FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

NYSCEF DOC. NO. 39

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

**EXHIBIT I** 

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

NYSCEF DOC. NO. 39

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

Harmon, Linder & Rogowsky

David Harmon, Esq. \*
\*(1917-2013)
Mark J. Linder, Esq.
Ira Rogowsky, Esq.
Lisa M. Turpin, Esq.
Thomas A. Graci, Esq.
Jennifer R. Snider, Esq.
Michelle Jean-Jacques, Esq.
Eric Mausolf, Esq.

Attorneys at Law
3 Park Avenue, 23rd Floor
Suite 2300
New York, NY 10016
Tel. (212) 732-3665
Fax. (212) 732-1462

Maya Kogan, Esq.
Jordan Byrd, Esq.
Bret Myerson, Esq.
Brett I. Bloom, Esq.
Keith A. Mininson, Esq.
Melissa Kiafter, 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:

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# 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

Medical Reports: 6.

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,

Linder, Esq.

RECEIVED NYSCEF: 08/29/2017

NO. DOC.



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURS [This form has been approved by the New York State Department of Her

OCA	Office Forth	No.: 960
<b>UANT T</b>	OHIDAA	

Patient Name		or meanul
Norma Blanco Patient Address	Date of Birth 09/26/1940	Social Security Number 125-44-6301
296 Logan Street Brooklyn, NY, 11208		
I. or my authorized representation		<u> </u>

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

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

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

THE ATTORNEY (	OR GOVERNMENTAL ACCORDING TO CAMPATION OR MEDICAL
7. Name and address of health provider or entity to release this in  Booth Memorial Hasnital New York	OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).
Booth Memorial Hospital New York Hospital 56 45 34	.ormation:
Booth Memorial Hospital New York Hospital-56-45 M  8. Name and address of person(s) or cotton.	ain Street Flushing, NY, 11355
	York, NY, 10038
2(4). Specific information to be released.	
☐ Medical Record from (insert data)	
Entire Medical Record including patient histories co	to (insert date)
referrals, consults hilling records in this ories, office t	otes (except psychotherapy notes), test results, radiology etudies, films
referrals, consults, billing records, insurance records, and  Other: All Hospital Report	records sent to you by other health care providers
Dough the sent Column	Include (Indiana to x ax x
Re: the accident of 10/05/2014	Include: (Indicate by Initialing)
	11.13 Alcohol/Drug Treatment
Authorization to Discuss Health Information	17.8 Mental Health Information
(b) By initialing here I authorize	HIV-Related Information
pictini	
to discuss my health information with my attack	Name of individual health care provider
to discuss my health information with my attorney, or a gove	rnmental agency, listed here:
10. Reason for release of information:	/ernmental Agency Name)
☐ At request of individual	11. Date or event on which this authorization will expire:
Other: LITIGATION	<u>-</u>
O Other: MIIGATION	END OF LITIGATION
12. If not the patient, name of person signing form:	
MARK J LINDER, ESO	13. Authority to sign on behalf of patient:
All items on this form have been dealers.	ATTORNEY FOR PLAINTIFF
All items on this form have been completed and my questions about copy of the form.	this form have been answered. In addition, I.L.
copy of the form,	and an anti-voicid. In addition, I have been provided a
\ /	
\ /	Date: 3-24-17
Signature of patient or representative authorized by law.	Date: 3 49-17
Transformative additionized by law.	· · · · · · · · · · · · · · · · · · ·

Human Immunode ciency 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.

NYSCEF DOC. NOUR BLE GENERAL POWER OF ATTORNEY NEW YORK STATUTORY SHORY FORM CEF: 08/29/2017
THE POWERS ( RANT BELOW CONTINUE TO E . TECTIVE

SHOULD YOU BECOME DISABLED OR INCOMPENT

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.

	, and the state of
	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, 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
	CEDARATELY IN MUNICIPAL DIACE AND STEAD IS A POST OF A DIACE 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.
مبسيه	ALD TOTAL AND THE STATE OF THE
·	[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;
~	[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.
	[X] [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 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 of any time.
J	In Witness Whereof, I have hereunto signed my name this 2d day of 100400, 2015.
X	Chama Blanco 1
	(Signature of Principal) Mark J. Lipher, Esq. (Agent)
	ACKNOWLEDGMENT
	STATE OF NEW YORK, COUNTY OF
	On the 3rd day of televiary 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 Notcuy Public, State of New York
	1/7 No. 10125074224
	Commission Employs Littly 13, 2018
4	Notary Public: State of New York

DOC. NO.

OCA Official Form No.: 960 AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA. [This form has been approved by the New York State Department of Health]

D :		····
Patient Name Norma Blanco	Date of Birth 09/26/1940	Social Security Number
Patient Address	09/20/1940	125-44-6301
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 axcept 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

	R GOVERNMENTAL AGENCY SPECIFIED IN LITEM A (2)
1 hysical Medicine and Rehabilitation of New York -95	-20 Overns Roulevard Dago Dayle Mary V. 1 4407
8. Name and address of person(s) or category of person to whom the Melcer Newman PLLC-111John Street ste 1500, New Y	in information will 1
9(a). Specific information to be released:	ork, NY, 10038
☐ Medical Record from (insert date)	to (inspet data)
in the interview of the modern of the second	otec (except perchathered)
, and a solution in the state of the state o	ecords sent to you by other health care providers
Otter: Mintenear Report	Include: (Indicate by Initialing)
Re: the accident of 10/05/2014	Alcohol/Drug Treatment
	Mental Health Information
Authorization to Discuss Health Information	HIV-Related Information
(b) ☐ By initialing here I authorize	
Initials to discuss my books information in	Name of individual health care provider
to discuss my health information with my attorney, or a govern	mmental agency, listed here:
(Attorney/Firm Name or Go	/ernmental Agency Name)
10. Reason for release of information:	11. Date or event on which this authorization will expire:
☐ At request of individual ☐ Other: LITIGATION	-
12. If not the patient, name of person signing form:	END OF LITIGATION
MARK J LINDER, ESO	13. Authority to sign on behalf of patient:
	ATTORNEY FOR PLAINTIFF
All items on this form have been completed and my questions about copy of the form.	this form have been answered. In addition, I have been provided a
V	
	Date: 3-24-17
Signature of patient or representative authorized by law.	

