES W/O CONTRAST CT-14-034890 10/05/2014 13:32:08</p> <p>CPT-4: 70486</p> <p>83401500</p> <p>Reason for Exam: fall</p> <p>REPORT:</p> <p>CT OF THE FACIAL BONES, 10/5/14</p> <p>HISTORY: FALL</p> <p>TECHNIQUE: CONTIGUOUS AXIAL IMAGES WERE OBTAINED THROUGH THE MAXILLOFACIAL REGION WITH CORONAL AND SAGITTAL RECONSTRUCTION IN BONE AND SOFT TISSUE WINDOW.</p> <p>FINDINGS:</p> <p>THERE IS SOFT TISSUE AND POLYP VERSUS RETENTION IN THE RIGHT MAXILLARY SINUS WITH MUCOSAL THICKENING WITHIN THE RIGHTWARD ASPECT OF THE SPHENOID. THE REMAINING PARANASAL SINUSES ARE WELL AERATED. THERE IS NO EVIDENCE OF ACUTE FRACTURE OR DISLOCATION OF THE MAXILLOFACIAL REGION. THE ORBITS ARE SYMMETRIC. THE OPTIC NERVES ARE INTACT. THERE IS PRESEPTAL SOFT TISSUE SWELLING ON THE LEFT. NO EVIDENCE OF INTRA CORNEAL AIR.</p> <p>IMPRESSION:</p> <p>LEFT SIDED PRESEPTAL SOFT TISSUE SWELLING. RIGHT MAXILLARY AND RIGHT SPHENOID SINUS DISEASE. NO EVIDENCE OF ACUTE OSSEOUS INJURY.</p> <p>Transcriptionist: JL Dictating Radiologist: BOLTIN M.D., CAROLYN M Date & Time Verified: 05-OCT-2014 10:26</p> <p>BOLTIN M.D., CAROLYN M (Electronic Signature)</p>			
10/05/2014 13:32	CT Head/Brain W/O Contrast			
10/05/2014 22:32	CT Head/Brain W/O Contrast			

ED Visit Discharge Report

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56-45 Main Street
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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Date	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
<p>BLANCO, NORMA 1092238 000414265262 DOB: 09/26/1940 Age: 74 years Sex: F Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI</p>				
<p>RADIOLOGY</p> <p>Exam: Accession Nbr: Exam Date/Time: CT HEAD/BRAIN W/O CONTR CT-14-034889 10/05/2014 13:32:08</p> <p>CPT-4: 70450</p> <p>83400280</p> <p>Reason for Exam: fall</p> <p>REPORT:</p> <p>CT OF THE HEAD WITHOUT CONTRAST, 10/5/2014.</p> <p>HISTORY: FALL.</p> <p>TECHNIQUE:</p> <p>CONTIGUOUS AXIAL IMAGES WERE OBTAINED FROM THE SKULL BASE TO THE VERTEX WITHOUT THE BENEFIT OF INTRAVENOUS CONTRAST.</p> <p>FINDINGS:</p> <p>COMPARISON: 10/29/13.</p> <p>THE VENTRICLES AND SULCI ARE NORMAL IN SIZE AND CONFIGURATION. THERE IS NO EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE OR EXTRA-AXIAL COLLECTION. NO MIDLINE SHIFT OR MASS EFFECT. THE PARANASAL SINUSES AND TYMPANOMASTOID CAVITIES ARE WELL AERATED. THE CALVARIUM IS INTACT.</p> <p>IMPRESSION:</p> <p>NO EVIDENCE OF ACUTE INTRACRANIAL INJURY.</p> <p>Transcriptionist: JR Dictating Radiologist: BOLTIN M.D., CAROLYNM Date & Time Verified: 05-OCT-2014 10:26</p> <p>BOLTIN M.D., CAROLYN M (Electronic Signature)</p>				
<p>10/06/2014 21:02 XR Hand 3 Views Min LT</p>				

ED Visit Discharge Report

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Dtn	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	BLANCO, NORMA DOB: 09/26/1940 Pt Loc: Emergency Dept	1092238 Age: 74 years Order Dr: GARG RESIDENT MD, NIDHI	000414265262 Sex: F	
	RADIOLOGY			
	Exam:	Accession Nbr:	Exam Date/Time:	
	XR HAND 3 VIEWS MIN LT	XR-14-098644	10/05/2014 14:11:18	
	CPT-4: 73130LT			
	80016045			
	Reason for Exam:			
	r/o fx			
	REPORT:			
	THREE VIEWS LEFT HAND, 10/5/2014.			
	CLINICAL HISTORY: TRAUMA.			
	FINDINGS/IMPRESSION:			
	NO ACUTE FRACTURE OR DISLOCATION IDENTIFIED.			
	719.44			
	Transcriptionist: JR			
	Dictating Radiologist: EUBIG M.D., JAN A			
	Date & Time Verified: 06-OCT-2014 9:01			
	EUBIG M.D., JAN A (Electronic Signature)			
10/05/2014 14:11	XR Hand 3 Views Min LT			
10/06/2014 21:02	XR Knees 4 Views Min LT			

ED Visit Discharge Report

Page: 8

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BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Results

Arrival Dtm	Item Name	Value	Abnormality Code	Reference Lower and Upper Limit
	BLANCO, NORMA	1092238	000414265262	
	DOB: 09/26/1940	Age: 74 years	Sex: F	
	Pt Loc: Emergency Dept	Order Dr: GARG RESIDENT MD, NIDHI		
	RADIOLOGY			
	Exam:	Accession Nbr:	Exam Date/Time:	
	XR KNEE 4 VIEWS MIN LT	XR-14-098645	10/05/2014 14:11:18	
	CPT-4:			
	73564LT			
	80016053			
	Reason for Exam:			
	s/o fx			
	REPORT:			
	THREE VIEWS OF THE LEFT KNEE, 10/5/2014.			
	CLINICAL HISTORY: TRAUMA.			
	FINDINGS/IMPRESSION:			
	THERE ARE MILD TRICOMPARTMENTAL DEGENERATIVE CHANGES. NO ACUTE FRACTURE OR DISLOCATION DETECTED. NO RADIOGRAPHIC EVIDENCE OF KNEE JOINT EFFUSION.			
	719.46			
	Transcriptionist: JR			
	Dictating Radiologist: EUBIG M.D., JAN A			
	Date & Time Verified: 06-OCT-2014 9:01			
	EUBIG M.D., JAN A			
	(Electronic Signature)			

New
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Queens

Dr: Garg MD, Nidhi

05-Oct-2014 12:42 - 1: Vital Signs - Flowheat (ED)

Numeric Rating Scale (NRS) Pain Score : (5- Moderate Pain)

05-Oct-2016 12:47:33 C:\Program Files\Google\Chrome\Application\chrome.exe

SpO2 (Pulse Ox) % : 96

ED Visit Discharge Report

Page: 10

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MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 12:42	ED Nursing - Primary	Initial: Yolanda (RN)	Discharged: 10/05/2014 15:10
Evaluation/Notes			

Time of Triage/Evaluation:

- Time of Triage 12:19
- Time of Evaluation 12:42

Communication:

- History obtained by patient
- Interpreter Request not applicable

CHIEF COMPLAINT:

Chief Complaint:

- Facial swelling: Status: Active, Entered Date: 05-Oct-2014 12:43
- Accidental fall: Status: Active, Entered Date: 05-Oct-2014 12:43

ADDITIONAL CHIEF COMPLAINT INFORMATION:

- Additional Chief Complaint Information no loc,

Visit Information:

- Mode of Arrival family/friend
- Past Medical Hx Hypertension diabetes, htd, circulation
- If present, list the following conditions of the patient Conditions not present - the patient does not have immunodeficiencies, malignancy, bone marrow or other organ transplant(s), asplenia or indwelling central catheter.
- Private MD Dr. Jamie Roman

ALLERGIES:

Allergies/intolerances:

Allergies:

- No Known Allergies: Active

HOME MEDICATIONS:

Types of Home Medications:

- Types of Home Medications anticoagulants antihypertensives hypoglycemic agents

VITAL SIGNS:

Vital Signs:

Vital Signs:

- Temperature - F 97 degrees F
- Temperature - C 36.1 degrees C
- Temperature Source oral
- Systolic BP 200
- Diastolic BP 92
- Mean (mmHg) 128
- Heart Rate 79

ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

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MRN: 1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 12:50:00 - Ed Nursing, Primary - Chaires, Yolanda (RN) - Entered: 10/05/2014 12:50:00
Evaluation Note

- Resp Rate, patient 14
- SpO2 (Pulse Ox) 96

PAIN ASSESSMENT:

Numeric Rating Scale (NRS):

- Numeric Rating Scale (NRS) 5- Moderate Pain

TRACKING CONTROLS:

- Triage Acuity Level 3 - Acute
- Treatment Area Main ED
- Triage Complete Complete

Electronic Signatures:

Chaires, Yolanda (RN) (Signed 05-Oct-2014 12:50)

Authored: TIME OF TRIAGE, CHIEF COMPLAINT, ADDITIONAL CHIEF COMPLAINT INFORMATION,
VISIT INFORMATION, ALLERGIES, HOME MEDICATIONS, VITAL SIGNS, PAIN ASSESSMENT,
TRACKING CONTROLS

Last Updated: 05-Oct-2014 12:50 by Chaires, Yolanda (RN)

ED Visit Discharge Report

Page: 12

Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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DOB: Sep-26-1940

BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:05 - ED Nursing - Present - Qosja, Atin (Emergency Room Technician) - Entered: 10/05/2014 13:05
Form: Room Technician

- Belongings Sent Home With: family
- Clothes: sent home, all belongings given to pt's son fernando blanco

Electronic Signatures:

Qosja, Atin (Emergency Room Technician) (Signed 05-Oct-2014 13:05)*Authored: Please complete all sections for each transfer**Last Updated: 05-Oct-2014 13:05 by Qosja, Atin (Emergency Room Technician)*

ED Visit Discharge Report

Page: 13

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MRN:1092238 DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 13:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi



10/05/2014 13:09 Medical Problems: ED

Garg MD, Nidhi (MD)

Entered: 10/05/2014 13:31

Revised:

Time of Triage:

- Time of Triage 12:19⁰⁰

BASIC INFORMATION:

- Time seen: 05-Oct-2014 12:30
- History source: patient, family
- Current Barriers: none
- Patient's Preferred Language for Speaking about Healthcare: English
- Mode of Arrival: family/friend⁰⁰
- LMP: postmenopausal

Chief Complaint:

- Facial swelling (784.2): Entered Date: 05-Oct-2014 12:43, Coding System: ICD9, Entered By: Chaires, Yolanda
- Accidental fall (E888.9): Entered Date: 05-Oct-2014 12:43, Coding System: ICD9, Entered By: Chaires, Yolanda

VITAL SIGNS:

ED Vital Signs PS:

1. Vital Signs Flowsheet (ED):

05-Oct-2014 12:42

Temperature - F	97
Temperature - C	36.1
Temperature Source	oral
Heart Rate Rate	79
Resp Rate, patient	14
SpO2 (Pulse Ox) %	96
Systolic BP Systolic	200
Diastolic BP Diastolic	92
Mean (mmHg) Mean	128
Numeric Rating Scale (NRS)	5- Moderate Pain
Pain Score	

OUTPATIENT MEDS:

* Patient Currently Takes Medications as of 29-Oct-2013 21:35 documented in Prescription Writer

- doxycycline hyclate 100 mg tablet: Rx, 1 tab(s) orally 2 times a day x 10 days, Status: Active
- Colace 100 mg oral capsule: Rx, 1 tab(s) orally 3 times a day x 7 days Constipation, Status: Active, Comment: Medication should be taken with plenty of water.
- IBU 600 mg tablet: Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tablet: Rx, 1 tab(s) orally every 6 hours x 3 days, Status: Active
- cannot recall Hx, Status: Active
- insulin analog: Hx, Status: Active
- Diovan: Hx, Status: Active

ED Visit Discharge Report

Page: 14

Printed: Feb-10-2015 10:34

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56-45 Main Street
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MRN:1092238

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:09 Medical Problem ED Garg MD, Nidhi (MD) Enter 10/05/2014 14:38 **Revised**

- Actos 45 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Catapres 0.2 mg oral tablet: Hx, 1 orally 3 times a day, Status: Active
- simvastatin 80 mg oral tablet: Hx, 1 orally once a day (at bedtime), Status: Active
- Glucophage 1000 mg oral tablet: Hx, 1 orally 2 times a day, Status: Active
- carvedilol 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day, Status: Active
- meloxicam 7.5 mg oral tablet: Hx, 1 orally once a day, Status: Active
- acetaminophen 500 mg oral tablet: Hx, 1 orally every 6 hours, Status: Active
- clopidogrel 75 mg oral tablet: Hx, 1 orally once a day, Status: Active
- furosemide 40 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Exforge HCT 10 mg/320 mg/25 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Januvia 100 mg oral tablet: Hx, 1 orally once a day, Status: Active

Attestation Statement:

- **ATTESTATION STATEMENT:** I have reconciled the Medication List on admission or current medication administration record

Allergies/Intolerances:Allergies:

- No Known Allergies: Active

HISTORY OF PRESENT ILLNESS:

- Presents with
- Presents With Comments:

fall

74 y/o F with h/o htn, dm, obesity, chf, cad p/w fall on the street after she tripped and fell on face, left hand and knee, no loc, remembers all events pre and post fall. Pt complain of left eyebrow swelling, left hand abrasion and left knee pain

REVIEW OF SYSTEMS:

- Other Significant Review of Systems: All other systems reviewed and negative

Past Medical History:

- Past Medical History see hpi

Past Surgical History:

- Past Surgical History see hpi

Family History:

- Family History none

Social History:

- Lives with family
- Place of Living home

PHYSICAL EXAM:

- General: no apparent distress, non toxic, well hydrated

ED Visit Discharge Report

Page: 15

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BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dri Garg MD, Nidhi

10/05/2014 09:09 Medical Problem: ED Garg MD, Nidhi MD Entered: 10/05/2014 14:33 Revised:

- **Eyes:** extra ocular muscles intact, pupils equal, round, reactive to light and accommodation, conjunctives and lids within normal limits, left eyebrow swelling within normal limits, no septal hematoma
- **Ear, Nose and Throat:** regular, rate and rhythm, no murmurs, no gallops, no rubs, no jugular venous distension, radial and pedal pulse within normal limits, capillary refill less than seconds
- **Cardiovascular:** clear to auscultation, no wheezes, no rhonchi, no rales
- **Lungs:** Soft, non-tender, non-distended, bowel sounds within normal limits
- **Gastrointestinal:** no costovertebral angle tenderness
- **Genitourinary:** full range of motion, no deformity, no calf tenderness, radial and pedal pulses within normal limits
- **Extremities-musculoskeletal:** non-tender head, non-tender face, non-tender neck
- **Head/Neck-musculoskeletal:** stable, non-tender pelvic, non-tender back
- **Pelvis/Back-musculoskeletal:** no petechiae or purpura
- **Hemolymphatics:** left palm abrasion and left knee road rash
- **Skin:** alert, no pronate drift, cranial nerves II-XII intact, no nystagmus, motor within normal limits, sensation intact, cerebellar within normal limits
- **Neurology:** mood and affect within normal limits, oriented times three
- **Psych:**

Order Entry:

- Acetaminophen 325mg / Oxycodone 5mg Tablet, Brand: (Percocet)
Dose: 1 tablet oral ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Pain
NOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.
Please verify drug and dose before administering, 05-Oct-2014, Active, 05-Oct-2014, Standard
- Tetanus Toxoids, Diphtheria & Acellular Pertussis (Tdap) BOOSTER Vaccine, (Adacel)
DOSE: 0.5 mL IntraMUSCULAR ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Vaccination
NOTE: Administer only I.M. in deltoid muscle of upper arm., 05-Oct-2014, Active, 05-Oct-2014, Standard
- XR Knee 4 Views Min LT, STAT, Stretcher, 05-Oct-2014, Pending, Standard

Results review:

- CXR result: within normal limits, No acute findings
- X-ray: Body location: xr pelvis, left hand, left knee
- X-ray: within normal limits, normal alignment, normal soft tissue, no fracture, interpretation by emergency physician

ED Visit Discharge Report

Page: 16

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 14:09 Medical Problem: ED Garg MD, Nidhi (MD) Entered: 10/05/2014 14:11 Revised:

- CT: head with contrast, facial
- CT result: within normal limits, left preseptal soft tissue swelling

PLANNED PATIENT DISPOSITION:**ED Final Diagnosis:**

- Accidental fall (E888.9): Entered Date: 05-Oct-2014 14:11, Coding System: ICD9, Coded Name: Unspecified fall, Entered By: Garg MD, Nidhi

PLANNED PATIENT DISPOSITION:

- Counselor: Patient, Family
- Condition: stable, fair, well controlled
- Disposition Note: pt discharge home after tdp, pt given motrin and percocet for pain, pt instructed about side effects of percocet, and instructed to drink rune juice, take it mostly at night, instructed to apply ice on left eye pt instructed to return promptly in c/o worsening symptoms, pt verbalized understanding of instructions given in ED and plan of care
- Disposition: discharge
- Discharge: to home
- Private MD: Dr. Jamie Roman

Electronic Signatures:

Garg MD, Nidhi (MD) (Signed 05-Oct-2014 14:33)

Authored: LOAD PRE-COMPLETED NOTE, BASIC INFORMATION, VITAL SIGNS, OUTPATIENT MEDS, HISTORY OF PRESENT ILLNESS, REVIEW OF SYSTEMS, PFSSH, PHYSICAL EXAM, MEDICAL DECISION MAKING, PLANNED PATIENT DISPOSITION

Last Updated: 05-Oct-2014 14:33 by Garg MD, Nidhi (MD)

References:

1. Data Referenced From "ED Nursing - Primary Evaluation Note" 5-Oct-2014 12:42

10/05/2014 14:13 PAIN MONITOR INTERVENTION Garg MD, Nidhi (MD) Entered: 10/05/2014 14:13

PAIN MONITOR INTERVENTION

Pain Present : yes

Pain Location : left hand

Numeric Rating Scale (NRS) Pain Score : (5- Moderate Pain)

Acceptable Pain Score : (0- No Pain)

ED Visit Discharge Report

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BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 13:43	ED Triage - Physical	Rickman, Diana (RN)	Entered: 10/05/2014 14:29	Revised
	Assessment Note - Initial			

TIME SEEN:

Time of Assessment:

- Time of Assessment 13:43

COMMUNICATION BARRIERS:

Language/Communication Assessment:

- Communication Method/Special Needs of the Patient verbal
- Current Barriers none^Q
- Preferred Way(s) to Discuss Healthcare: hear/speak
- Patient's Preferred Language for Speaking about Healthcare: English^Q
- Patient's Preferred Language for Reading about Healthcare: English
- Interpreter Request not applicable^Q

GENERAL ASSESSMENT:

General Assessment:

- Rapid HIV testing offered (Ages 13-64 years ONLY) - patient's response N/A, patient not within age range
- Immunizations unknown

HOME MEDICATIONS:

Outpatient Medication Profile:

*Patient Currently Takes Medications as of 29-Oct-2013 21:35 documented in Prescription Writer

- doxycycline hyclate 100 mg tablet: Rx, 1 tab(s) orally 2 times a day x 10 days, Status: Active
- Colace 100 mg oral capsule: Rx, 1 tab(s) orally 3 times a day x 7 days Constipation, Status: Active, Comment: Medication should be taken with plenty of water.
- IBU 600 mg tablet: Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active
- acetaminophen-oxycodone 325 mg-5 mg tablet: Rx, 1 tab(s) orally every 6 hours x 3 days, Status: Active
- cannot recall: Hx, Status: Active
- insulin analog: Hx, Status: Active
- Diovan: Hx, Status: Active
- Actos 45 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Catapres 0.2 mg oral tablet: Hx, 1 orally 3 times a day, Status: Active
- simvastatin 80 mg oral tablet: Hx, 1 orally once a day (at bedtime), Status: Active
- Glucophage 1000 mg oral tablet: Hx, 1 orally 2 times a day, Status: Active
- carvedilol 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day, Status: Active
- meloxicam 7.5 mg oral tablet: Hx, 1 orally once a day, Status: Active
- acetaminophen 500 mg oral tablet: Hx, 1 orally every 6 hours, Status: Active
- clopidogrel 75 mg oral tablet: Hx, 1 orally once a day, Status: Active

ED Visit Discharge Report

Page: 18

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi



10/05/2014 15:10 ED Nursing Physical Examination Diana (RN) (Entered: 10/05/2014 15:29) Revised

- furosemide 40 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Exforge HCT 10 mg-320 mg-25 mg oral tablet: Hx, 1 orally once a day, Status: Active
- Januvia 100 mg oral tablet: Hx, 1 orally once a day, Status: Active

PHYSICAL ASSESSMENT:**Neurological:**

- Neurological Assessment alert
- Orientation oriented to time, oriented to place, oriented to person
- Pupils equal, round, reactive
- Hand Grasps equal
- Gait unable to assess

Glasgow Coma Assessment:

- Eye Opening spontaneously
- Best Verbal Response oriented
- Best Motor Response obeys verbal commands
- Total GCS Score 15

Respiratory:

- Left Lung Sounds clear
- Right Lung Sounds clear

Eyes, Ears and Nose:

- Eyes, Ears and Nose - Normal no vision impairment, no hearing impairment, no pain, otorrhea, or rhinorrhea

Mouth, Teeth and Throat:

- Mouth, Teeth and Throat - Normal lips smooth, pink and moist, mucous membranes pink and moist, teeth intact, no evidence of decay, no bleeding gums, swallowing without difficulty

Cardiovascular:

- Prior Medical Condition yes, PMH CHF, DM, HTN
- Pulses regular
- Nailbed Color pink

Gastrointestinal:

- Abdomen soft, non-tender, distended
- Bowel Sounds present in all quadrants

Genitourinary:

- Genitourinary - Normal voiding without difficulty, clear urine, no bladder distention, continent

GYN:

- GYN Assessment post-menopausal

ED Visit Discharge Report

Page: 19

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TET

Vidit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 15:10 ED Nursing - Physical Rickman, Diana (RN) Entered: 10/05/2014 14:29 Revised: 10/05/2014 14:29

Psych:

- Psych- Normal

alert, oriented, and communicative, insight, affect, and behavior appropriate to situation

Skin:

- Skin Description
- Mucous Membrane
- Skin Temperature
- Skin Intact
- Additional Information

dry

pink

warm

yes

Patient noted with left hand abrasion and left knee swelling

Musculoskeletal:

- Additional Information

Patient presented to the ED status post a trip and fall. Patient ambulates with cane. Patient noted with full ROM in b/l upper and lower extremities. Palpable pulses noted in b/l upper and lower extremities. Patient denies dizziness, chest pain, headache, numbness, tingling or weakness in b/l upper and lower extremities. Patient safety maintained.

PAIN ASSESSMENT:

Pain Assessment:

- Pain Present
- Pain Location
- Quality
- Onset of Pain

yes

left hand

aching

sudden

ADULT ONLY - Numeric Rating Scale (NRS):

- Numeric Rating Scale (NRS)
- Acceptable Pain Score

5- Moderate Pain

0- No Pain

Assessment Complete:

- Assessment Completed:

yes

Electronic Signatures:

Rickman, Diana (RN) (Signed 05-Oct-2014 14:29)

Authored: TIME SEEN, COMMUNICATION BARRIERS, GENERAL ASSESSMENT, HOME MEDICATIONS, PHYSICAL ASSESSMENT, PAIN ASSESSMENT, ASSESSMENT COMPLETE

Last Updated: 05-Oct-2014 14:29 by Rickman, Diana (RN)

References:

1. Data Referenced From "Medical Problem, ED" 5-Oct-2014 1:09 PM
2. Data Referenced From "ED Nursing - Primary Evaluation Note" 5-Oct-2014 12:42 PM

ED Visit Discharge Report

Page: 20

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 15:18 ED Nursing Disposition: Discharge, Discharge(RN) Entered: 10/05/2014 15:18
Note

ALLERGIES:**Allergies/Intolerances:****Allergies:**

- No Known Allergies: Active

OUTPATIENT MEDICATIONS:**Outpatient Medication Profile:***** Patient Currently Takes Medications as of 05-Oct-2014 14:17 documented in Prescription Writer**

- ibuprofen 600 mg oral tablet; Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active, Comment: It is very important that you take or use this exactly as directed. Do not skip doses or discontinue unless directed by your doctor.
May cause drowsiness or dizziness.
Obtain medical advice before taking any non-prescription drugs as some may affect the action of this medication.
Take with food or milk.
- acetaminophen-hydrocodone 325 mg-5 mg oral tablet; Rx, 1 tab(s) orally 3 times a day Abdominal Pain, Status: Active, Comment: Caution federal law prohibits the transfer of this drug to any person other than the person for whom it was prescribed.
May cause drowsiness. Alcohol may intensify this effect. Use care when operating dangerous machinery.
This product contains acetaminophen. Do not use with any other product containing acetaminophen to prevent possible liver damage.
Using more of this medication than prescribed may cause serious breathing problems.
- doxycycline hyclate 100 mg tablet; Rx, 1 tab(s) orally 2 times a day x 10 days, Status: Active
- Colace 100 mg oral capsule; Rx, 1 tab(s) orally 3 times a day x 7 days Constipation, Status: Active, Comment: Medication should be taken with plenty of water.
- IBU 600 mg tablet; Rx, 1 tab(s) orally 4 times a day x 5 days, Status: Active
- acetaminophen-oxycodone 325 mg-5 mg tablet; Rx, 1 tab(s) orally every 6 hours x 3 days, Status: Active
- cannot recall; Hx, Status: Active
- insulin analog; Hx, Status: Active
- Diovan; Hx, Status: Active
- Actos 45 mg oral tablet; Hx, 1 orally once a day, Status: Active
- Catapres 0.2 mg oral tablet; Hx, 1 orally 3 times a day, Status: Active
- simvastatin 80 mg oral tablet; Hx, 1 orally once a day (at bedtime), Status: Active
- Glucophage 1000 mg oral tablet; Hx, 1 orally 2 times a day, Status: Active
- carvedilol 20 mg oral capsule, extended release; Hx, 1 orally 2 times a day, Status: Active
- meloxicam 7.5 mg oral tablet; Hx, 1 orally once a day, Status: Active
- acetaminophen 500 mg oral tablet; Hx, 1 orally every 6 hours, Status: Active
- clopidogrel 75 mg oral tablet; Hx, 1 orally once a day, Status: Active
- furosemide 40 mg oral tablet; Hx, 1 orally once a day, Status: Active
- Exforge HCT 10 mg-320 mg-25 mg oral tablet; Hx, 1 orally once a day, Status: Active

ED Visit Discharge Report

Page: 21

Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 5:45 AM Nursing Disposition: Discharge (ED) Entered: 10/05/2014 15:10
Note:

- Januvia 100 mg oral tablet: Hx, 1 orally once a day, Status: Active

ORDERS:**Order Entry:**

- Acetaminophen 325mg / Oxycodone 5mg Tablet, Brand: (Percocet)
Dose: 1 tablet oral ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Pain
NOTE: This order will automatically discontinue on the date specified. If continued therapy is warranted, please contact prescriber for renewal.
Please verify drug and dose before administering, 05-Oct-2014, Completed/Stop Date Reached, 05-Oct-2014, Standard
- Tetanus Toxoids, Diphtheria & Acellular Pertussis (Tdap) BOOSTER Vaccine, (Adacel)
DOSE: 0.5 mL intraMUSCULAR ONCE.
Priority: STAT, Stop After: 1 Times; Indication: Vaccination
NOTE: Administer only I.M. in deltoid muscle of upper arm., 05-Oct-2014, Completed/Stop Date Reached, 05-Oct-2014, Standard

IMMUNIZATIONS:**Health Manager:****Charted Data:**

Tdap: Tdap - (Adacel/Boostrix), Dose # 1, Action Date/Time: 05-Oct-2014 14:21, Completed

HEALTH ISSUES:**ED Health Issues:****Chief Complaint:**

- Facial swelling (784.2): Entered Date: 05-Oct-2014 12:43, Status: Active, Scope: Chart, Coding System: ICD9, Coded Name: Swelling, mass, or lump in head and neck, Display Name: Swelling, mass, or lump in head and neck, Entered By: Chaires, Yolanda, Last Modified By: Chaires, Yolanda
- Accidental fall (E888.9): Entered Date: 05-Oct-2014 12:43, Status: Active, Scope: Chart, Coding System: ICD9, Coded Name: Unspecified fall, Display Name: Unspecified fall, Entered By: Chaires, Yolanda, Last Modified By: Chaires, Yolanda

Other:

- 3M FALL/JH: Entered Date: 05-Oct-2014 12:18, Status: Active, Scope: Visit, Description: 3M FALL/JH, Entered By: interfaces, interfaces, Last Modified By: interfaces, interfaces

ED Final DX:

- Accidental fall (E888.9): Entered Date: 05-Oct-2014 14:11, Status: Active, Scope: Chart, Coding System: ICD9, Coded Name: Unspecified fall, Display Name: Unspecified fall, Entered By: Garg MD, Nidhi, Last Modified By: Garg MD, Nidhi

DISPOSITION:**Disposition:**

- Disposition: discharged
- Discharge Destination: home
- Transportation Mode From ED: walked
- Instructions Given To: patient, able to verbalize instructions
- Patient Condition at Discharge: improved
- Assessment Completed: yes

ED Visit Discharge Report

Page: 22

Printed: Feb-10-2015 16:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

New
York
Hospital
Queens
56-45 Main Street
Flushing, NY 11355

MRN:1092238 DOB: Sep-26-1940

BLANCO, NORMA

ED/IBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

10/05/2014 15:18 ED Arrival, Disposition: Rickman, Diana (RN)

Entered: 10/05/2014 15:18

Electronic Signatures:

Rickman, Diana (RN) (Signed 05-Oct-2014 15:18)

Authored: ALLERGIES, OUTPATIENT MEDICATIONS, ORDERS, IMMUNIZATIONS, HEALTH
ISSUES, DISPOSITION

Last Updated: 05-Oct-2014 15:18 by Rickman, Diana (RN)

ED Visit Discharge Report

Page: 23

Printed: Feb-10-2015 10:34

By: Gifford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

New York
Hospital
Queens
56-45 Main Street
Flushing, NY 11355

MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TET

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

Patient Education Log

Education Material	Education Date	Location	Source	Given By	Created By	Created Date	Comment	Status
NYHQ D/C Coverpage (.)	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active
Fall Prevention and Home Safety, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active
Facial or Scalp Contusion, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active
Abrasion, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi	10/05/2014 14:12		Active

1 Patient Name BLANCO, NORMA		B092238	
2 Service Date(s) From/Through 10/05/14-10/05/14	3 Statement Date 01/15/15	Page 1	

4 This is the current insurance information on file.
Please review and make corrections on the back of this form.

Insurance Name: HEALTHFIRST Policy #: 125446301A

1.
2.
3.
4.

5 If paying by CREDIT CARD, please complete this section:

Card # _____

Exp Date ____/____ AMT AUTHORIZED \$ _____

Signature _____

6 CHECK NO.
AMOUNT
ENCLOSED
\$ _____

7
BLANCO, NORMA
105-18 NORTHERN BLVD.
APT 2
CORONA NY 11368

8
NYH MED CNTR OF QUEENS
P.O. BOX 9126 GPO
NEW YORK NY 10087-9126

9 Account Number	10 Previous Balance	11 Charges	12 Est. Ins. Coverage	13 Payments/Adjs.	14 Amt. Due from Patient
1410217071	.00	4698.24	.00	4583.24-	115.00

To ensure proper credit to your account, detach top section and return with your payment

15 Account Number	16 Patient Name	17 Service Date(s)	18 Statement Dt.	Page
1410217071	BLANCO, NORMA	10/05/14-10/05/14	01/15/15	1

19 Date	20 Description	21 Charges	22 Est. Ins. Coverage	23 Payments/Adjs.
REG B5NDJ	REG:10/05/14 SER#:414265262			
1410217071	EMERG EMERGENCY DEPARTMENT BEMED			
	PHYS: GARG, NIDHI			
	EMERGENCY ROOM	1288.00		
	GENERAL RADIOLOGY (GR)	646.00		
	CT SCAN HEAD	2552.00		
	DRUGS	128.24		
	MISCELLANEOUS PROCEDURES	84.00		
10/21/14	BILLED 4698.24 TO COMMERCIAL INS			
11/10/14	COMMERCIAL INS BENEFIT			4583.24-
11/10/14	COMMERCIAL INS DEDUCTIBLE:	115.00		
11/10/14	COMMERCIAL INS COINSURANCE:	1.00		
11/10/14	COMMERCIAL INS REBILL TO SELF-PAY			
24 Previous Balance	.00	4698.24	.00	4583.24-
25 Amount Due from Patient				115.00

NYH MED CNTR OF QUEENS
P.O. BOX 9126 GPO
NEW YORK NY 10087-9126
TOLL FREE #
1-866-252-0101
111839362

2/10/2015
10:32:42AM

DEH9069

QUEENS
Medical Record Outpatient Abstract

Med Rec #: 01092238E
Account #: 414265262
Admit Date: 10/5/2014
Disch Date: 10/5/2014
OP Type: ED

Last Name: BLANCO
Birth Date: 9/26/1940
Disposition: HOME / ROUTINE
Financial Class: HEALTHFIRST 65/MHI MC

First Name: NORMA
Sex: F

NIDHI GARG
56-45 MAIN STREET
DEPARTMENT OF EMERGENCY MEDICI
FLUSHING, NY 11355

Internal ZIP:
Fax:

Admit Dx	Description	ICD Version
7842	Swelling/mass/or lump in head and neck	9

Diag	Description	ICD Version
9140	Hand, abrasion/friction burn, without infection	9
71946	Pain in joint, lower leg	9
V061	Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis, (DTP) (DTaP)	9
E8859	Fall on same level from slipping/tripping/stumbling	9
E8498	Injury or poisoning occurring at/in other specified places	9

ICD9-CM - PROCEDURES						
Proc Cd	Interv #	Date	Physician #	Role	Description	ICD Version

CPT PROCEDURES							
ASC	Proc Cd /	Modifier Code(s)	Interv #	Date	Physician #	Role	Description
	99284	/	1	10/5/2014	EA3410	PRIN	Emergency department visit high/urgent severity
	90471	/	1	10/5/2014	EA3410	PRIN	IMadm prq id subq/IM njxs 1 vaccine

2014-NOV-25 13:45

From: 7186702337

Page: 3/7



All results performed dates from 05-Oct-2014

BLANCO, NORMA Garg MD, Nidhi
DOB: 09/20/1940 1092238 / 000414265262
DSC

Criteria for selection:

10/05/2014 13:32 CT Head/Brain W/O Contrast For more Final Results Received
Final

CT Head/Brain W/O
Contrast

BLANCO, NORMA 1092238 000414265262
DOB: 09/20/1940 Age: 74 years Sex: F
Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

Exam: Accession Nbr: Exam Date/Time:
CT HEAD/BRAIN W/O CONT CT-14-034889 10/05/2014 13:32:08

CPT-4:
70450

83400280

Reason for Exam:
fall

REPORT:

CT OF THE HEAD WITHOUT CONTRAST, 10/5/2014.

HISTORY: FALL.

TECHNIQUE:

CONTIGUOUS AXIAL IMAGES WERE OBTAINED FROM THE SKULL BASE TO THE VERTEX
WITHOUT THE BENEFIT OF INTRAVENOUS CONTRAST.

FINDINGS:

COMPARISON: 10/29/13.

THE VENTRICLES AND SULCI ARE NORMAL IN SIZE AND CONFIGURATION. THERE IS NO
EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE OR EXTRA-AXIAL COLLECTION. NO
MIDLINE SHIFT OR MASS EFFECT. THE PARANASAL SINUSES AND TYMPANOMASTOID
CAVITIES ARE WELL AERATED. THE CALVARIUM IS INTACT.

IMPRESSION:

Requested By: Robbins, Eliza Medical Record Printed From: New York Hospital: Queens
Clerk Page: 1 of 3
24 Nov 2014 13:32

2014-NOV-25 13:45 From: 7186702337

Page: 4/7

New York Hospital Queens	
Patient Results	

All results performed dates from 05-Oct-2014	
BLANCO, NORMA	74
DSC	26 Sep 1940
Garg MD, Nidhi	
1092238 / 000414265262	

05-Oct-2014 13:32	CT Head/Brain W/O Contrast	For more Final Results Received
-------------------	----------------------------	---------------------------------

NO EVIDENCE OF ACUTE INTRACRANIAL INJURY.

Transcriptionist: JR

Dictating Radiologist: BOLTIN M.D., CAROLYN M

Date & Time Verified: 05-OCT-2014 10:26

BOLTIN M.D., CAROLYN M
(Electronic Signature)

05-Oct-2014 13:32	CT Facial Bones W/O Contrast	For more Final Results Received
-------------------	------------------------------	---------------------------------

CT Facial Bones W/O
Contrast

Final

BLANCO, NORMA	1092238	000414265262
DOB: 09/26/1940	Age: 74 years	Sex: F
Pt Loc: Emergency Dept	Order Dr: GARG RESIDENT MD, NIDHI	

RADIOLOGY

Exam:	Accession Nbr:	Exam Date/Time:
CT FACIAL BONES W/O CONT	CT-14-034890	10/05/2014 13:32:08

CPT-4:
70486

B3401500

Reason for Exam:
fall

REPORT:

CT OF THE FACIAL BONES, 10/6/14

HISTORY: FALL

TECHNIQUE: CONTIGUOUS AXIAL IMAGES WERE OBTAINED THROUGH THE MAXILLOFACIAL REGION WITH CORONAL AND SAGITTAL RECONSTRUCTION IN BONE AND SOFT TISSUE WINDOW.

FINDINGS:

THERE IS SOFT TISSUE AND POLYP VERSUS RETENTION IN THE RIGHT MAXILLARY

Requested By: Romana, Ella (Medical Record Clerk)	Printed from: New York Hospital Queens
15-Nov-2014 11:11	Page 2 of 2

2014-NDV-25 13:46 From: 7186702337

Page: 5/7

New York Hospital Queens	
Patient Results	

All results performed dates from 05-Oct-2014	
BLANCO, NORMA	74y
DOB: 26-Sep-1940	10922387000414265262

05-Oct-2014 13:32	CT Facial Bones W/O Contrast	For more Final Results Received
-------------------	------------------------------	---------------------------------

SINUS WITH MUCOSAL THICKENING WITHIN THE RIGHTWARD ASPECT OF THE SPHENOID. THE REMAINING PARANASAL SINUSES ARE WELL AERATED. THERE IS NO EVIDENCE OF ACUTE FRACTURE OR DISLOCATION OF THE MAXILLOFACIAL REGION. THE ORBITS ARE SYMMETRIC. THE OPTIC NERVES ARE INTACT. THERE IS PRESEPTAL SOFT TISSUE SWELLING ON THE LEFT. NO EVIDENCE OF INTRA CORNEAL AIR.

IMPRESSION:

LEFT SIDED PRESEPTAL SOFT TISSUE SWELLING. RIGHT MAXILLARY AND RIGHT SPHENOID SINUS DISEASE. NO EVIDENCE OF ACUTE OSSEOUS INJURY.

Transcriptionist: JL

Dictating Radiologist: BOLTIN M.D., CAROLYN M

Date & Time Verified: 05-OCT-2014 10:26

BOLTIN M.D., CAROLYN M
(Electronic Signature)

05-Oct-2014 14:11	XR Head 3 Views Min L-R	For more Final Results Received
-------------------	-------------------------	---------------------------------

Requested by: Romany, Elna (Medical Record Clerk)	Printed from: New York Hospital Queens
15-Nov-2014 11:11	Page: 3 of 5

2014-NOV-25 13:46 From: 7186702337

Page: 6/7

New York Hospital Queens	
Patient Results	

All results performed dates from 05-Oct-2014				
BLANCO, NORMA	DOB: 09/26/1940	Age: 74y	Sex: F	Garg MD, NIDHI
DSG	26-Sep-1940	10922387	000414265162	
05-Oct-2014 14:11		XR Hand 3 Views Min LT		For more Final Results Received

XR Hand 3 Views Min LT

Final

BLANCO, NORMA 1092238 000414265262
DOB: 09/26/1940 Age: 74 years Sex: F
Pt Loc: Emergency Dept Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

Exam: Accession Nbr: Exam Date/Time:
XR HAND 3 VIEWS MIN LT XR-14-098644 10/05/2014 14:11:18

CPT-4:
73130LT

80016046

Reason for Exam:
r/o fx

REPORT:

THREE VIEWS LEFT HAND, 10/5/2014.

CLINICAL HISTORY: TRAUMA.

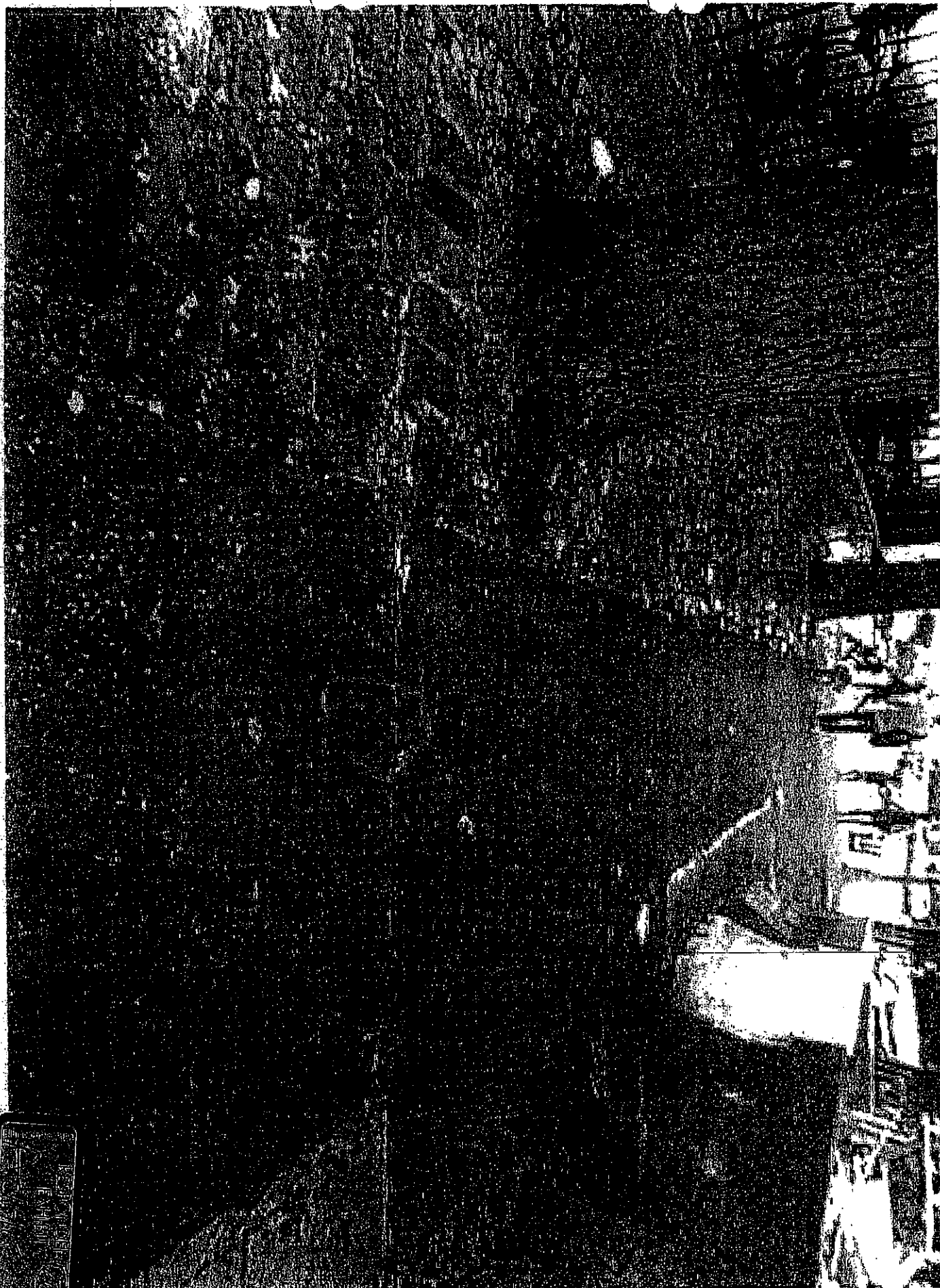
FINDINGS/IMPRESSION:

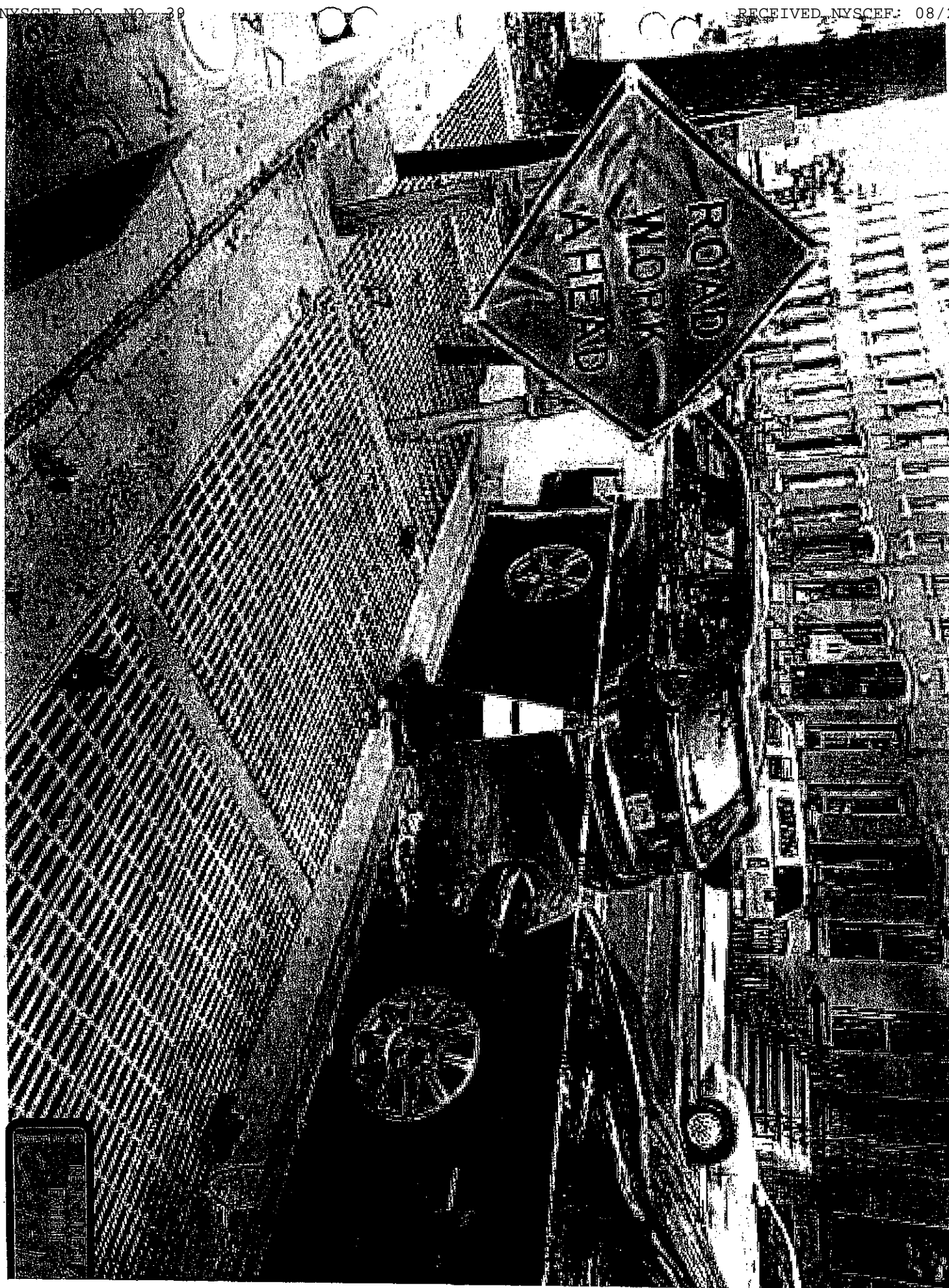
NO ACUTE FRACTURE OR DISLOCATION IDENTIFIED.

719.44
Transcriptionist: JR
Dictating Radiologist: EUBIG M.D., JAN A
Date & Time Verified: 06-OCT-2014 9:01

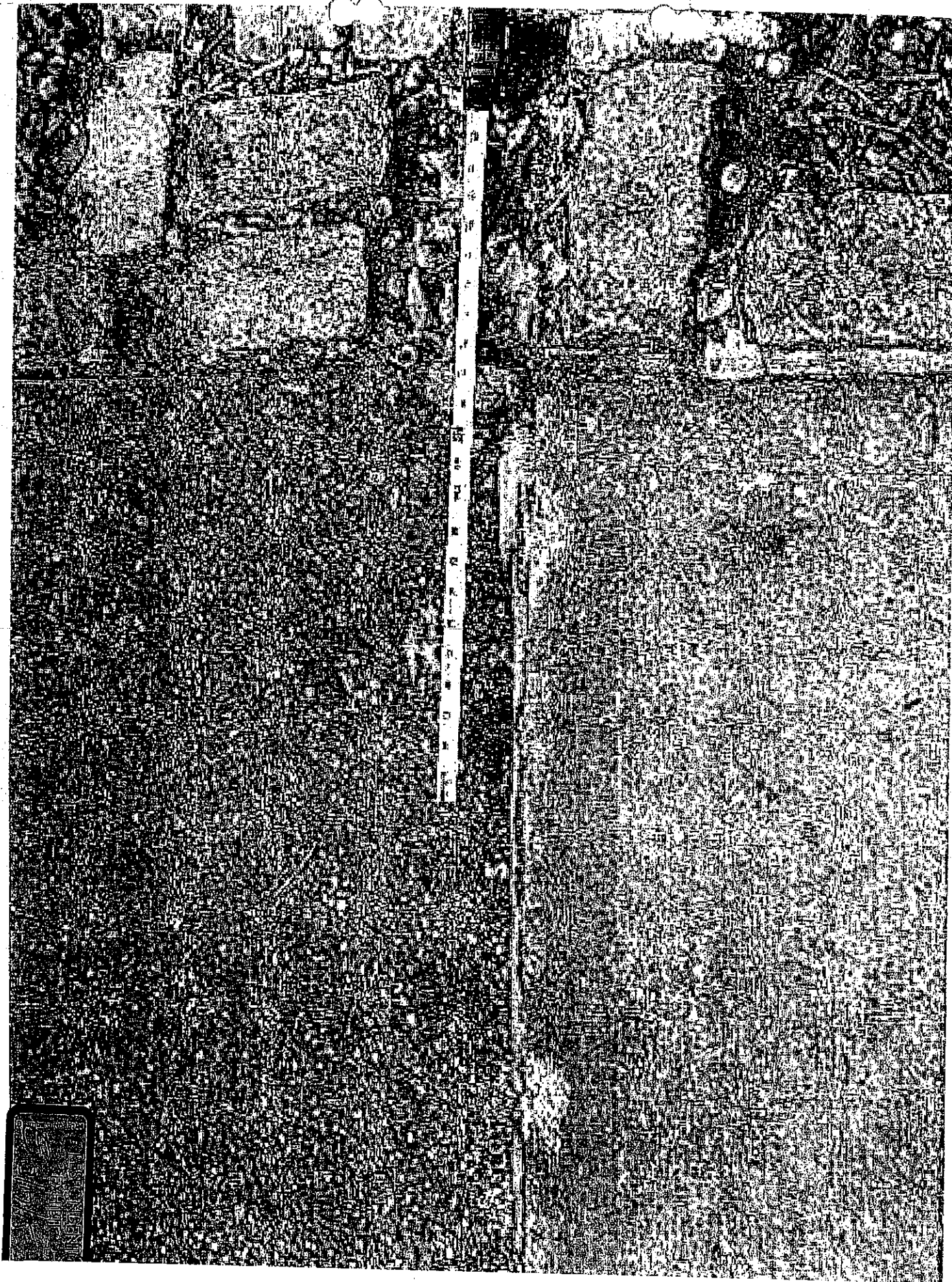
EUBIG M D., JAN A
(Electronic Signature)

Requested By: Roumina, Ella (Medical Record Clerk)	Printed from New York Hospital Queens
25-Nov-2014 11:21	Page: 4 of 5



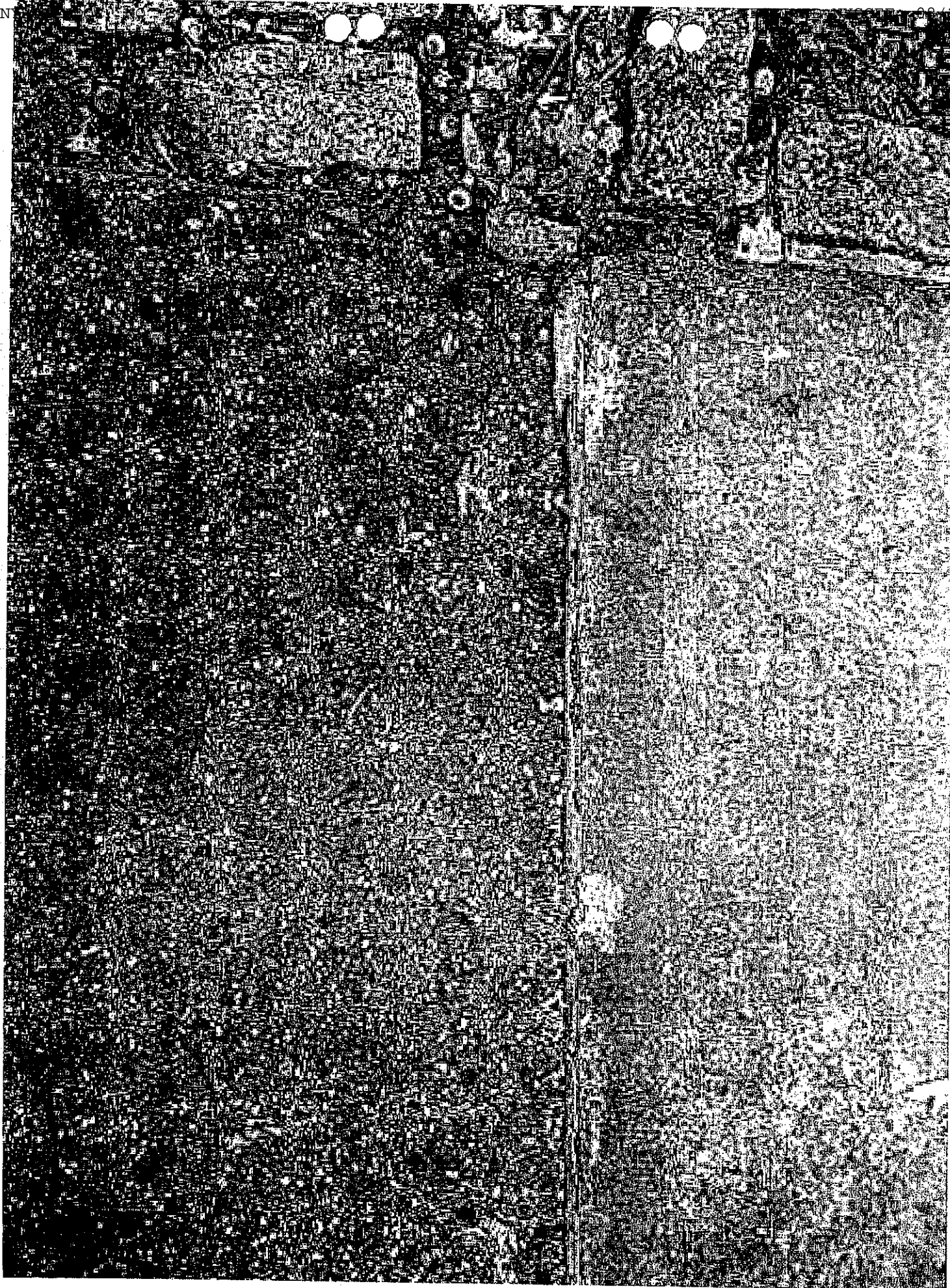






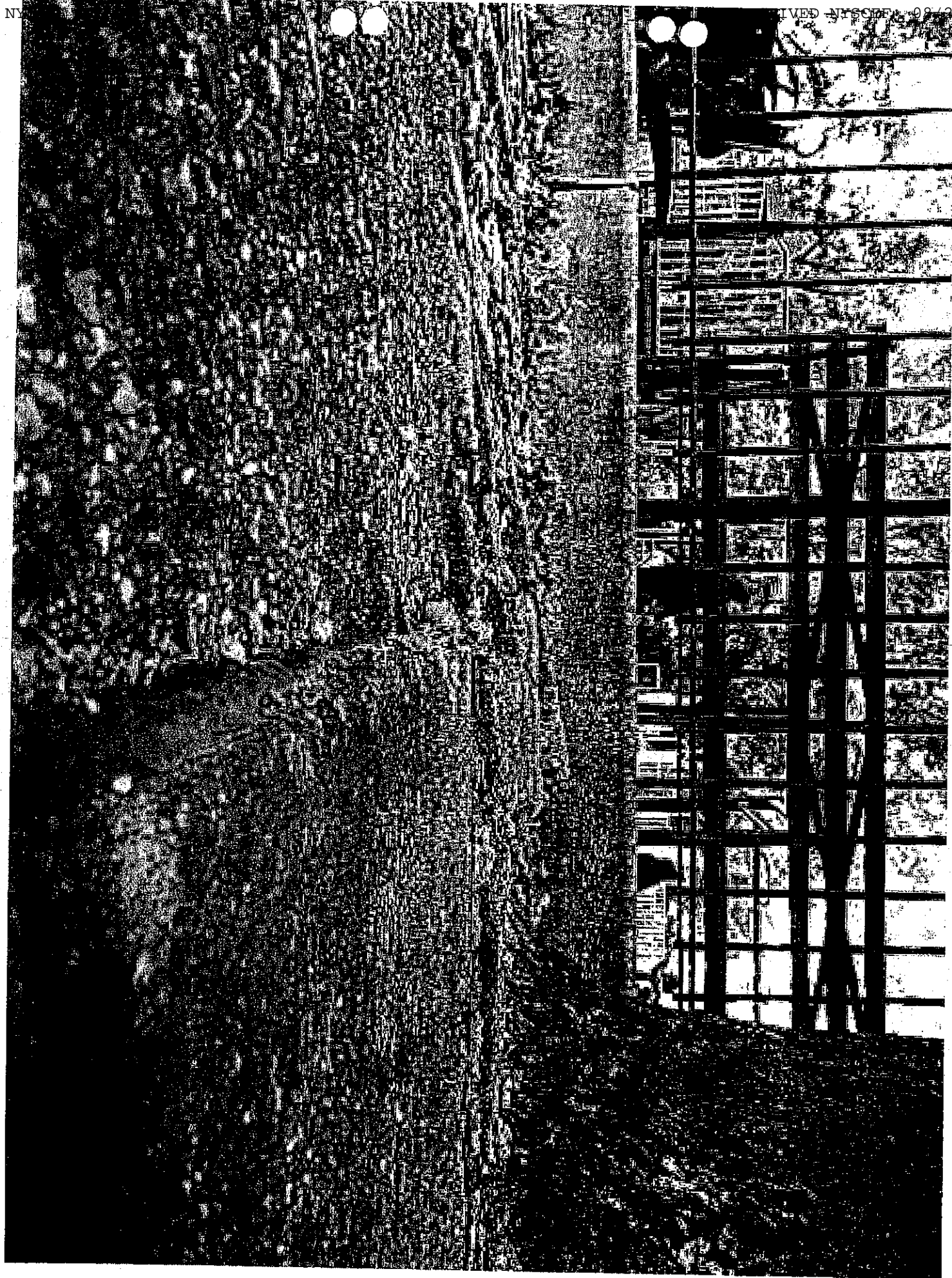
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08/29/2017



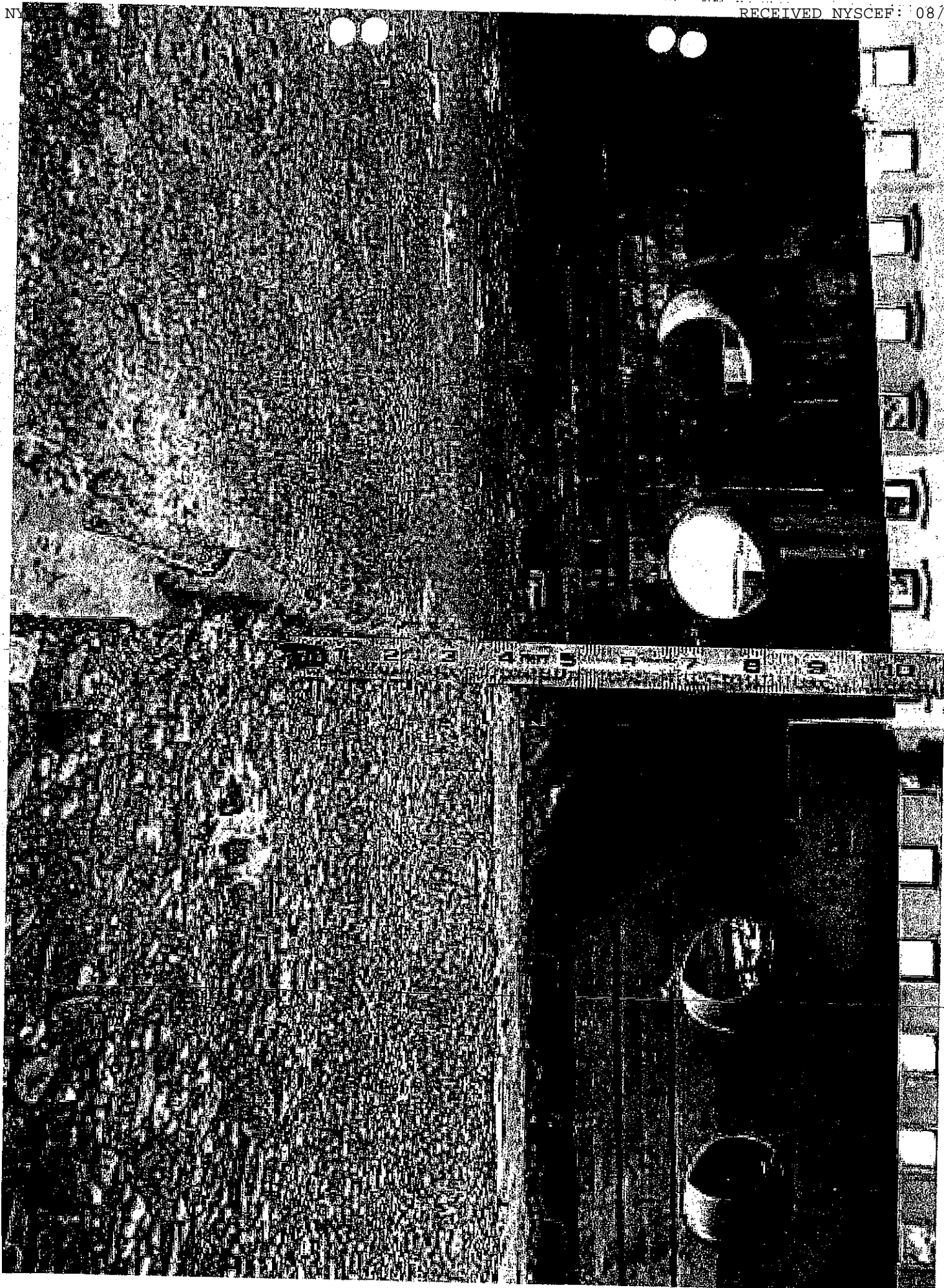
NY

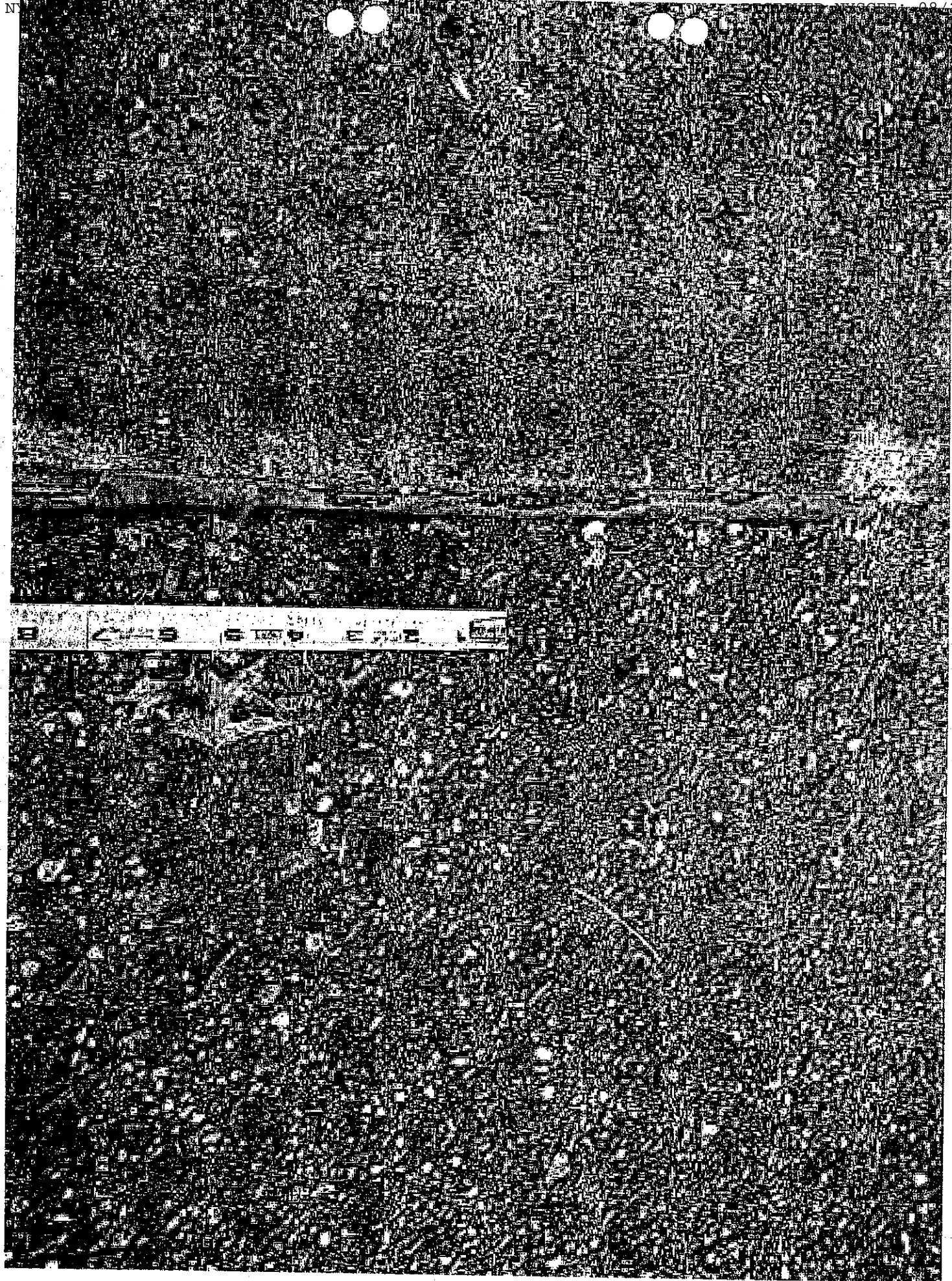
FILED BY: 08/29/2017



NY

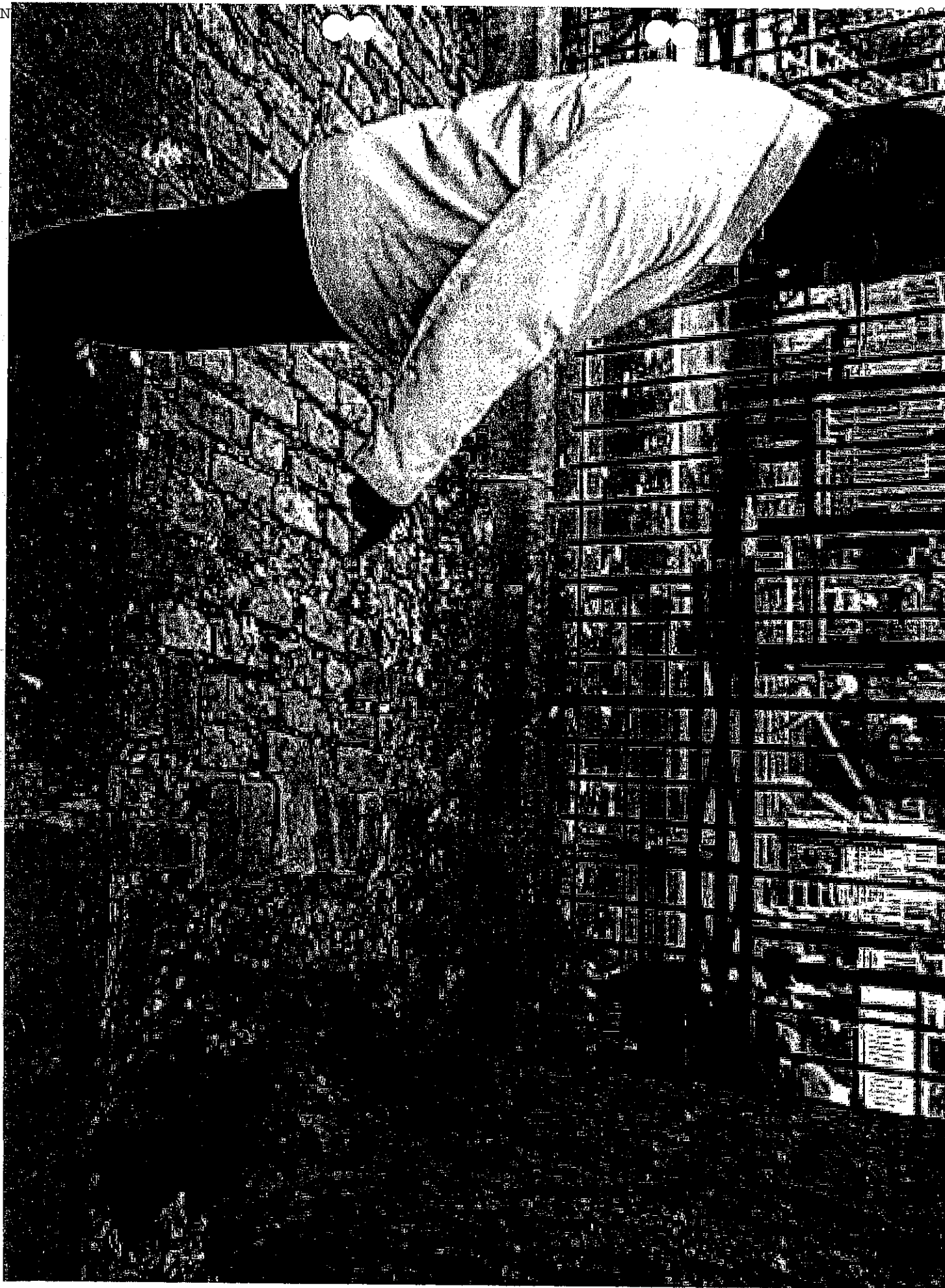
RECEIVED NYSCEF: 08/29/2017





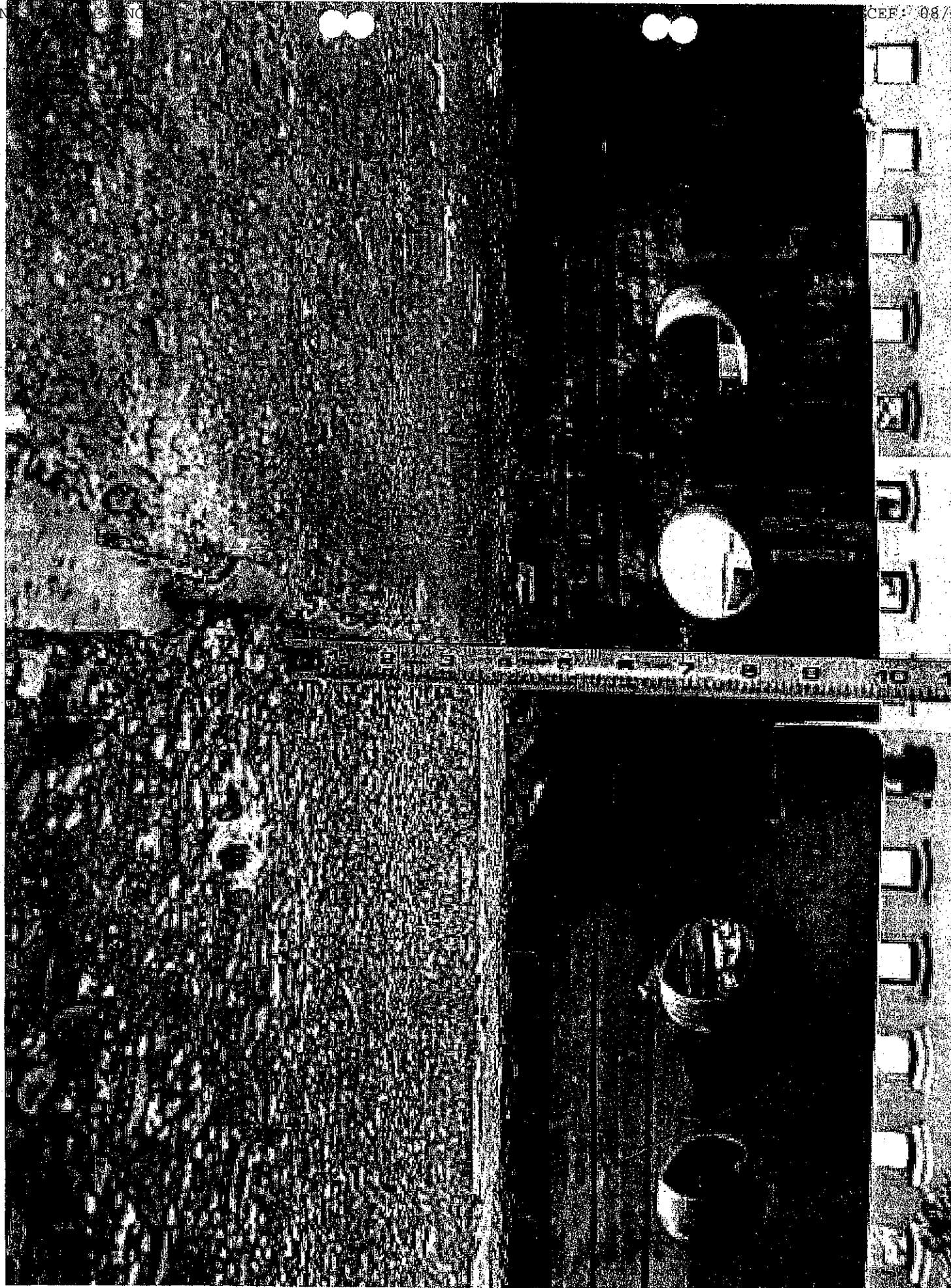
N

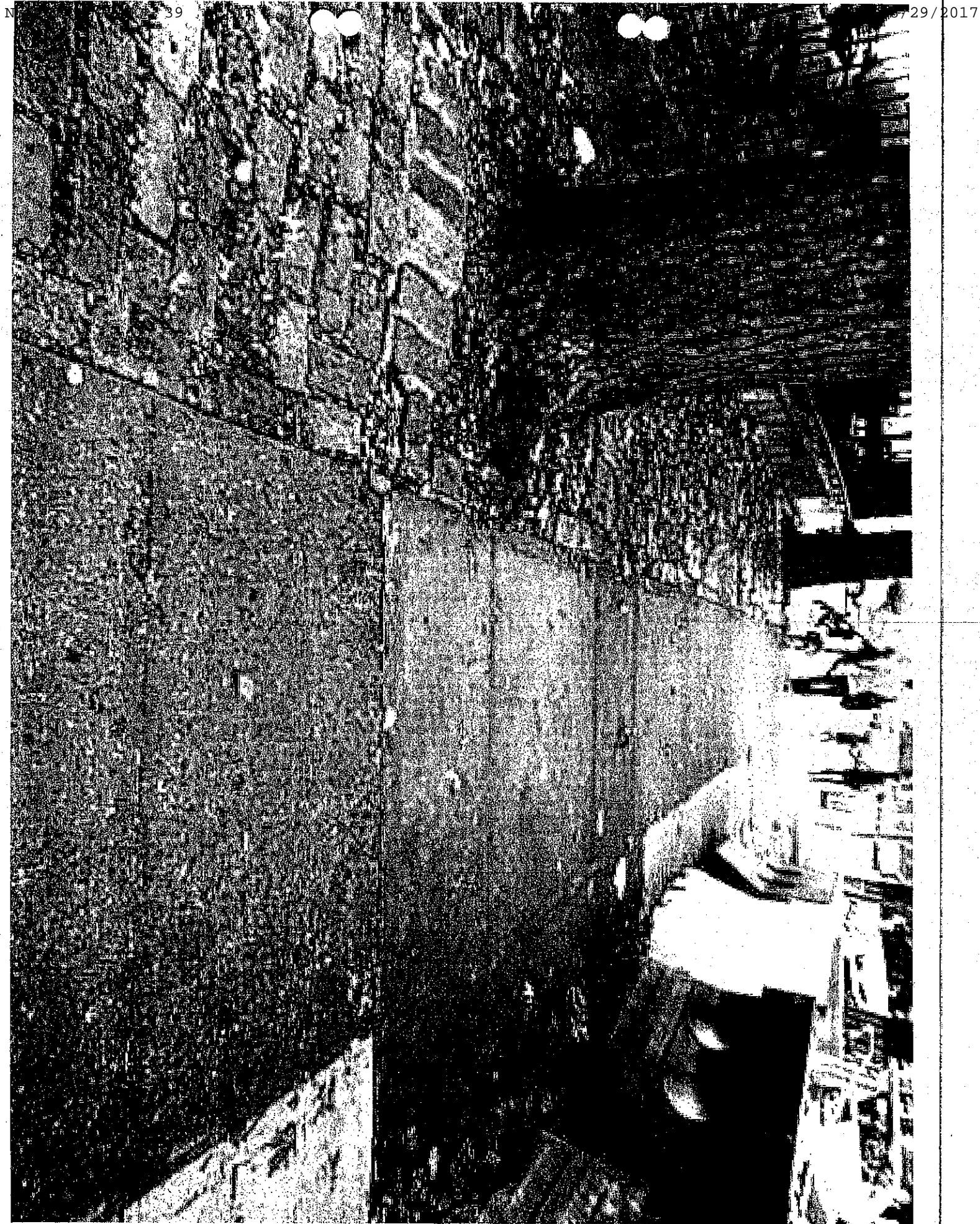
08/29/2017



N 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

CEF: 08/29/2017

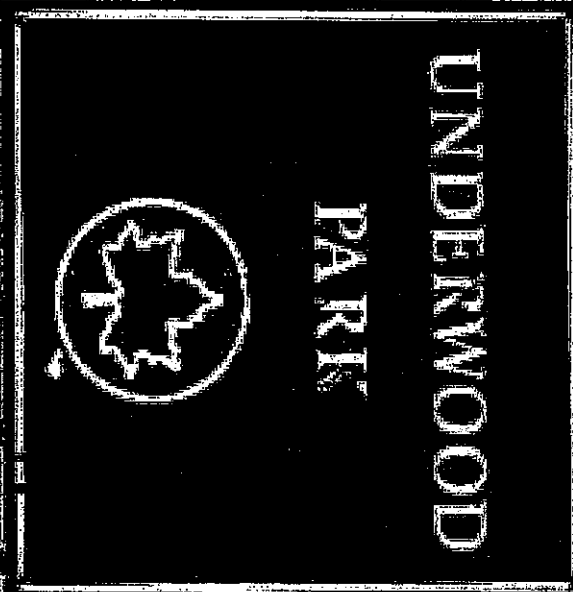


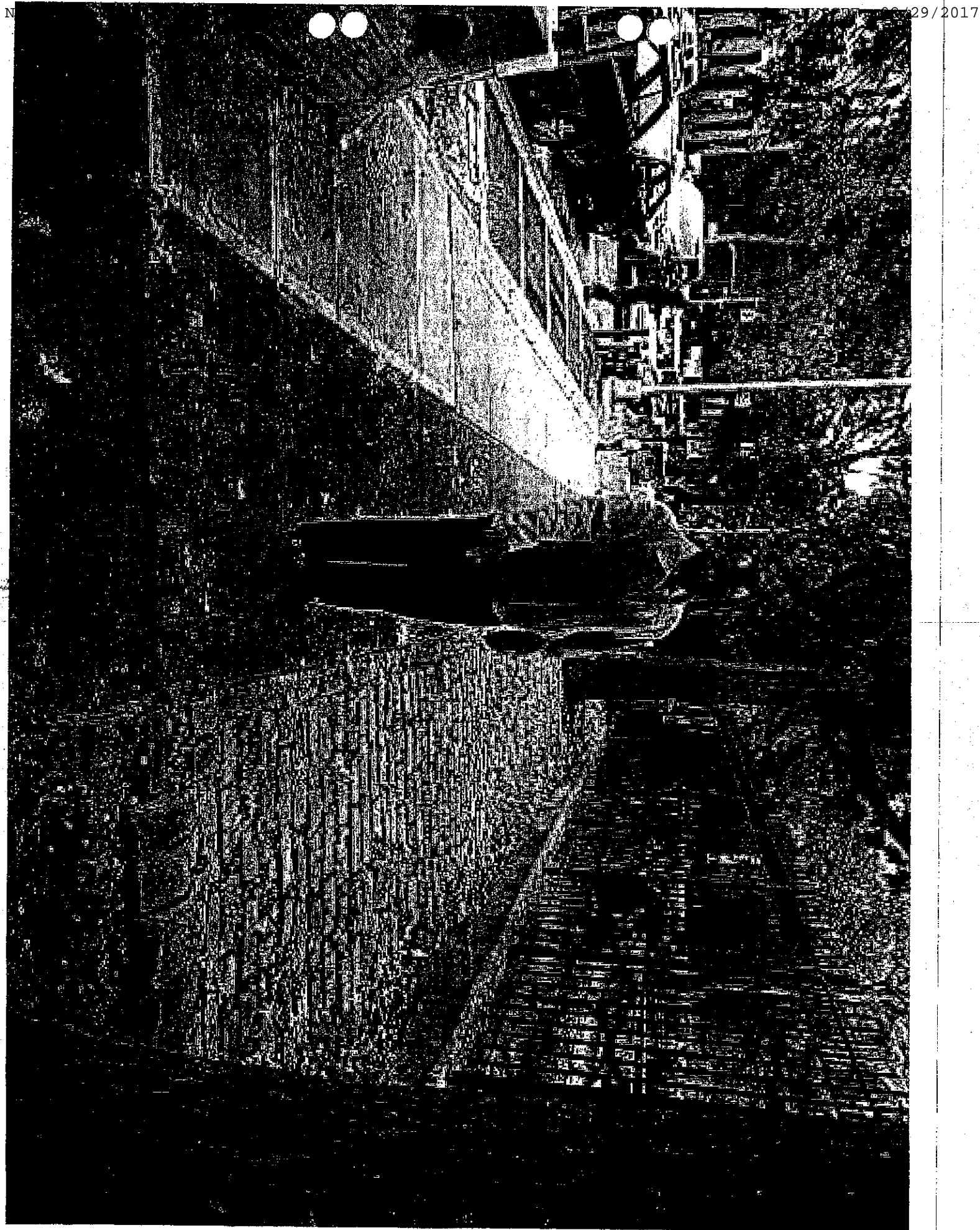


N

08/29/2017

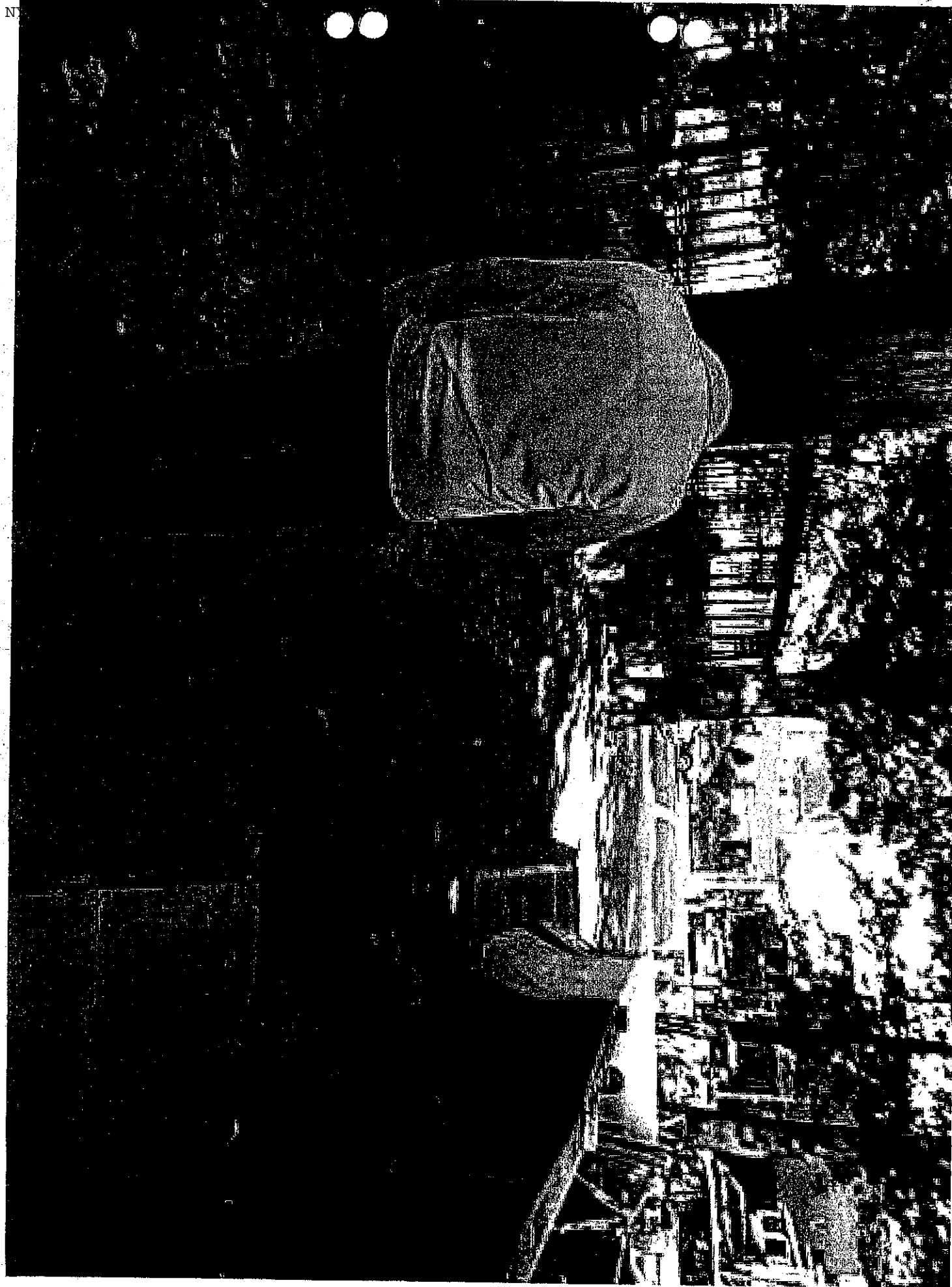






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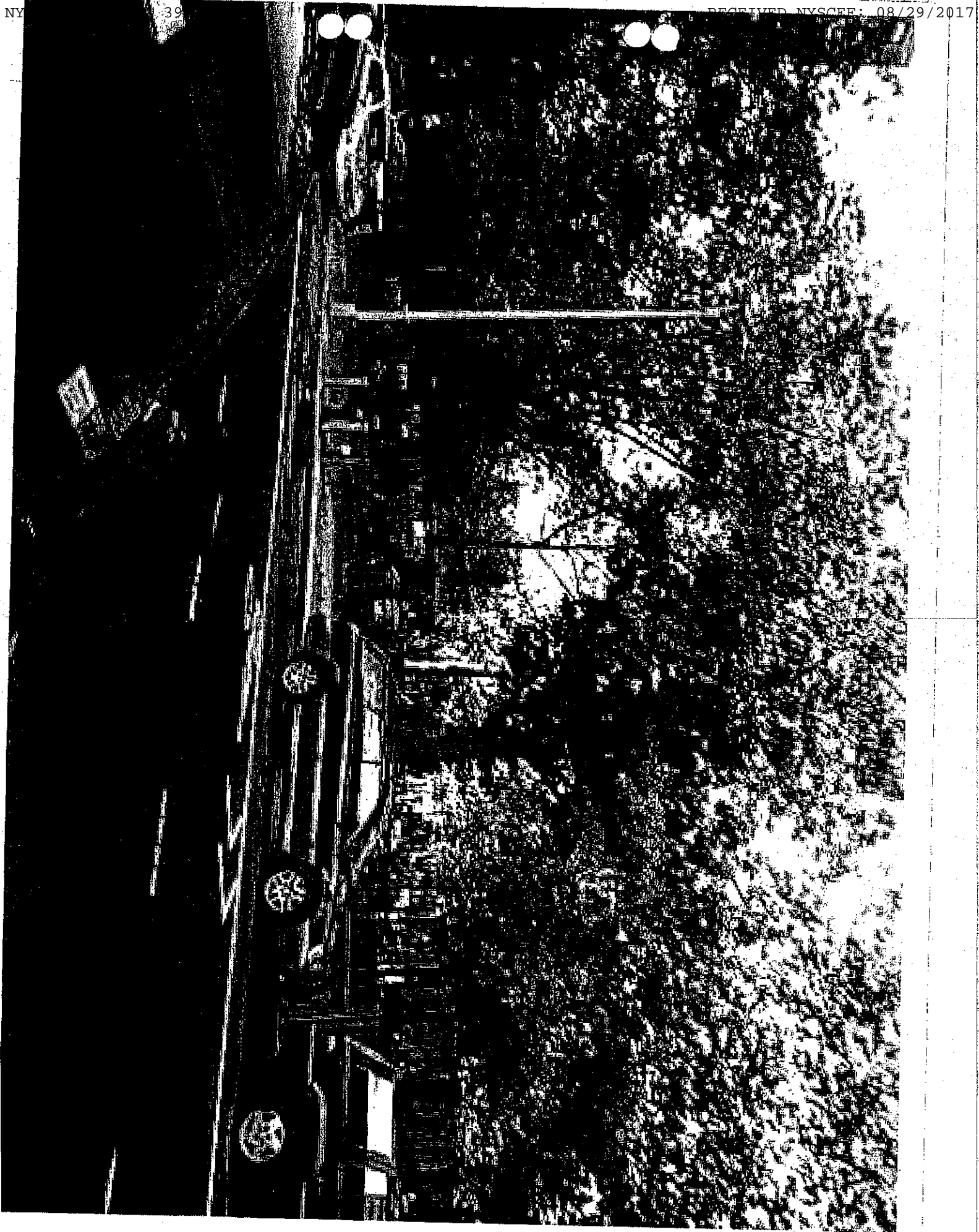




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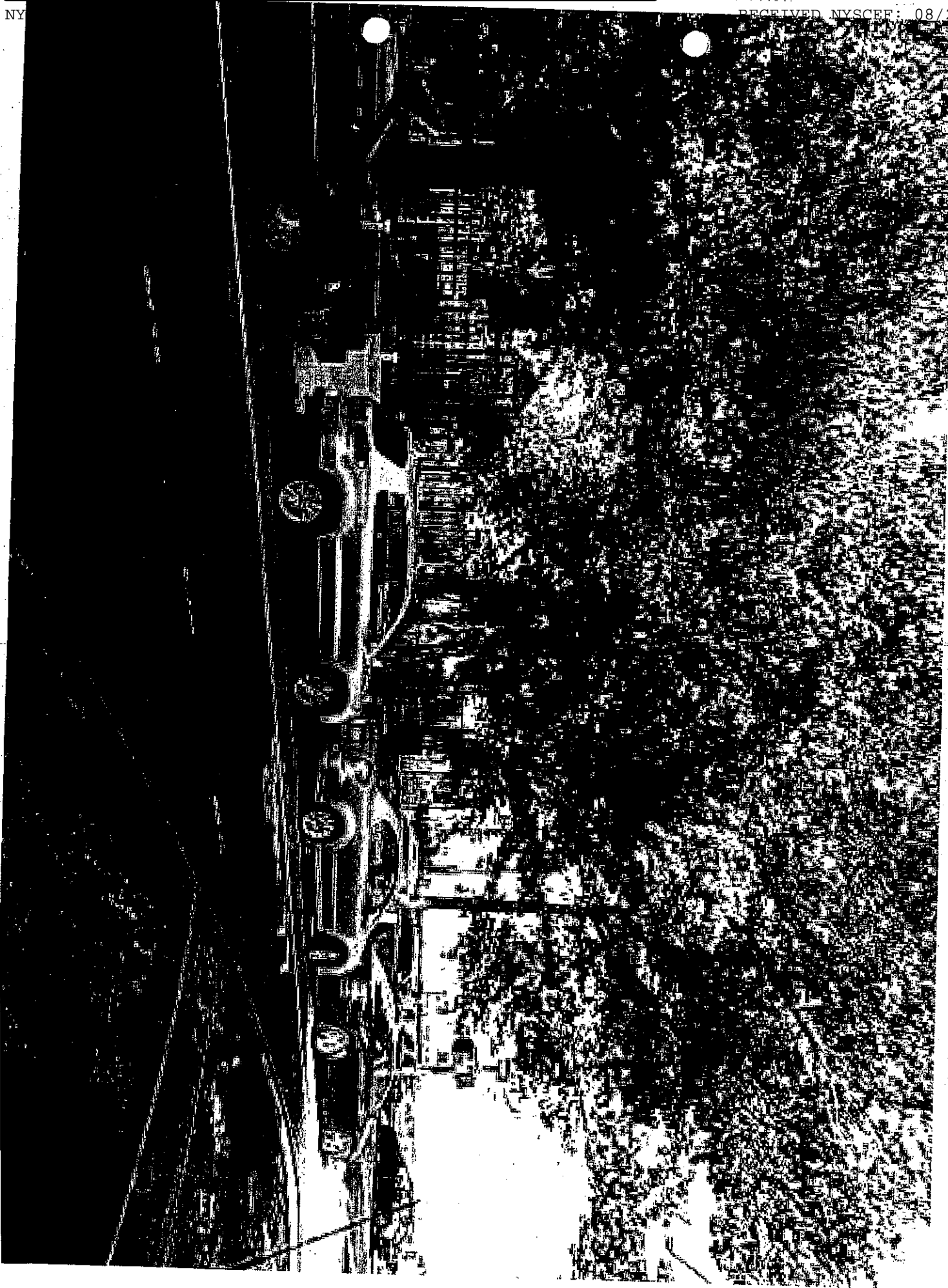
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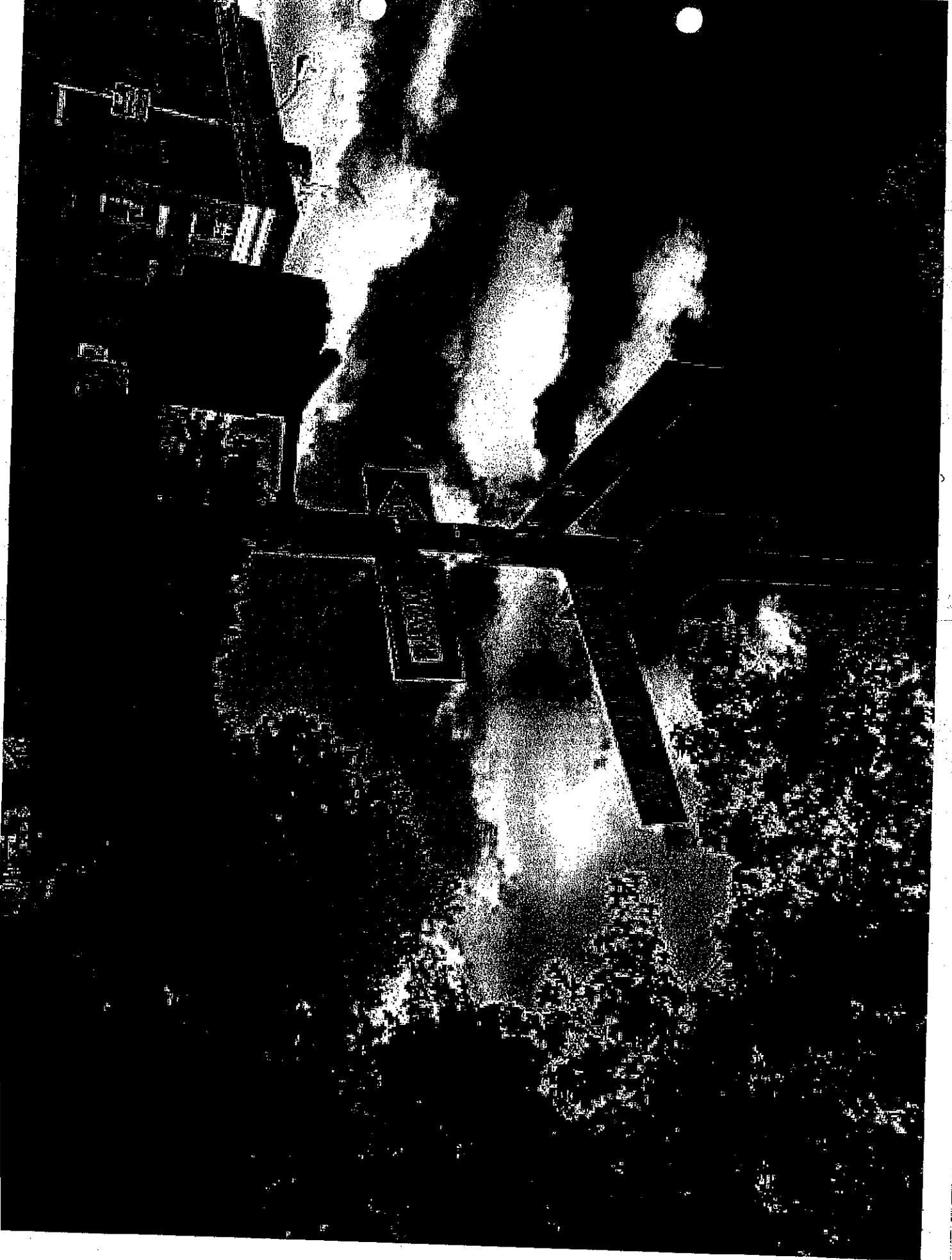
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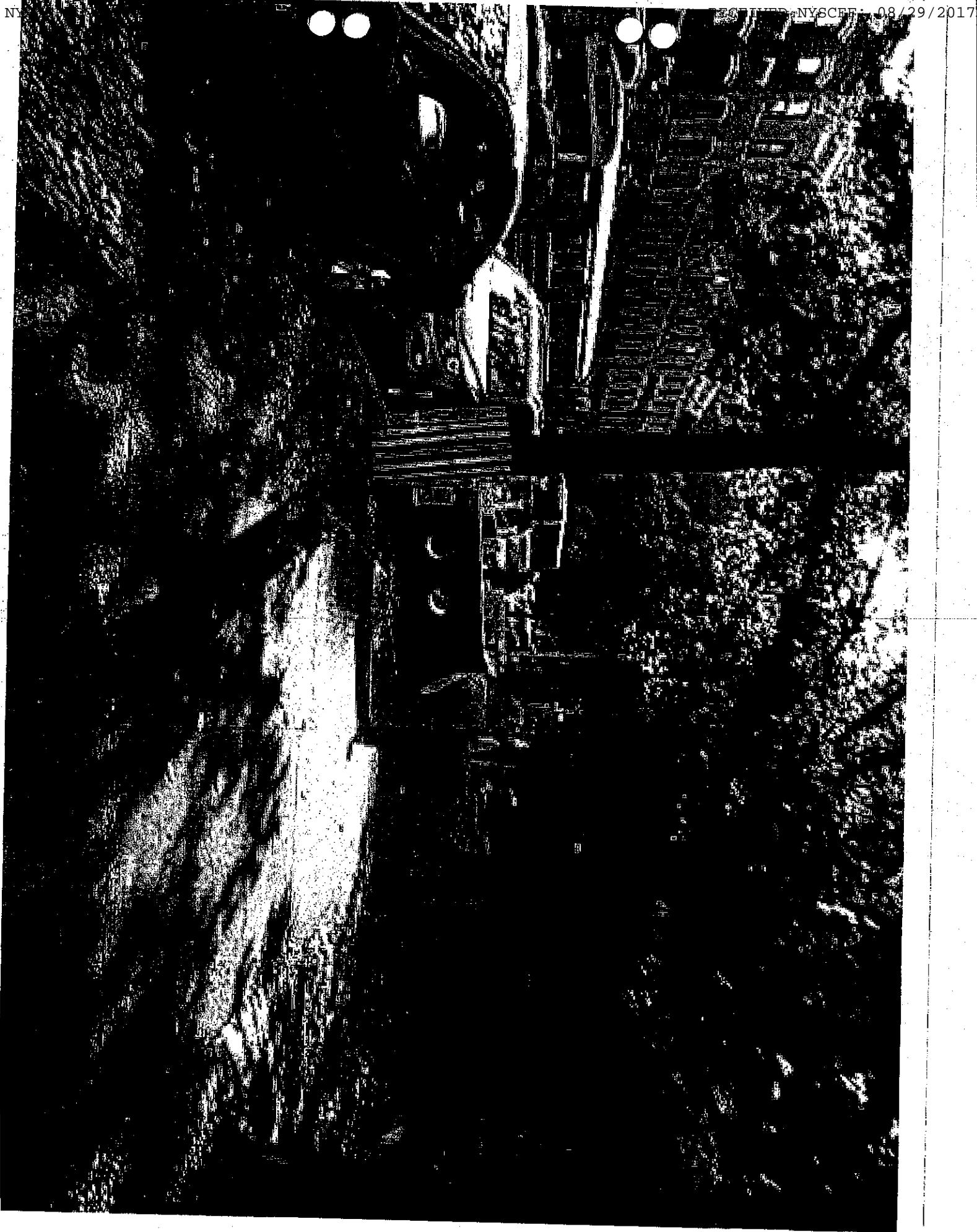
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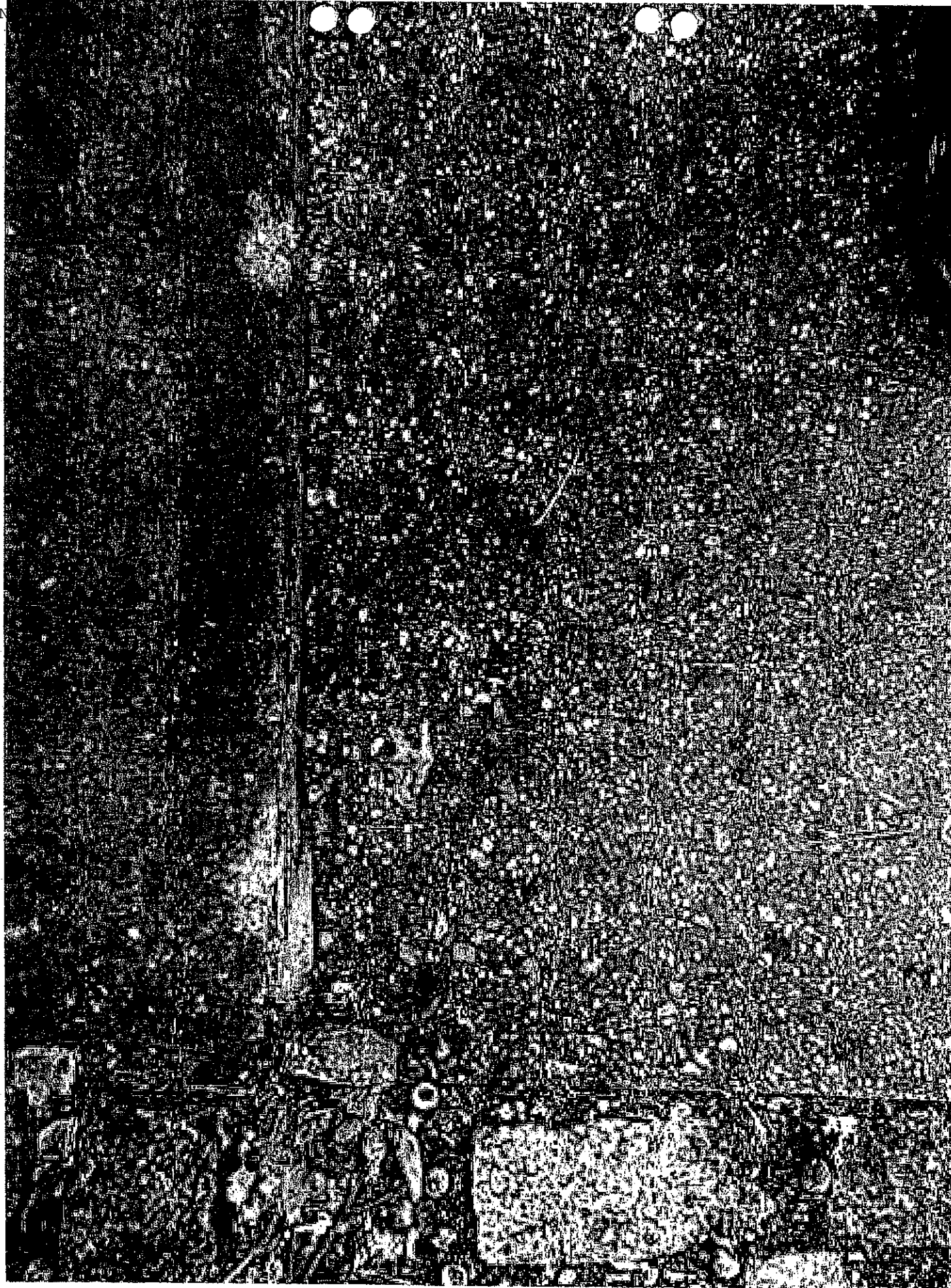


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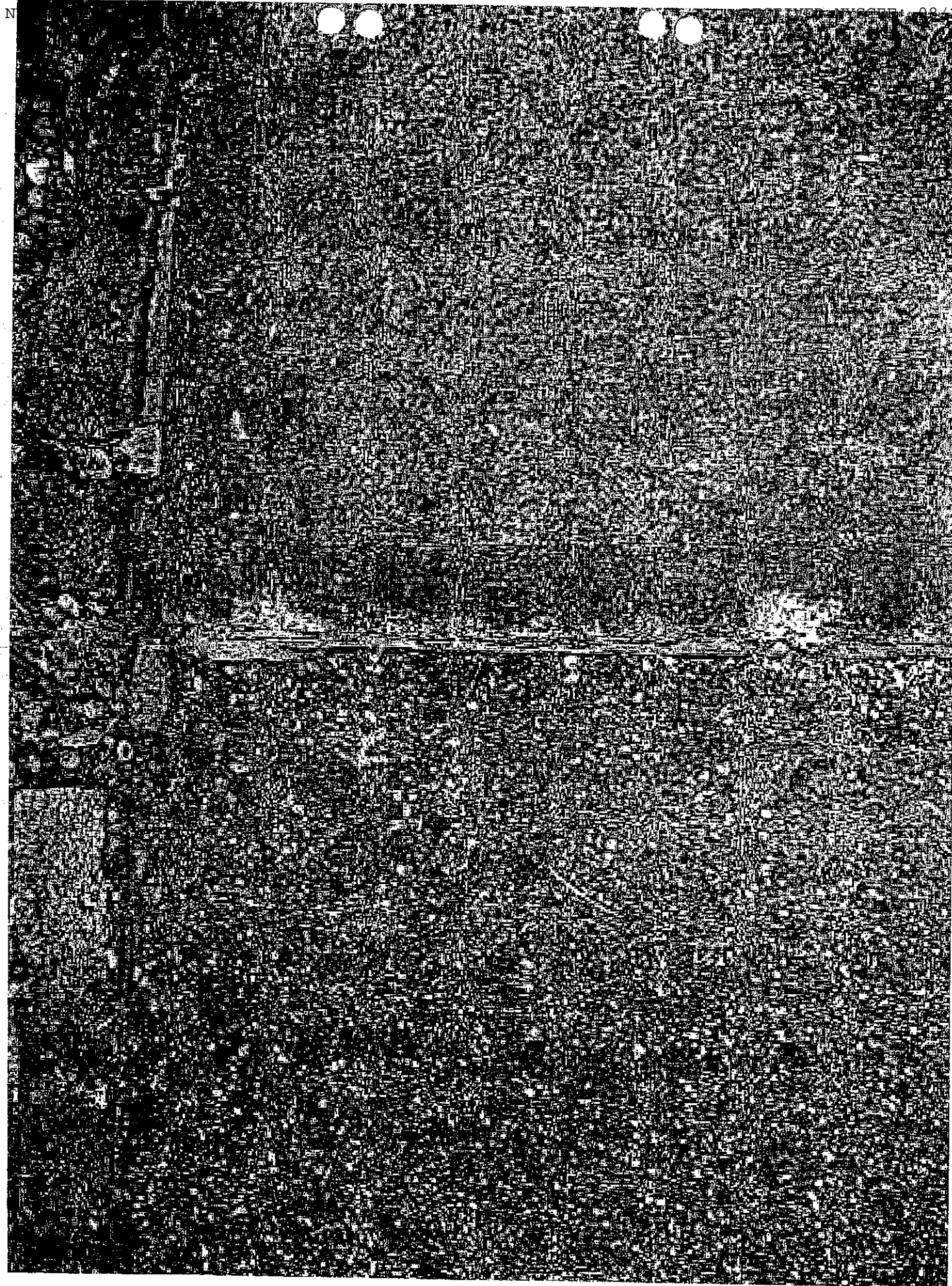


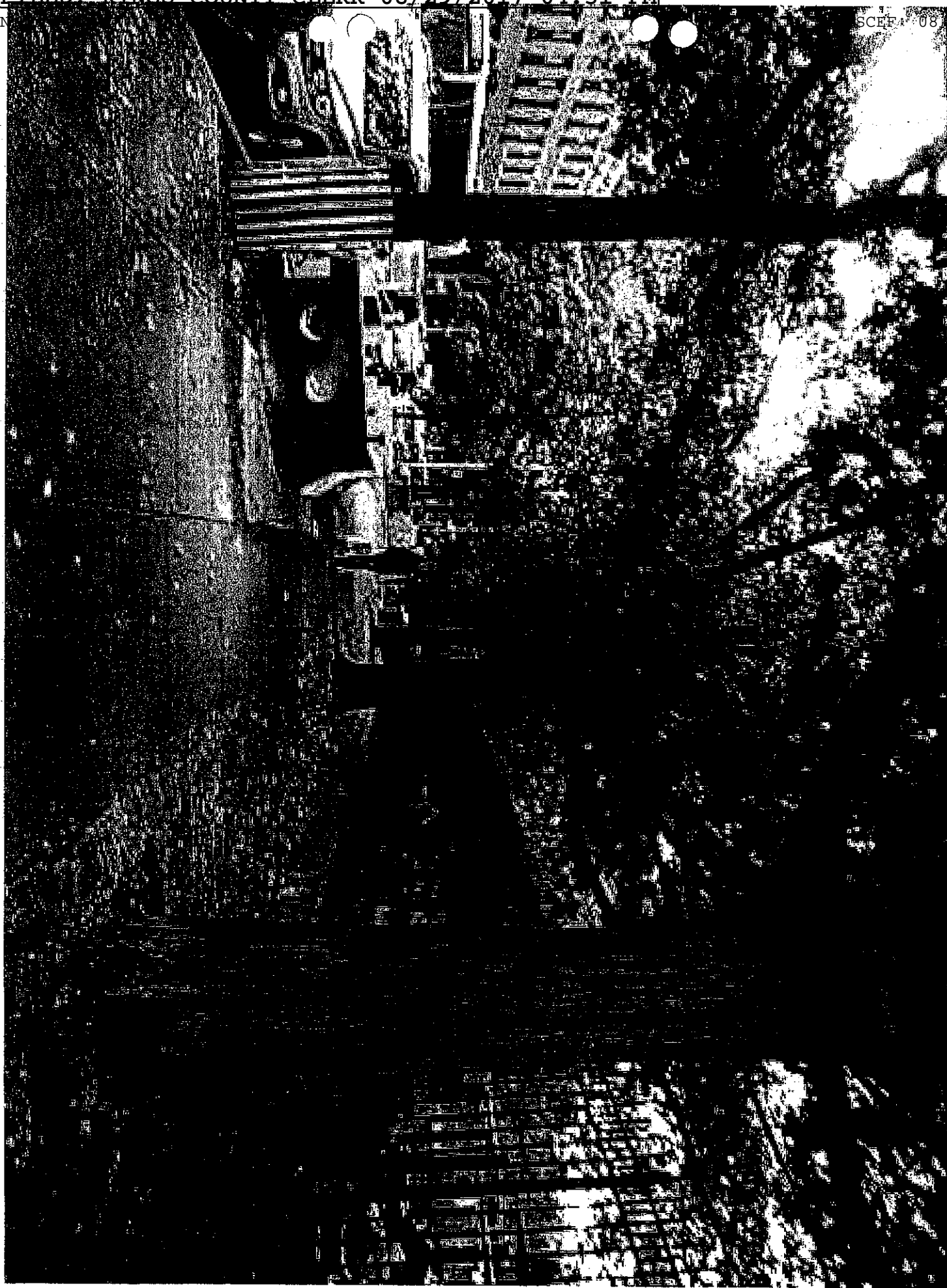




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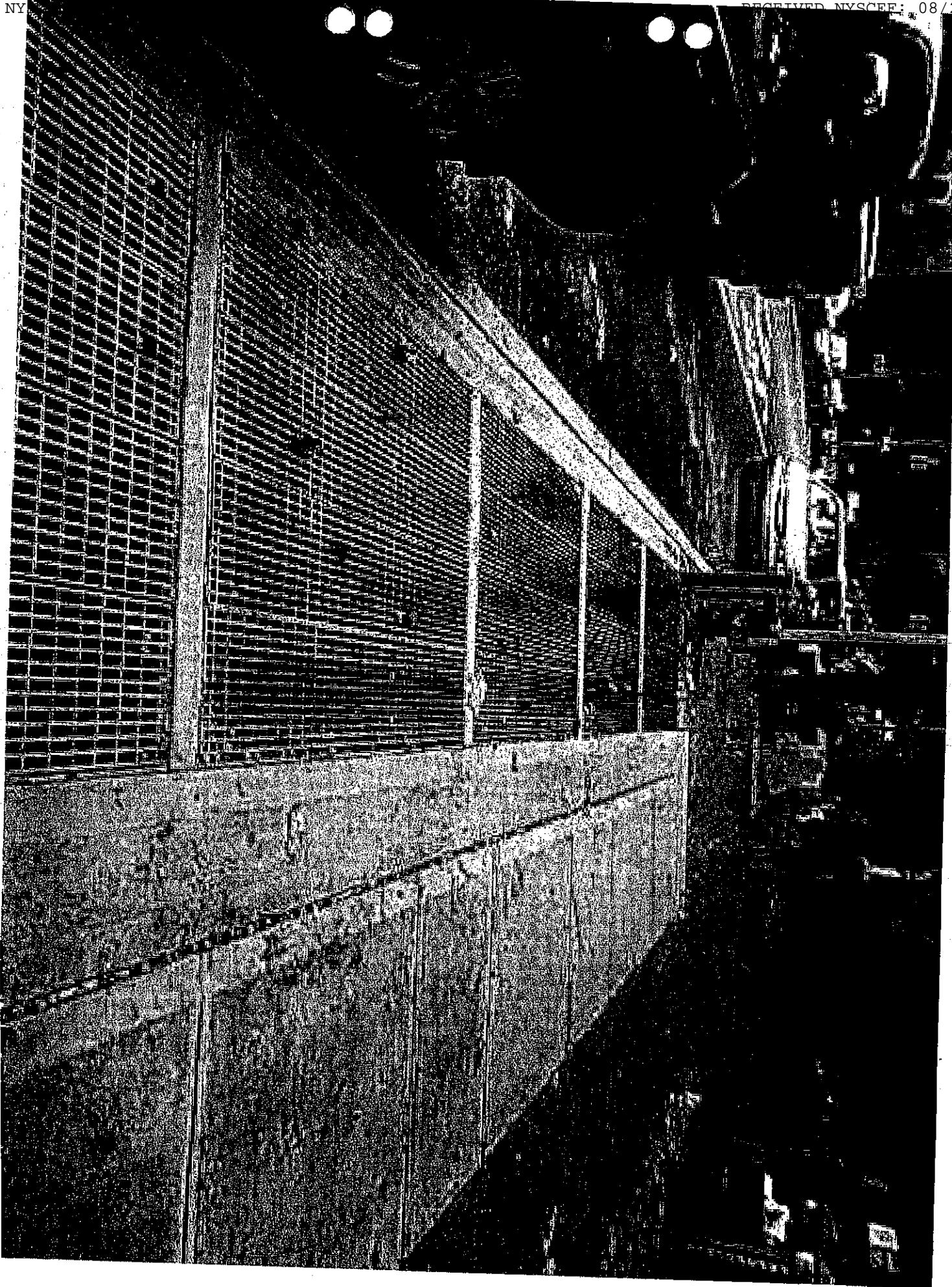
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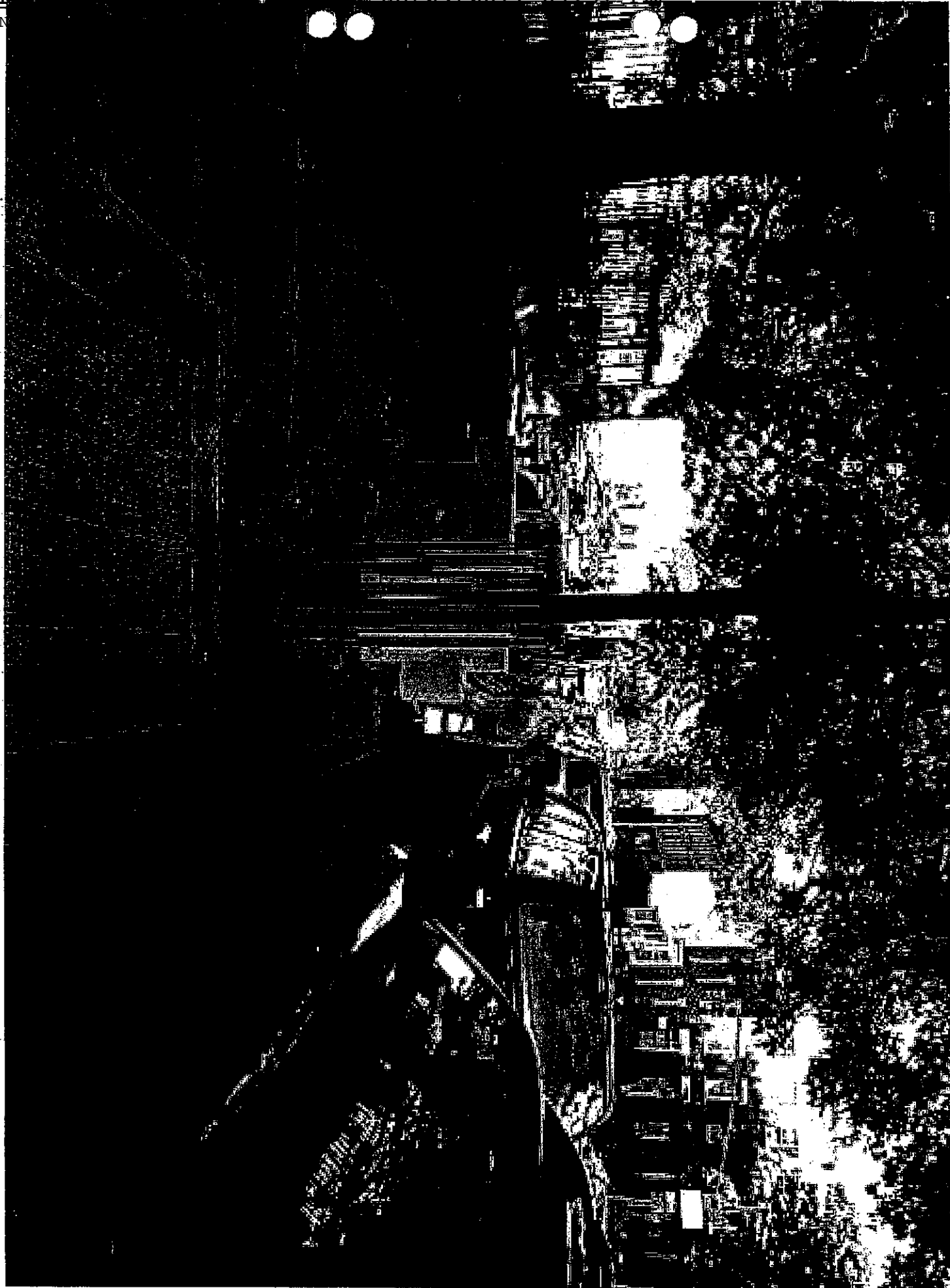


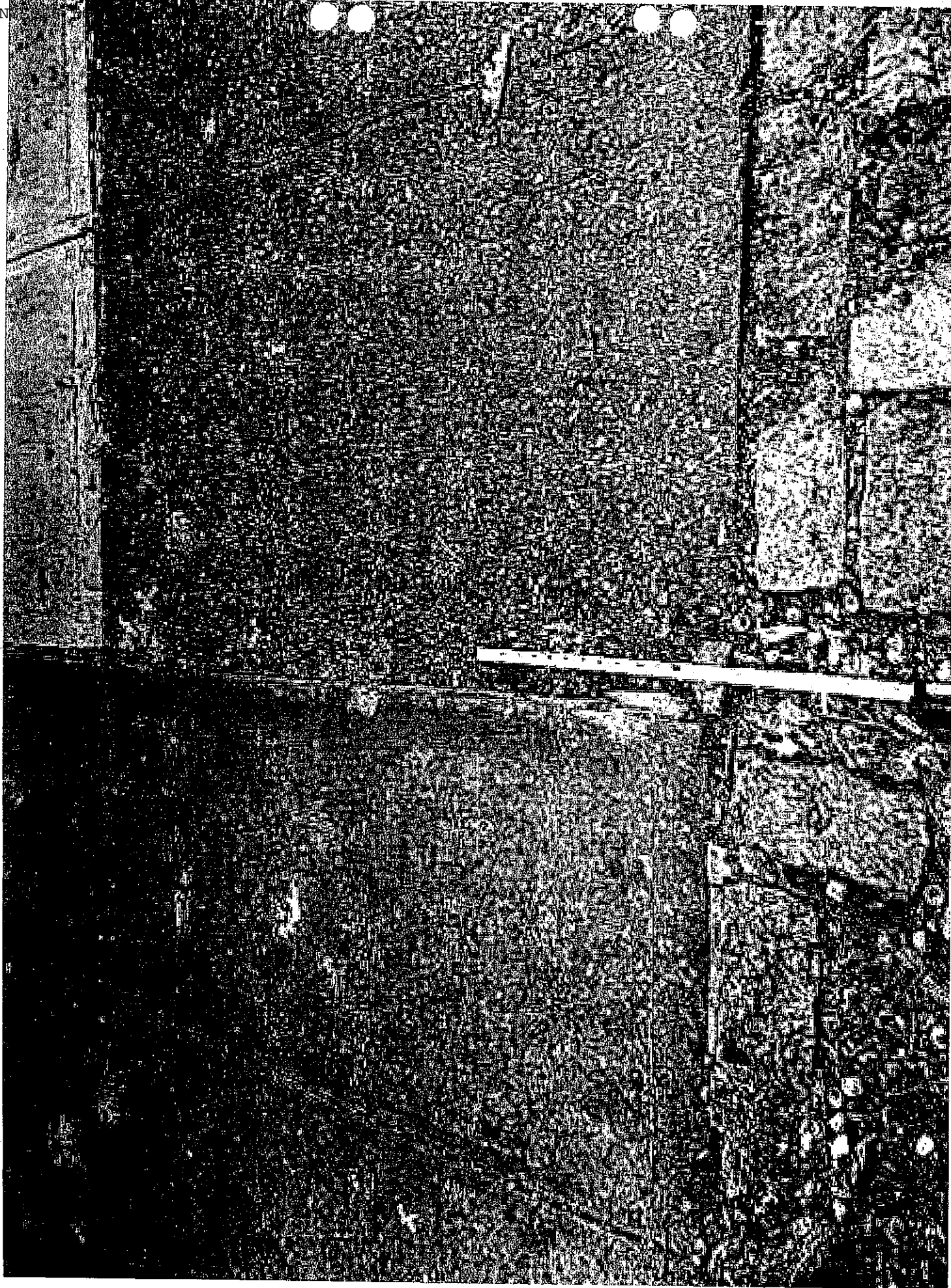


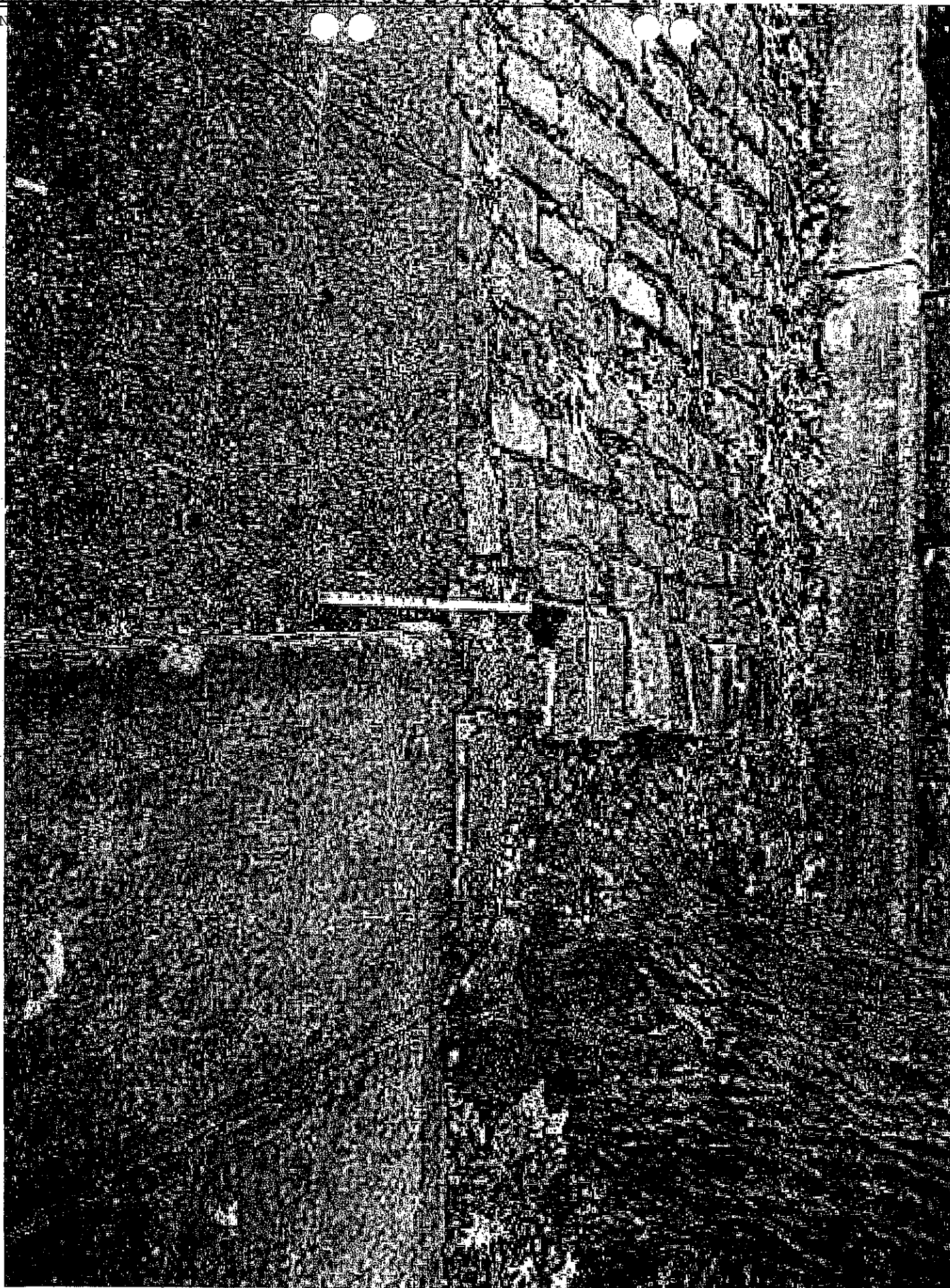
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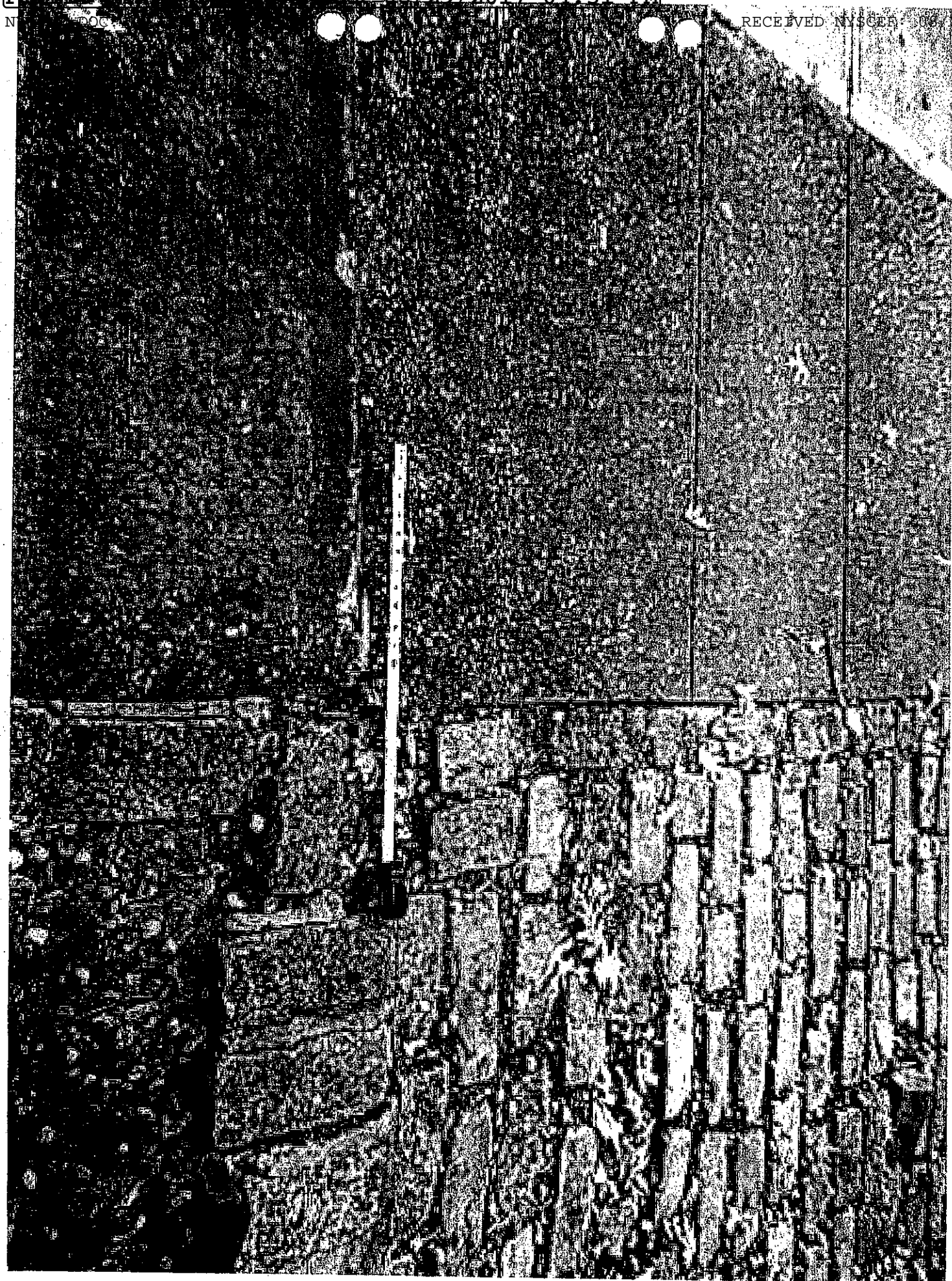
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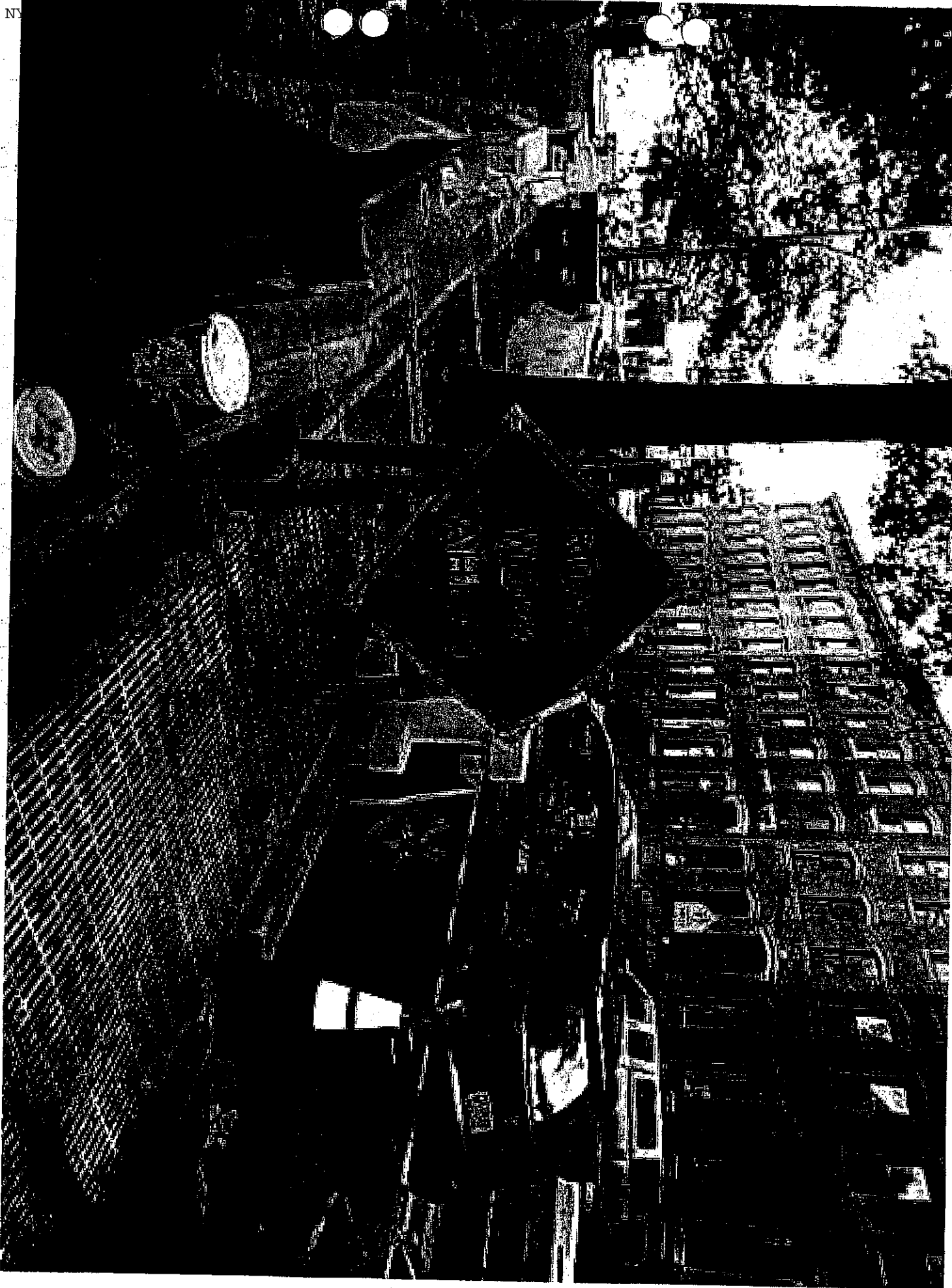






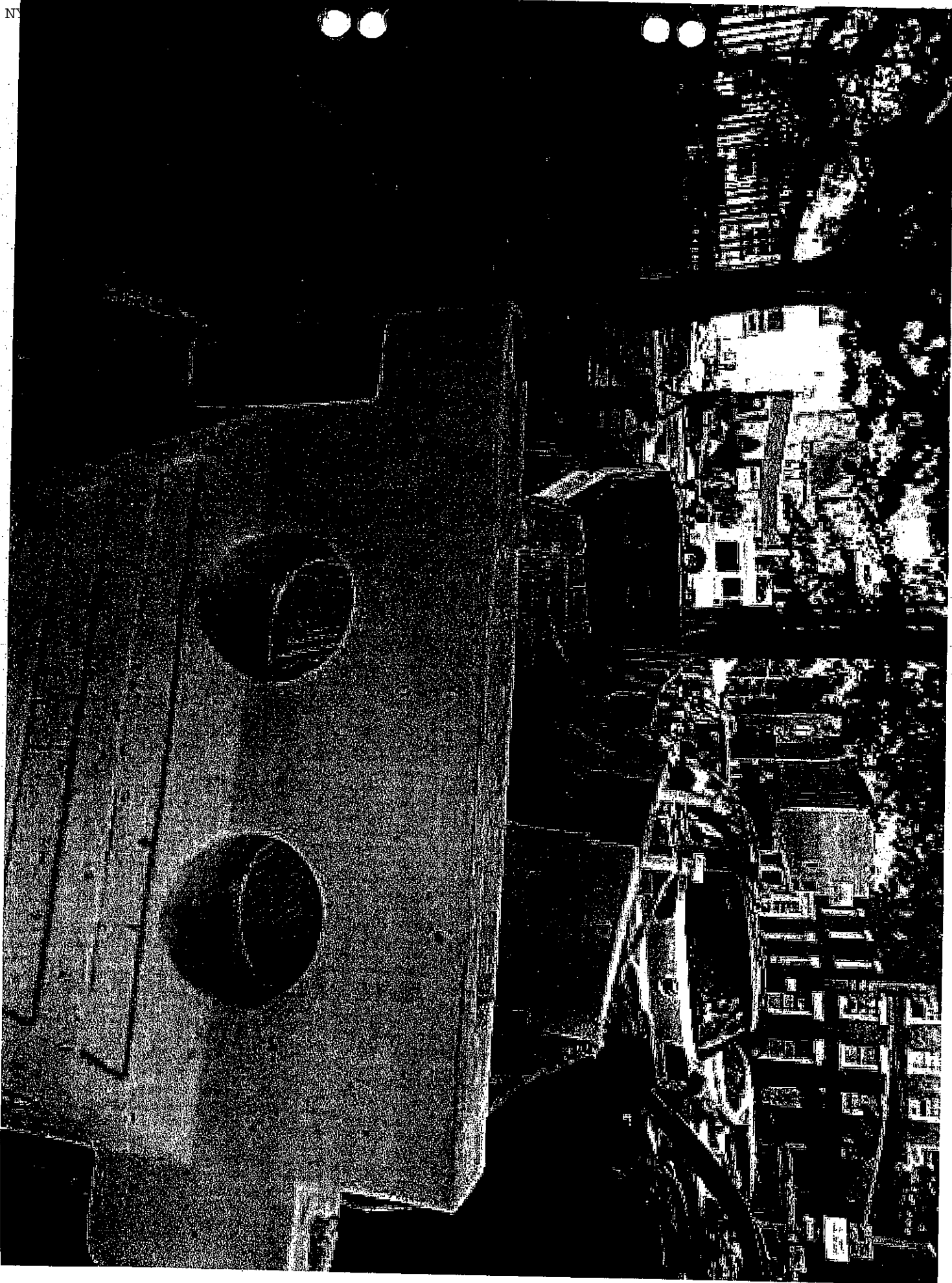
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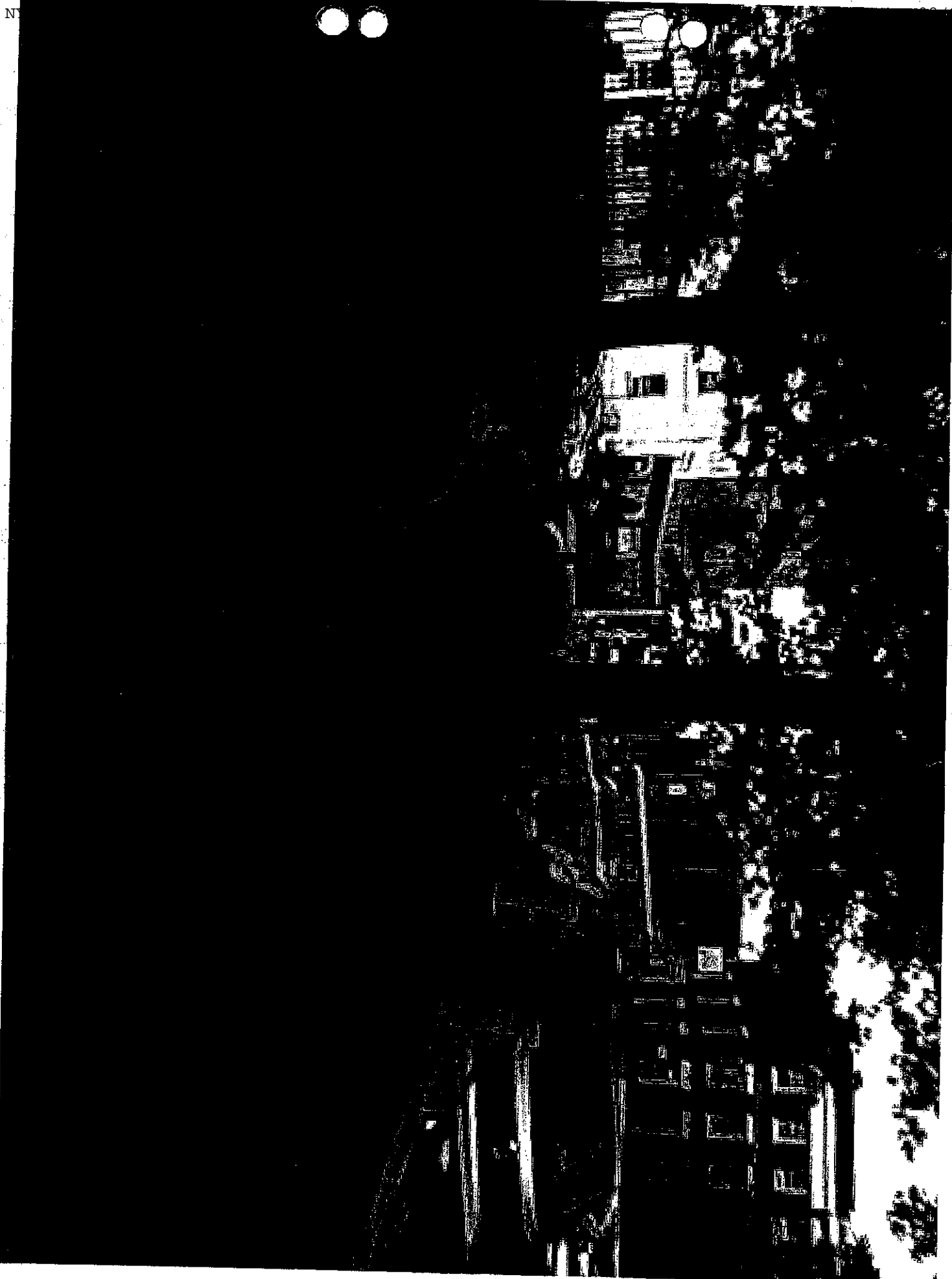
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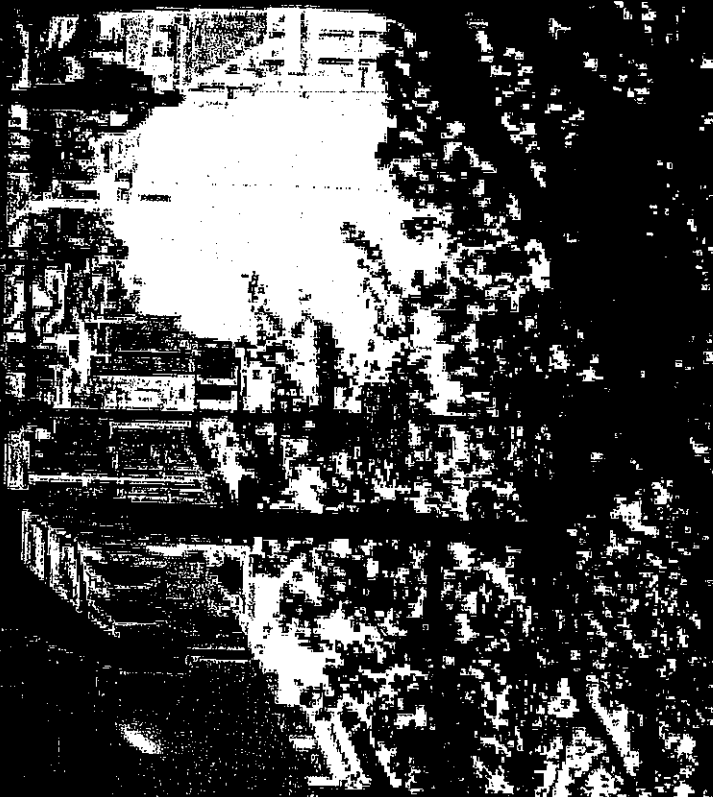
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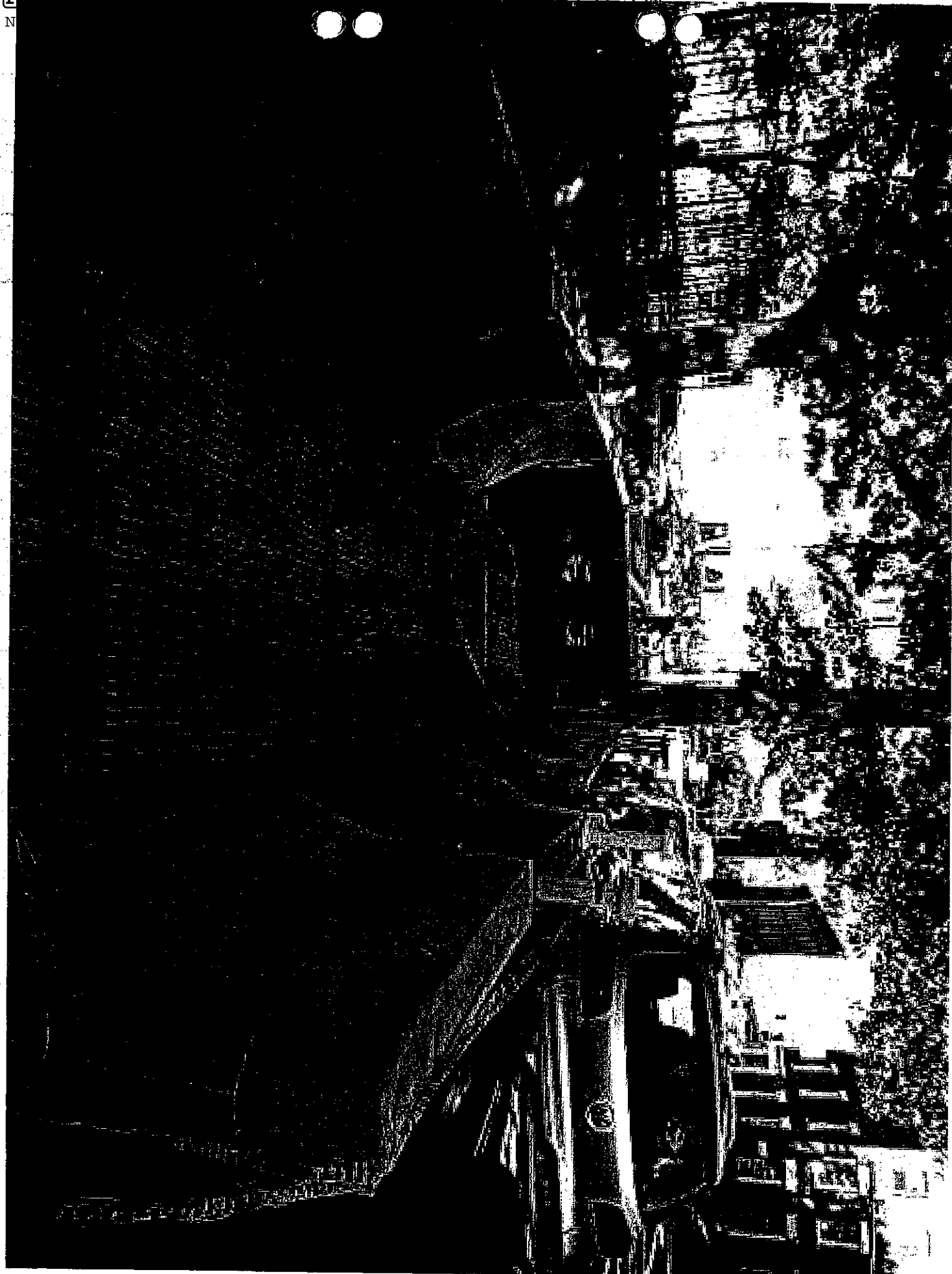
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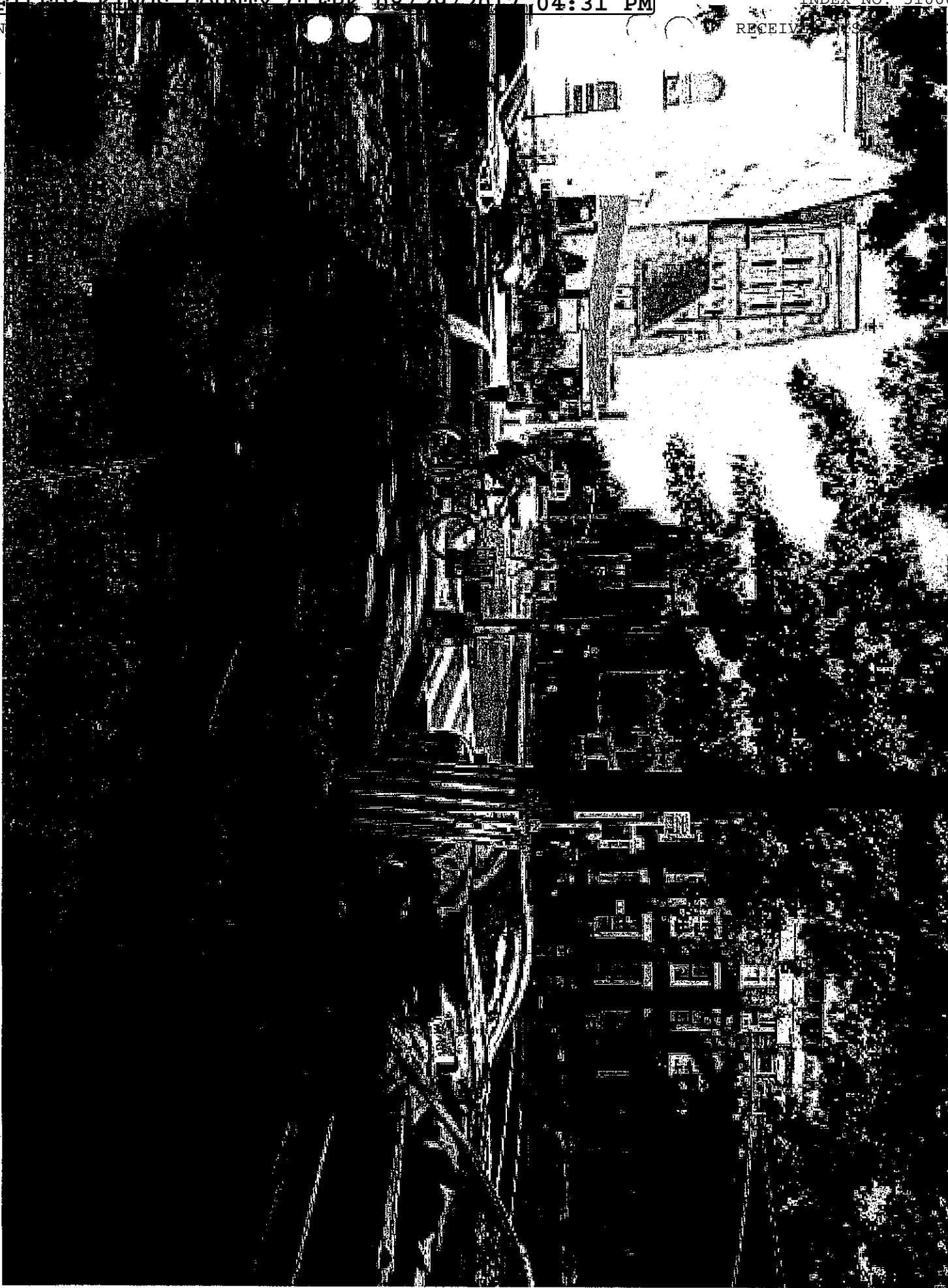


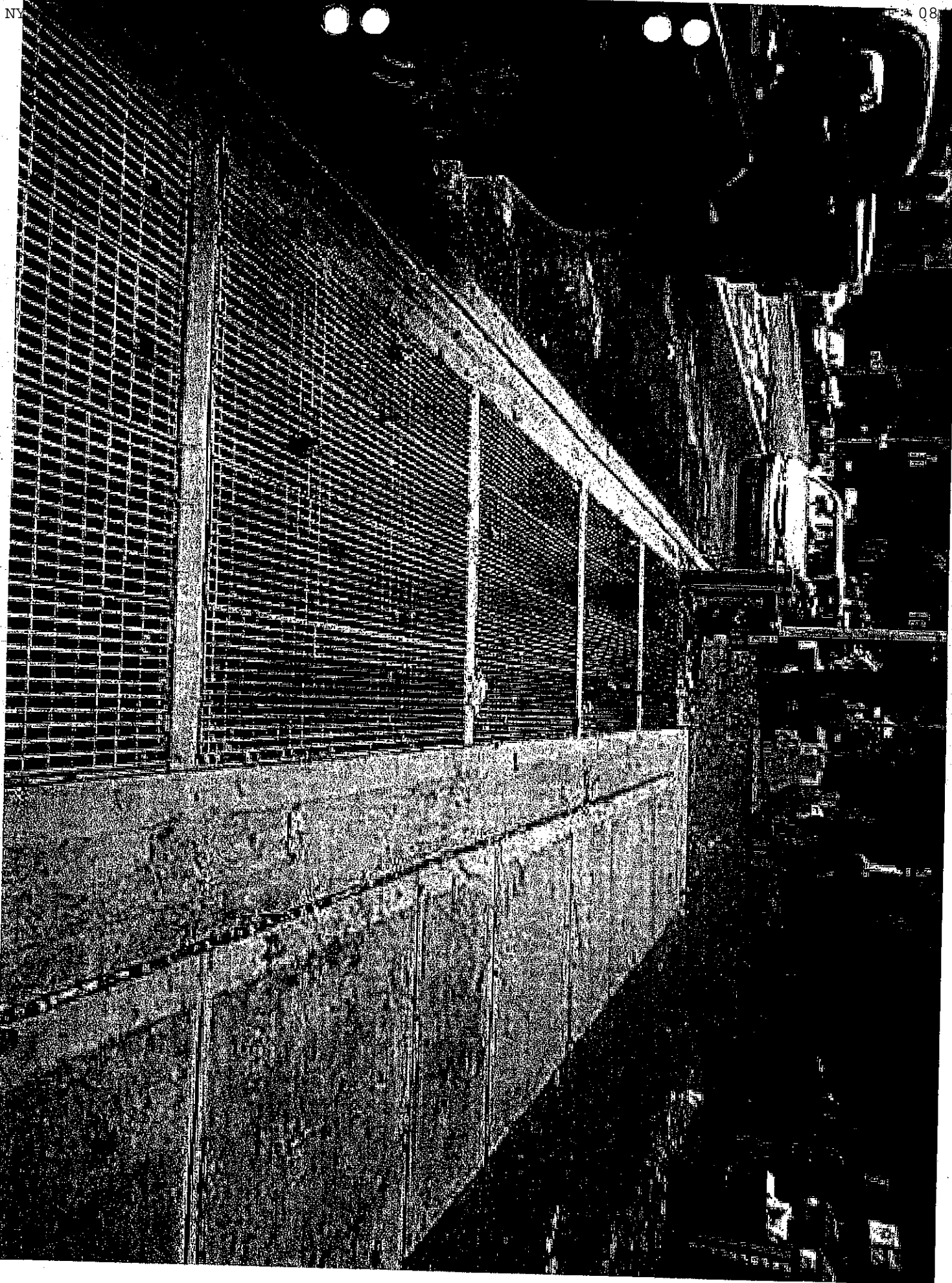
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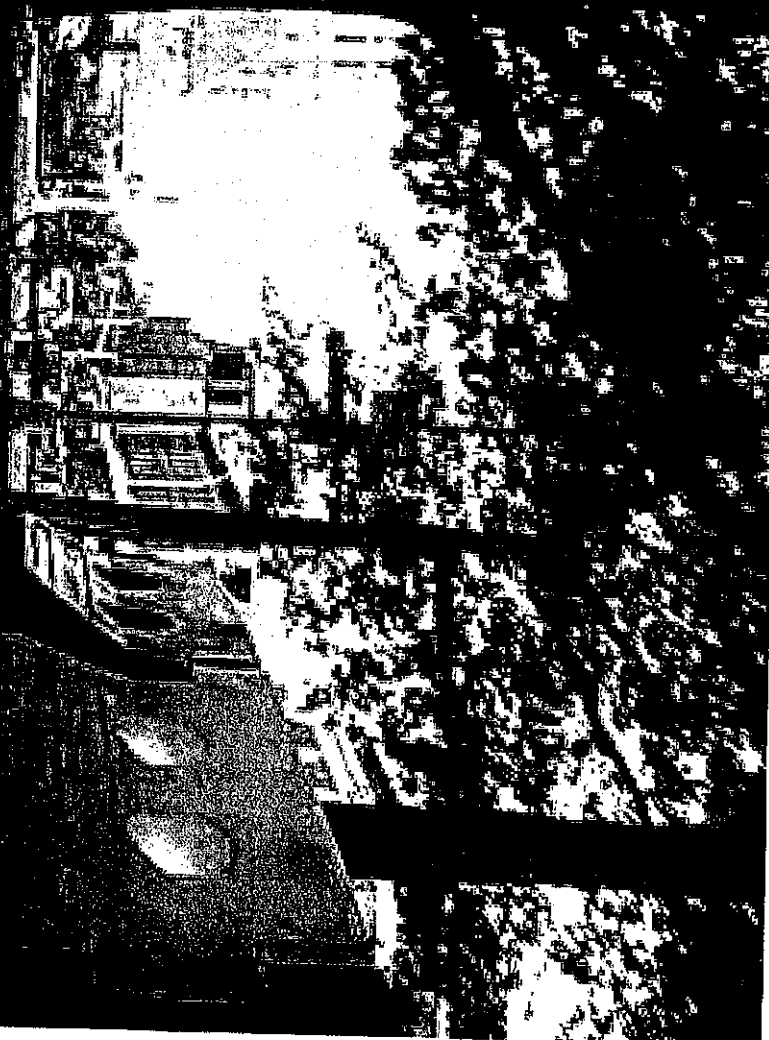
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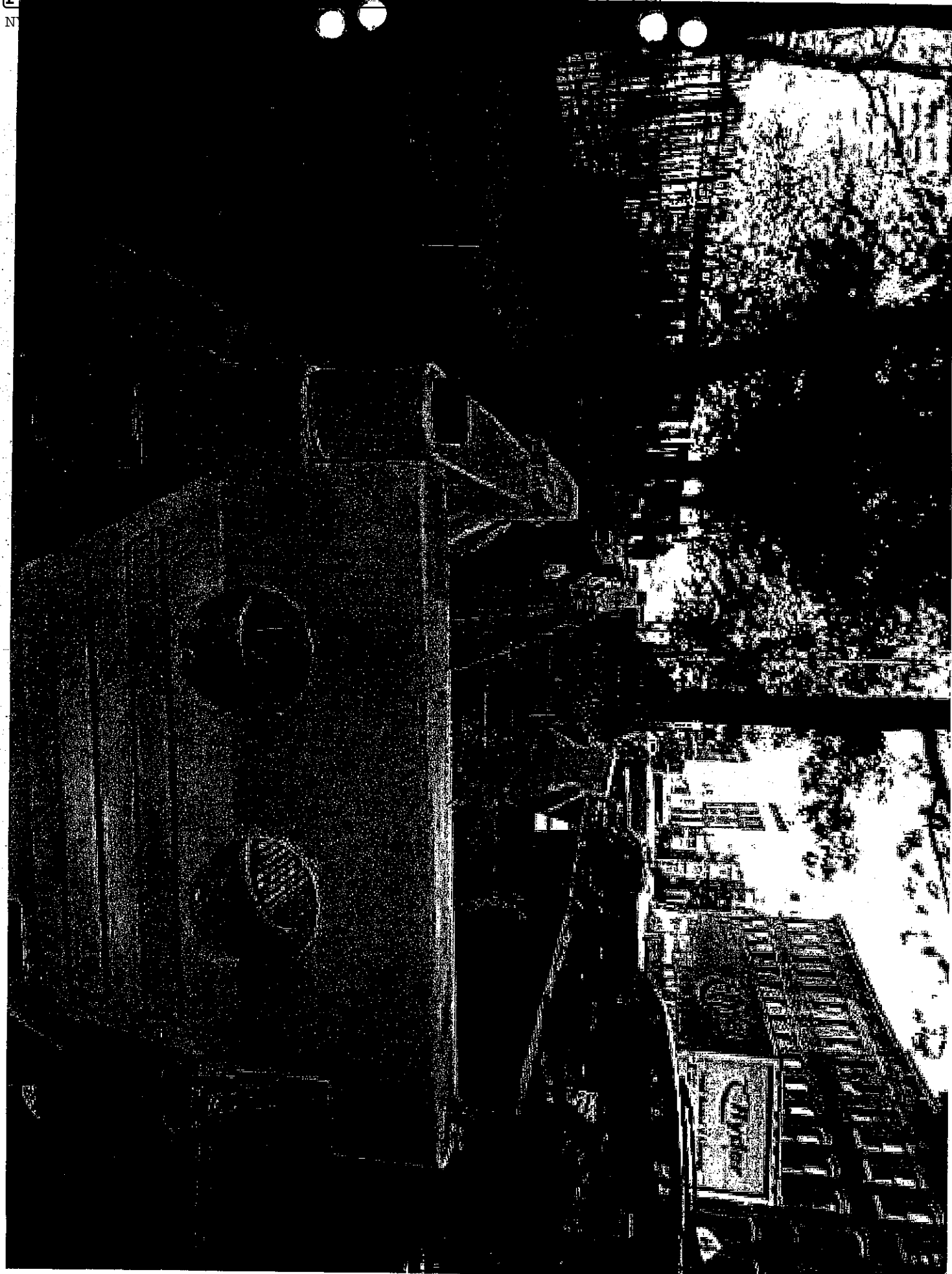


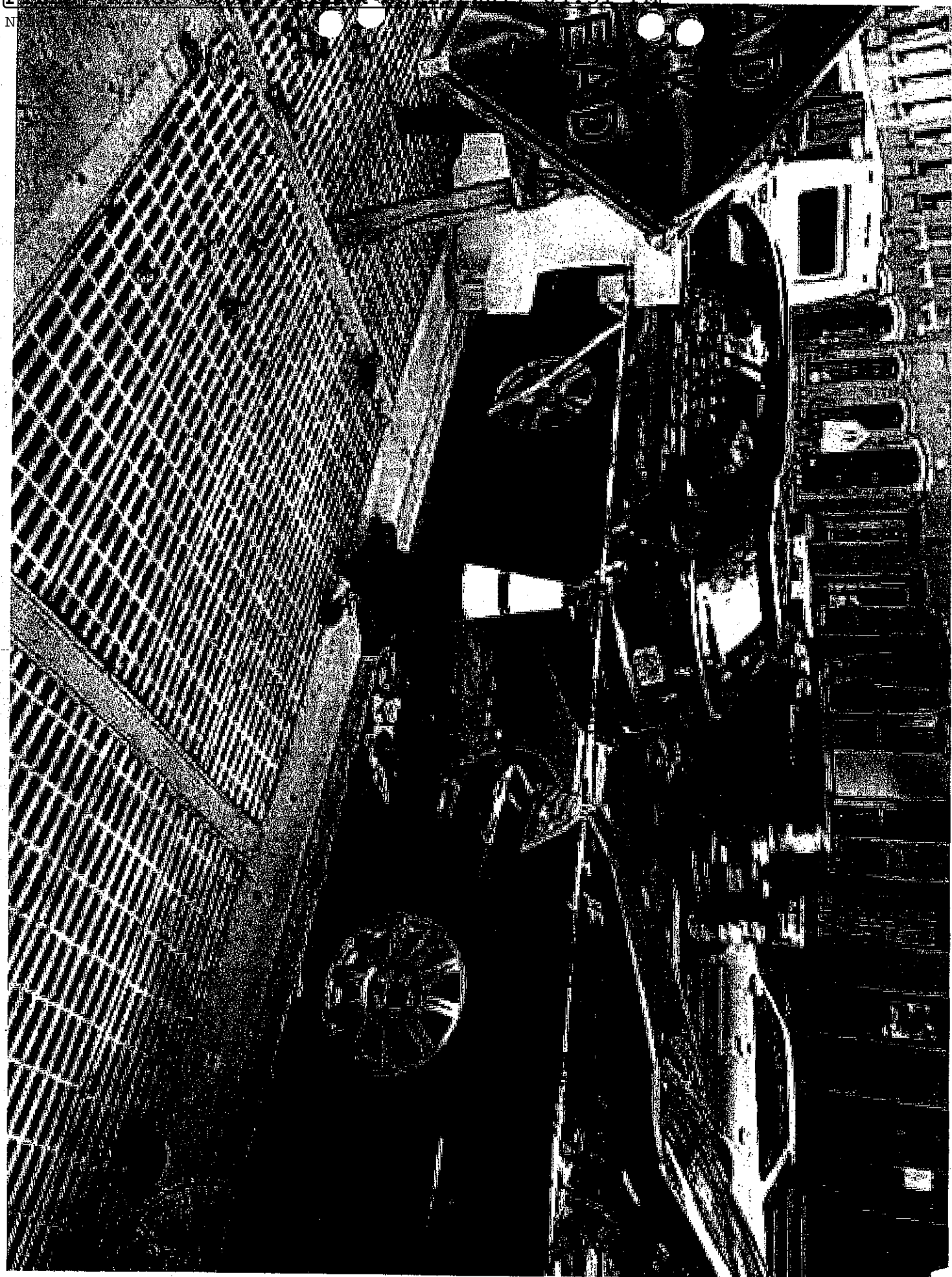




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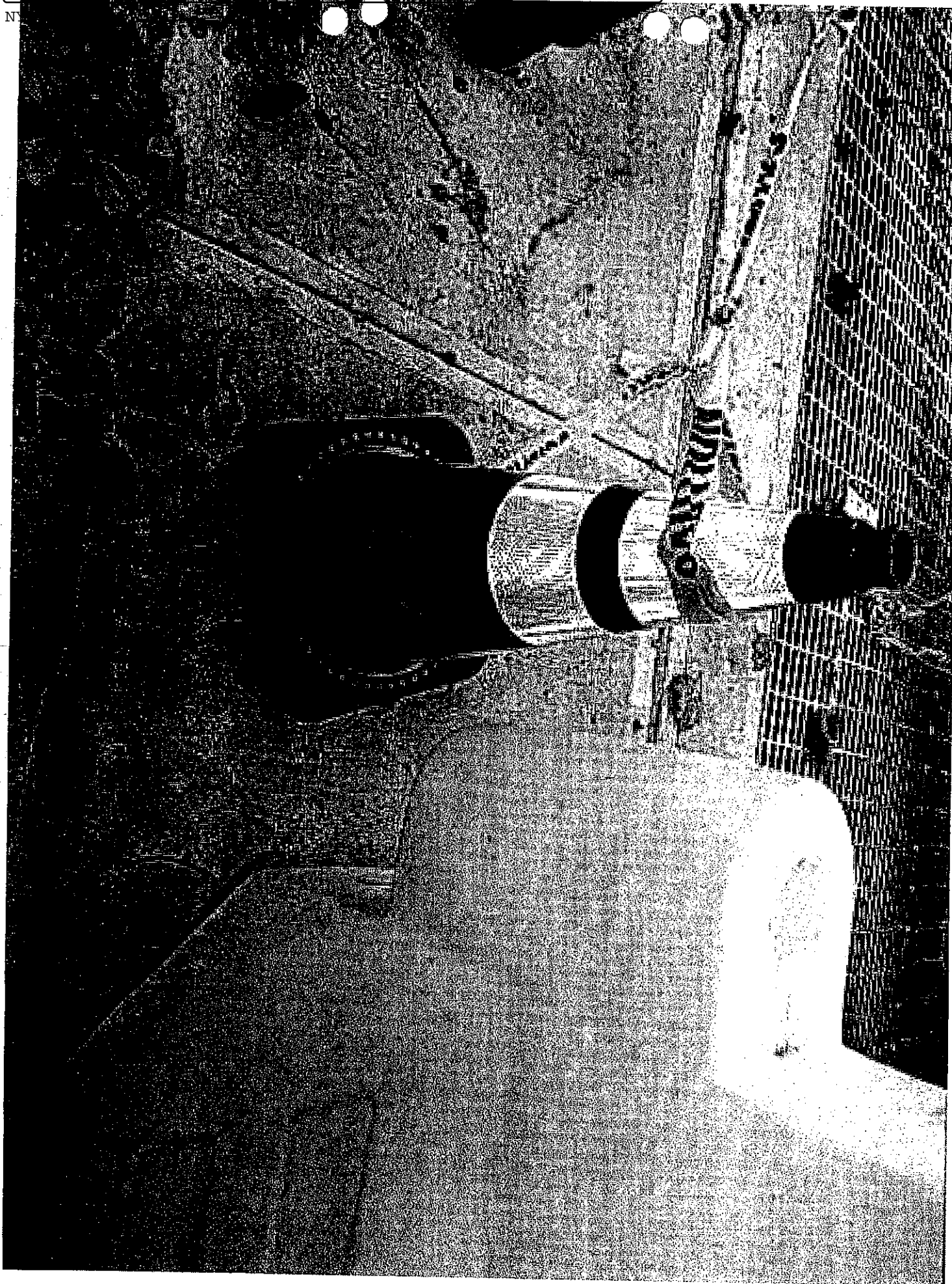
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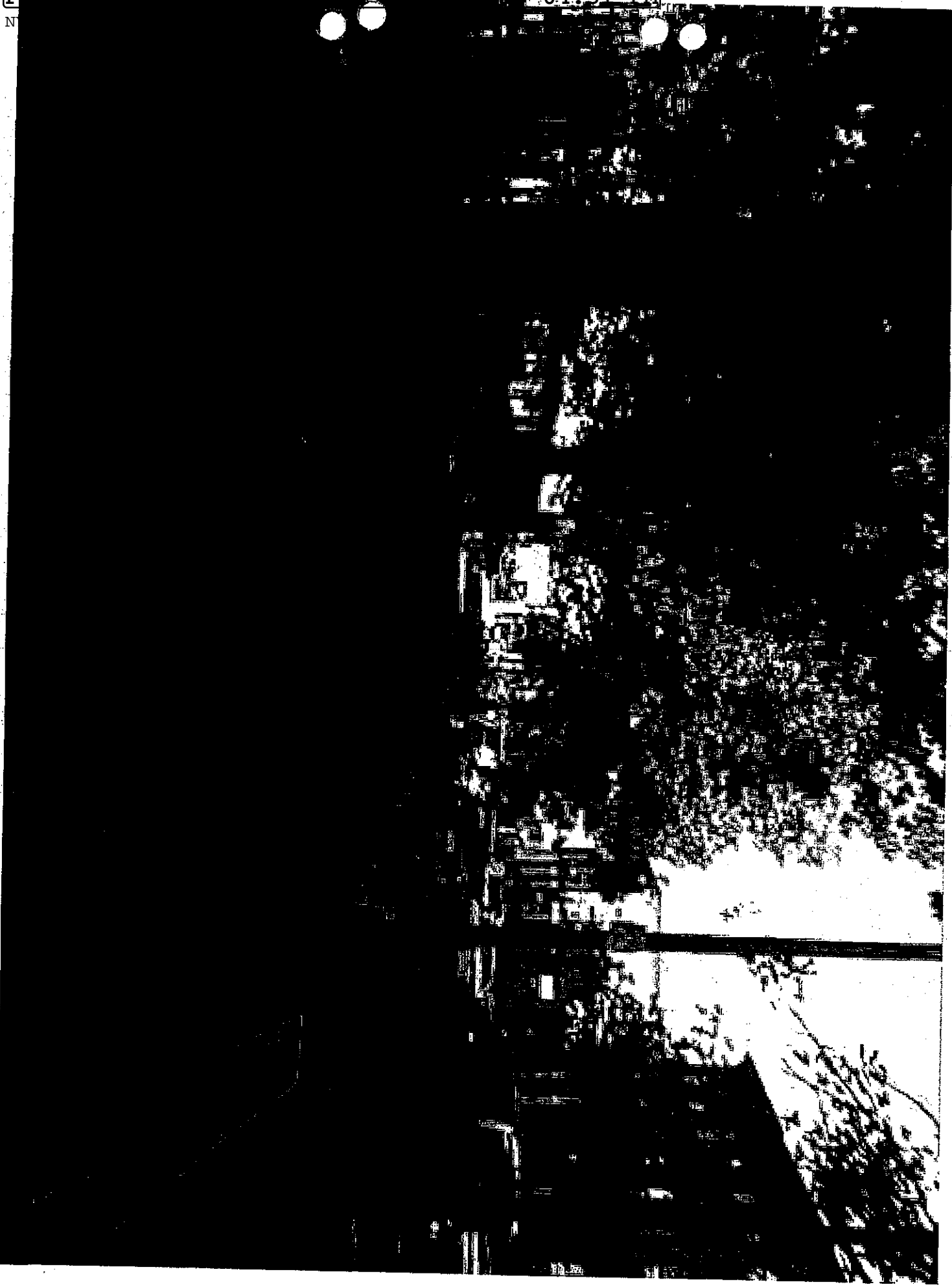




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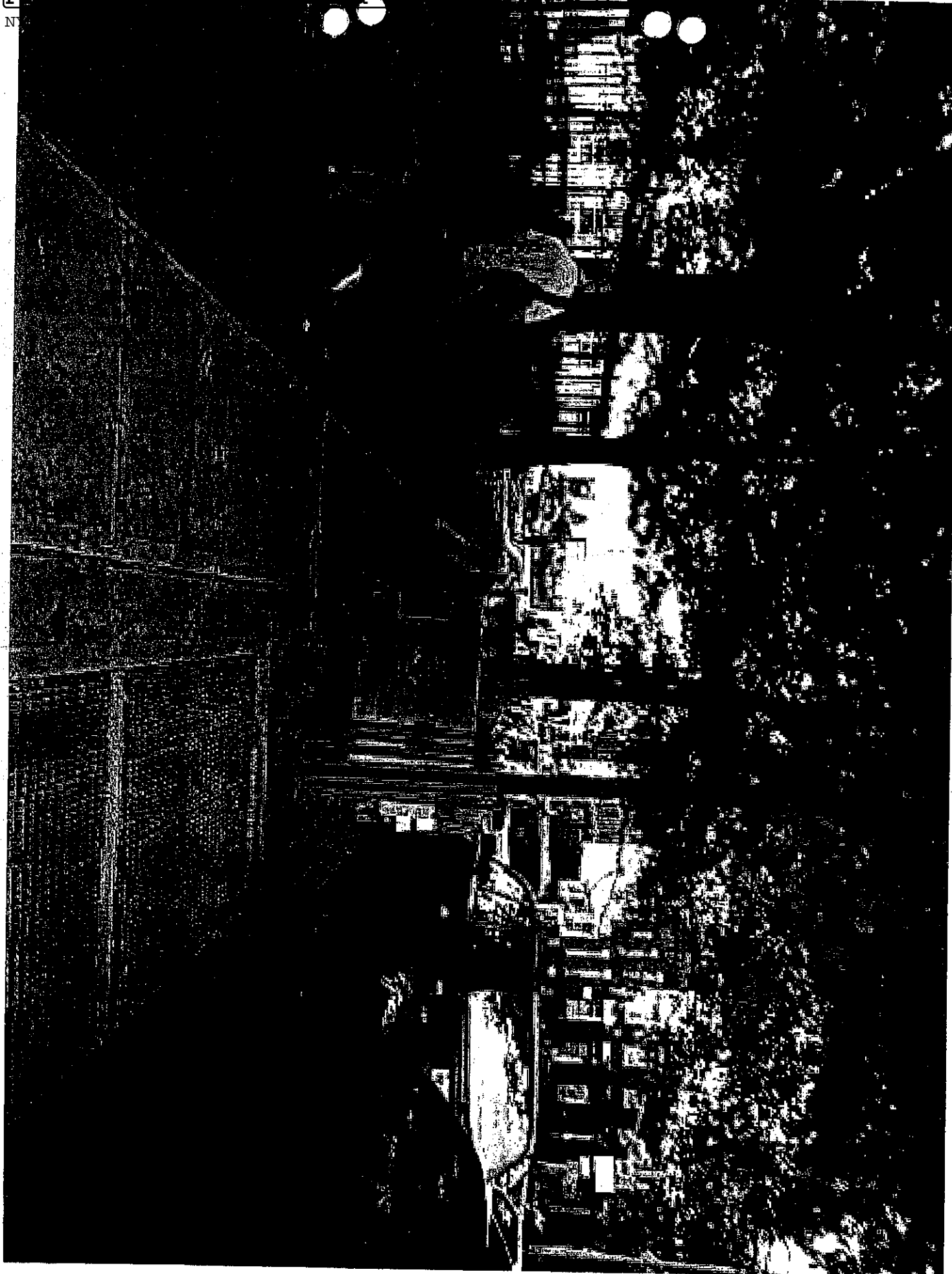
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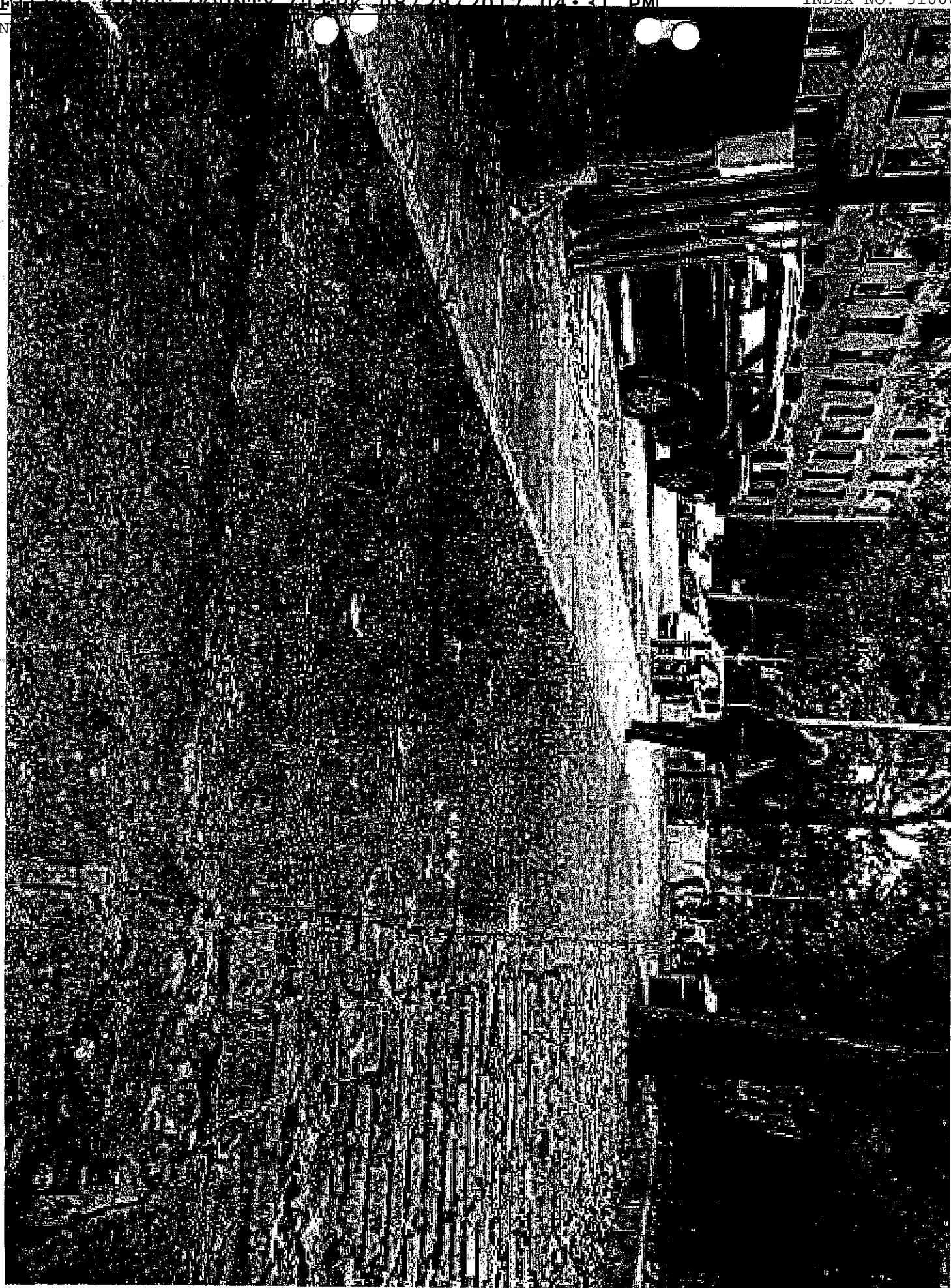




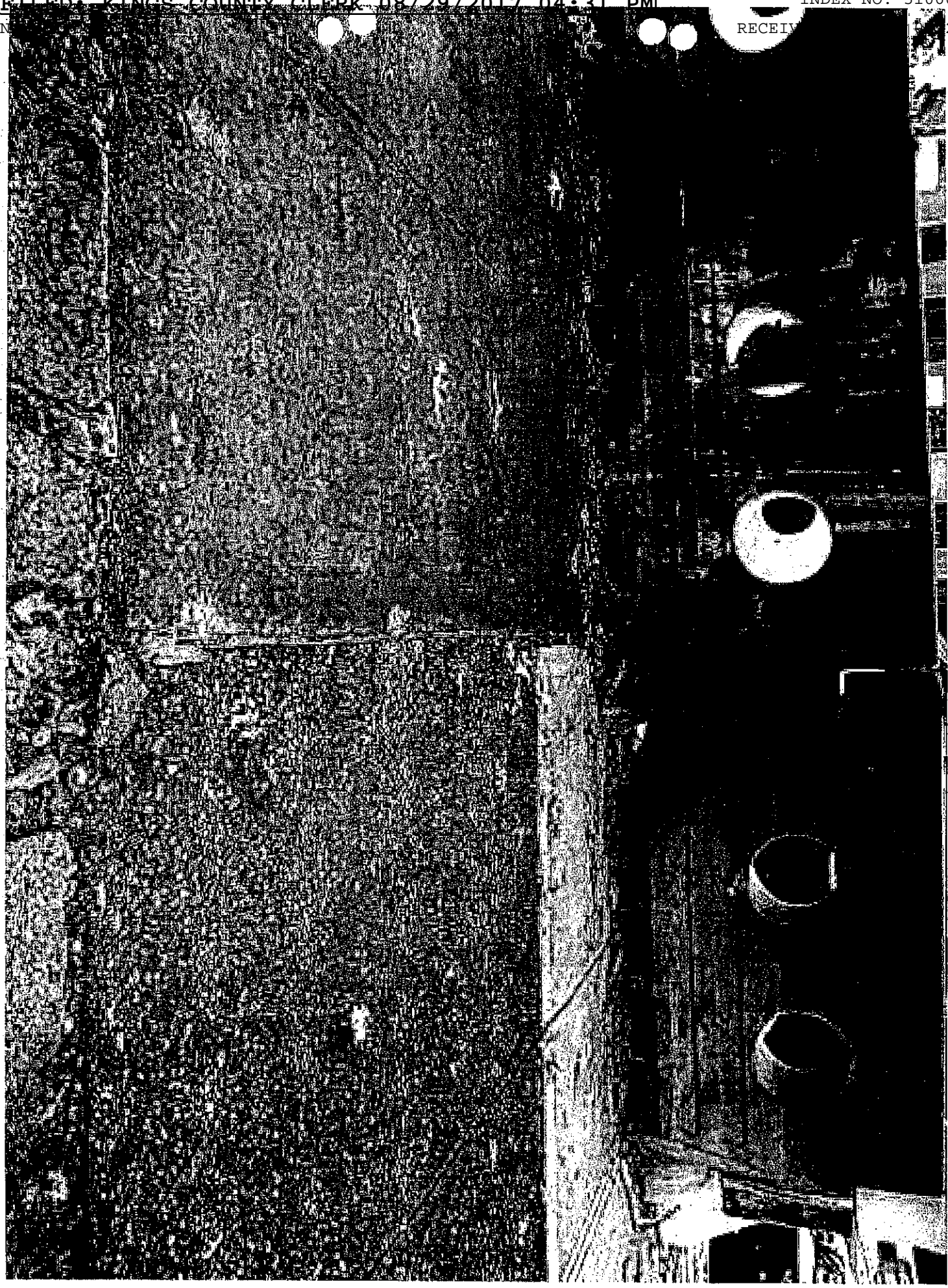
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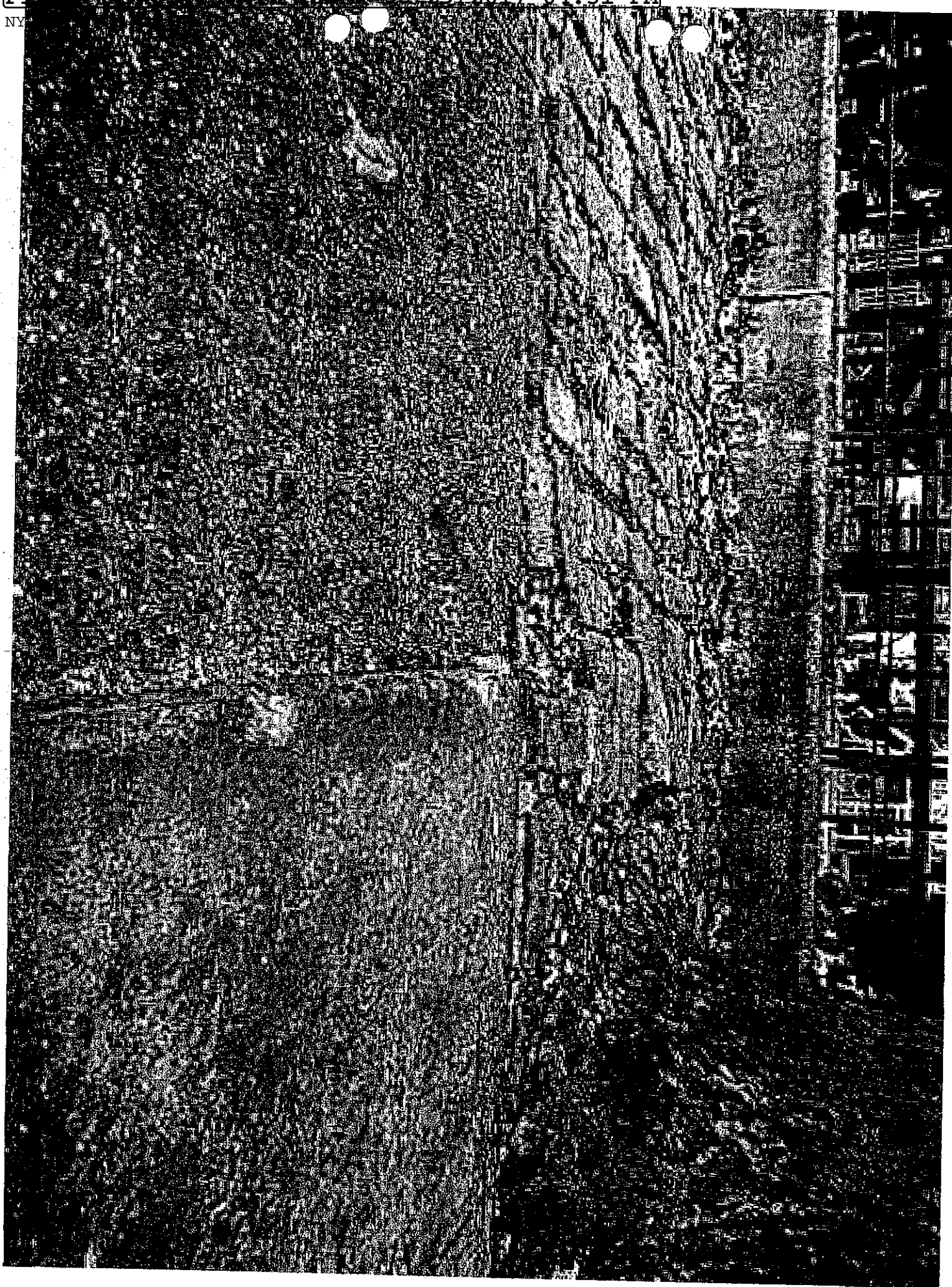


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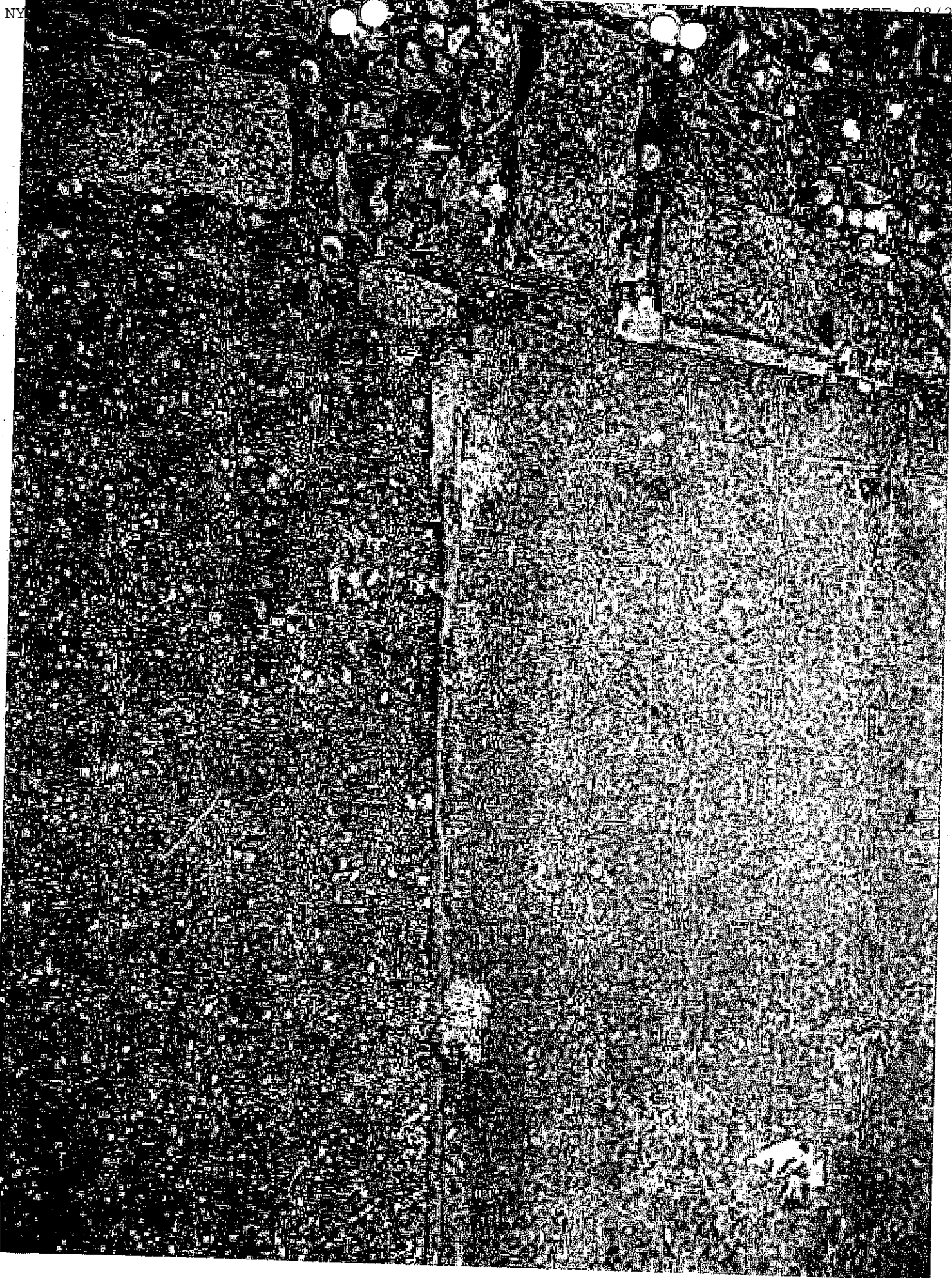
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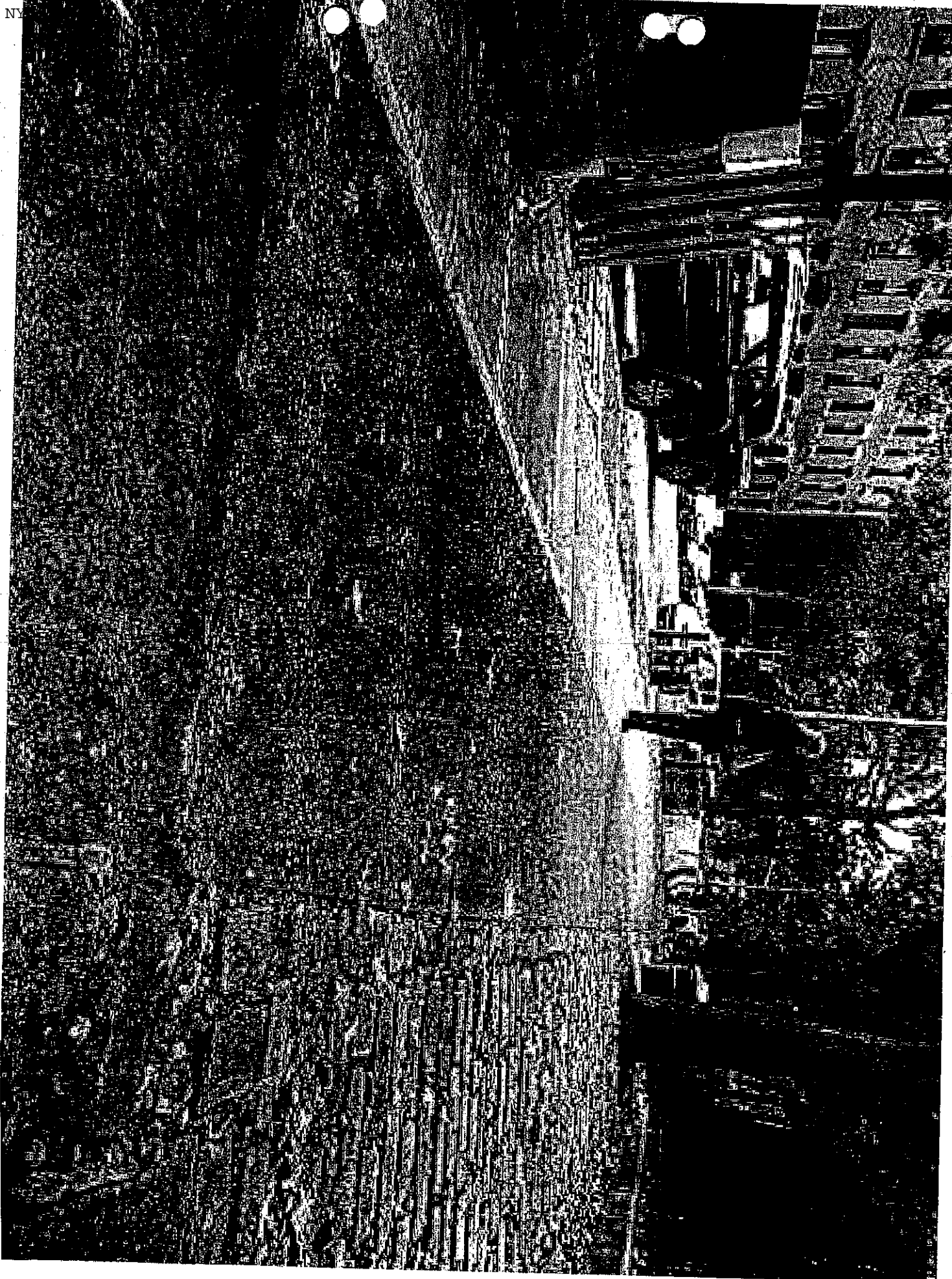
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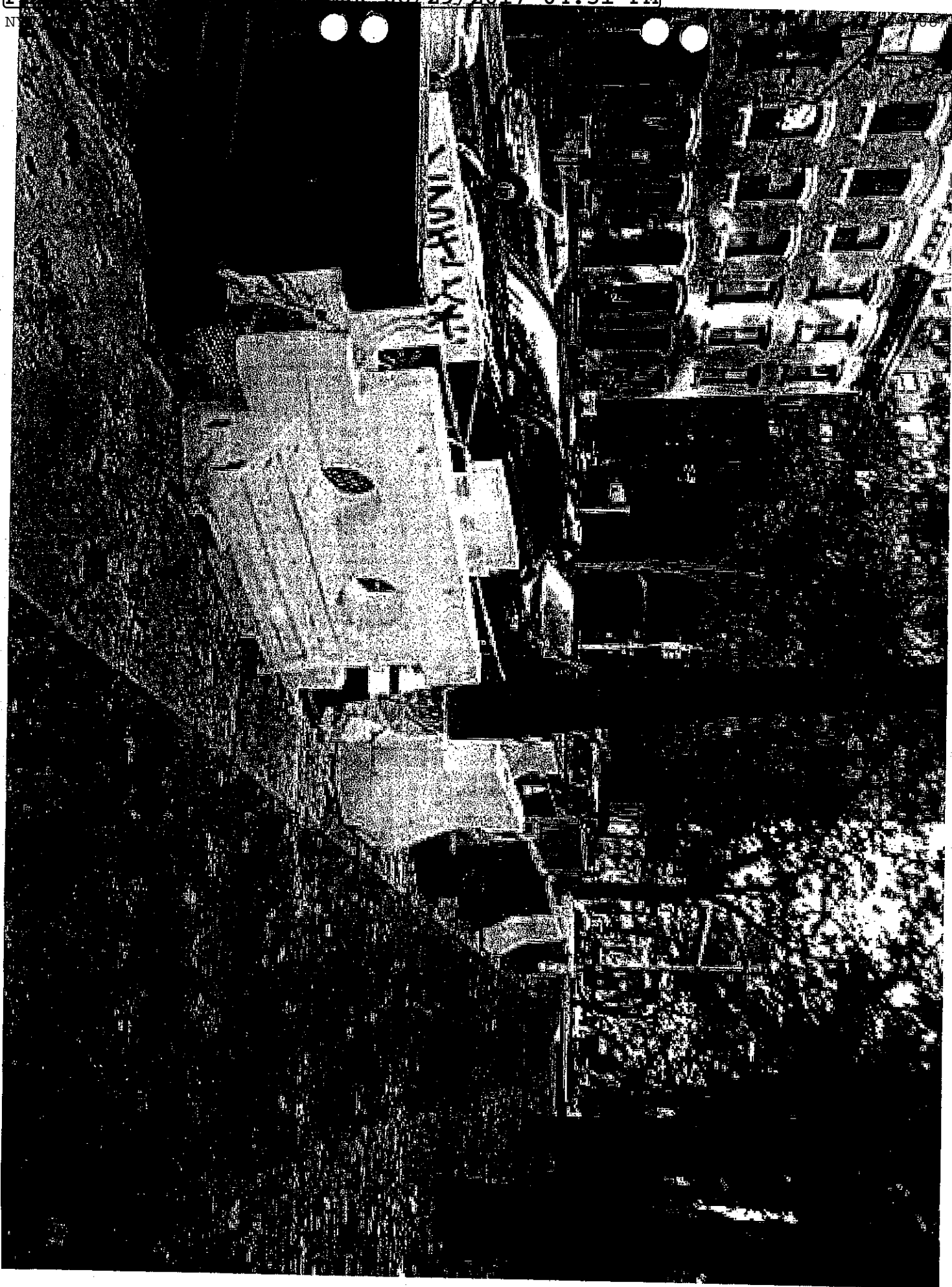
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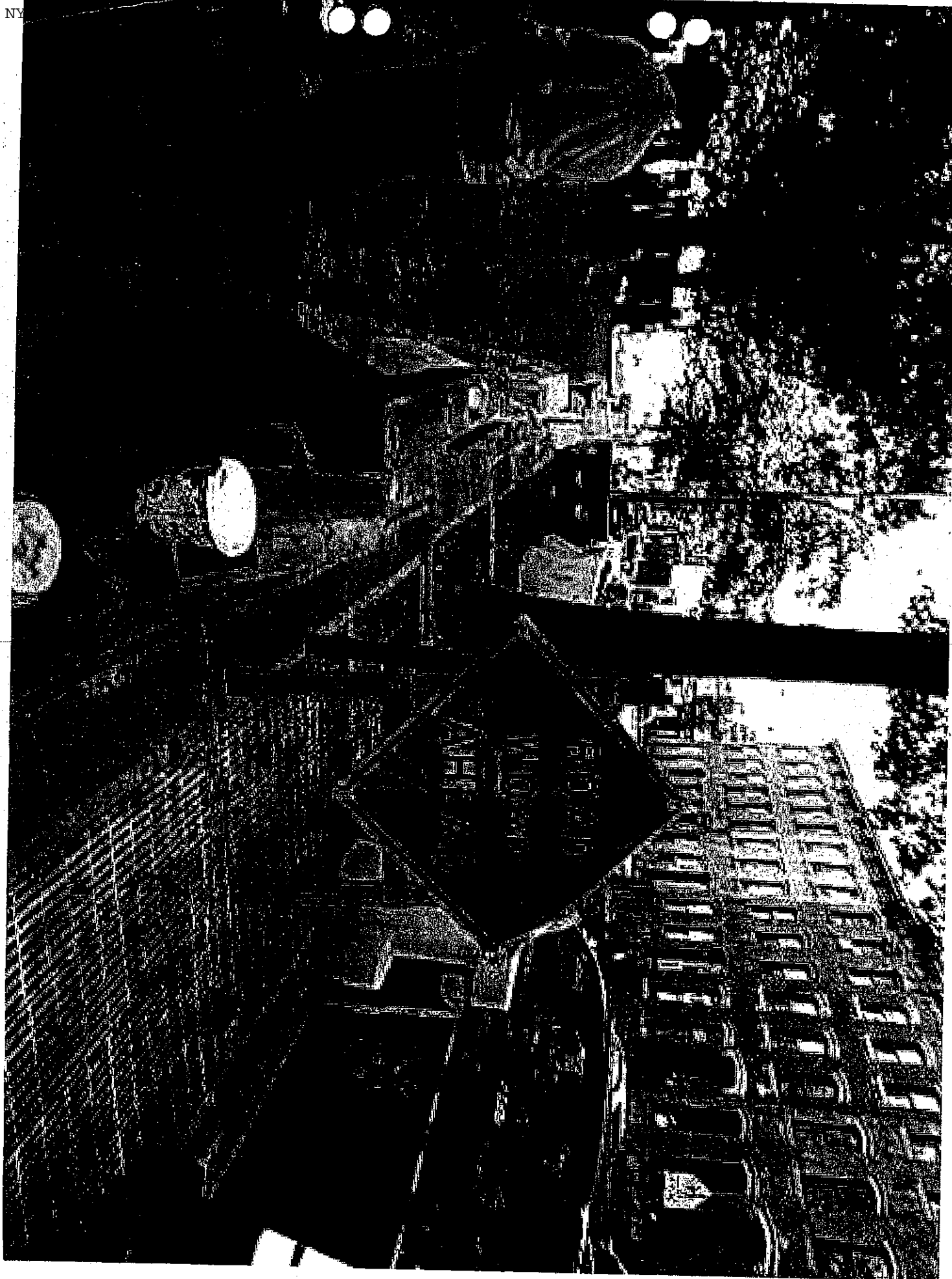
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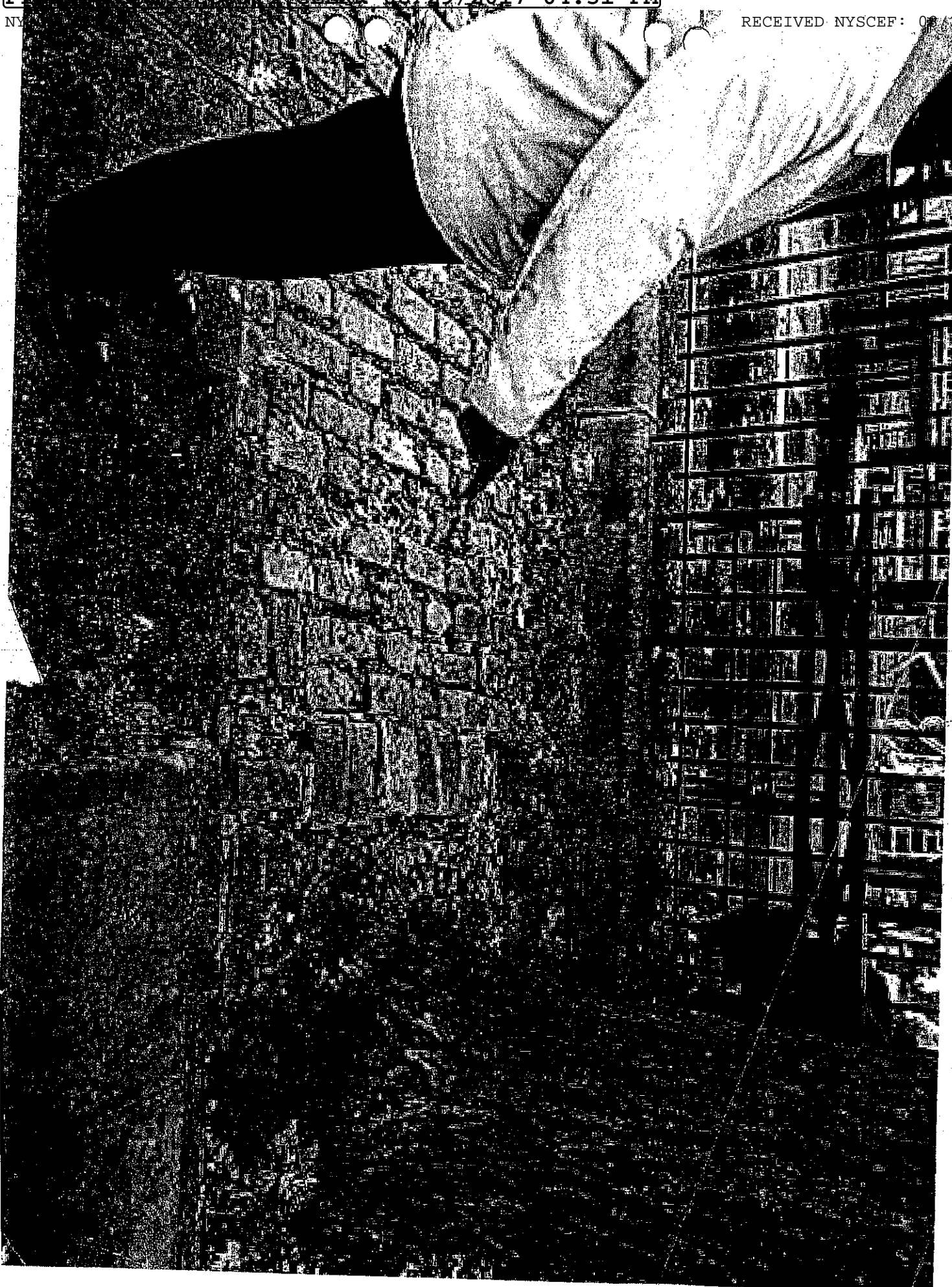


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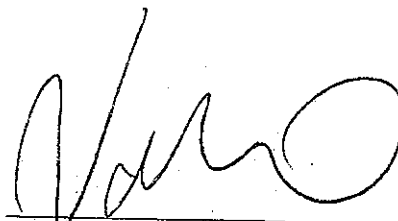
State of New York, County of New York ss:

Ninoska Valverde, being sworn says: I am not a party to the action, I am over 18 years of age and reside in Bronx, New York. On Friday, March 24, 2017, I served a true copy of the annexed in the following manner:


**RESPONSE TO PRELIMINARY CONFERENCE ORDER AND
DEFENDANT'S DEMAND FOR DISCOVERY AND INSPECTION****SERVICE BY MAIL XXX**

by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York, address to the last known address of the last known address of the addressee(s) as indicated below:

MELCER NEWMAN PLLC
JON NEWMAN
111 JOHN STRET STE 1500
NEW YORK, NY 10038
212-980-8470


Ninoska Valverde

Sworn to before me on Friday, March 24, 2017



Notary Public, State of New York

NADIA SIMANOVSKAYA
Notary Public, State of New York
No. 01816142360
Qualified in Kings County
Commission Expires March 20, 2018