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.

NYSCEF DOC. NOURABLE GENERAL POWER OF ATTORNEY NEW YORK STADUTORY SHORT FORM

THE POWERS RANT BELOW CONTINUE TO LEFT ECTIVE

SHOULD YOU BECOME DISABLED OR INCOMPETANT

Caution: This is an important document. It gives the person whom you designate (your "Agent") broad powers to handle your property during your 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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I,	
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and execution of HIPAA medical record authorization forms pursuant to NY Public Health Law §18(1)(g) as	ļ
amended 10/26/04;	
[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	
	š .
[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 calent.	
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	
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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 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.	es T
This Durable General Power of Attorney may be revoked by me af any time.	
In Witness Whereof, I have hereunto signed my name this 27 day of 1000000 2016.	
Chama Blanco 1 1	
(Signature of Principal) Mark J. Lipder, Esq. (Agent)	
ACKNOWLEDGMENT	
STATE OF NEW YORK, COUNTY OF	
On the Z <sup>rel</sup> day of Record 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 guidence to be individually and a second state.	
by statement and acknowledged to the within inclument and acknowledged to the within inclument and acknowledged to the	
he same in his/ner/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s) or the nerson upon behalf of which	ch
North Fudic, State of New York	
∫ ∫ Qualified in the second County	

Commission Explice May 13, 2018

Notary Public: State of New York

NYSCEF DOC. NO. 39



# OCA Official Form No.: 960 AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA [This form has been approved by the New York State Department of Health]

		· xxouxixi
Patient Name	Date of Birth	Social Security Number
Norma Blanco	09/26/1940	125-44-6301
Patient Address		123-74-0301
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) 450-2493 or the New York City Canal 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: Randall V. Ehrlich M.D., P.C.- 68 Boulder Ridge Road Scarsdale, NY 10583 8. Name and address of person(s) or category of person to whom this information will be sent: Melcer Newman PLLC-111John 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 Include: (Indicate by Initialing) Re: the accident of 10/05/2014 Alcohol/Drug Treatment Mental Health Information Authorization to Discuss Health Information **HIV-Related Information** (b) D 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: 11. Date or event on which this authorization will expire: ☐ At request of individual □ Other: LITIGATION END OF LITIGATION 12. If not the patient, name of person signing form: 13. Authority to sign on behalf of patient: MARK J LINDER, ESO 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.

\* 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.

Signature of patient of representative authorized by law.

3-24-17

Notary Public: State of New York

INDEX NO. 510600/2016

NYSCEF DOC. NOUR BLE GENERAL POWER OF ATTORNEY NEW YORK STATUTORY SHOWERS: 08/29/2017
THE POWERS: RANT BELOW CONTINUE TO 1 F ECTIVE
SHOULD YOU BECOME DISABLED OR INCOMPED-ATT

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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,
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.
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[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.
[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 Ceneral Power of Attorney may be revoked by me of any time.
In Witness Whereof, I have hereunto signed my name this 29 day of £00000, 2015.
None Blancy
(Giorgetine of Principal)
(Signature of Principal) Mark J. Linder, Esq. (Agent)
ACKNOWLEDGMENT  STATE OF NEW YORK, COUNTY OF
On the 3rd day of 16/04/19 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 whi
the individual(s) acted, executed the instrument

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29 2017

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

Initial Physiatric Evaluation

Re:

Date of Accident:

Visit Date:

Norma Blanco October 5, 2014

October 10, 2014

# CHIEF COMPLAINTS

DOC. NO.

1. Eye pain with blurry vision.

2. Neck pain radiating to left shoulder.

Left shoulder pain.

4. Low back pain radiating to left hip.

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 buising 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; sinvastatin; Coreg; clopidogrel; oxybutynin; amlodipine; p.o. glitazone; Januvia; aspirin; and a new medication, Edarbyclor.

SOCIAL HISTORY: Denies tobacco and alcohol.

NYSCEF DOC. NO. 39

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: Tendemess 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: Tendemess. 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.

NYSCEF DOC. NO. 39

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.
- 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 perjuty, pursuant to CPLR 2106, do hereby affirm the contents of the foregoing.

Anuradha Anand, M.D.

Physical Medicine and Rehabilitation

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FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

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

Followup Physiatric Evaluation

Re:

Re: Date of Accident:

Visit Date:

Norma Blanco

October 5, 2014

December 2, 2014

#### CHIEF COMPLAINTS

DOC.

- 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-states 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.

RECEIVED NYSCEF: 08/29/2017

Re: Norma Blanco

NYSCEF DOC. NO. 39

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.
- 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

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DOC. NO. 39

MAKE CHECKS PAYABLE TO:

Physical Med And Releast Of NY PC PO Box 9242

Garden City, NY 14530

STATEMENT

ADDRESSEE:

Hardallallallallanlin Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 **USA** 

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

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PLEASE PAY THIS AMOUNT »»» CONTINUED

NYSCEF DOC. NO. 39

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY PC PO Box 9242

Garden City, NY 11530

**STATEMENT** 

ADDRESSEE:

Individual Individual Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 USA

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

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MESSAGE:

PLEASE PAY
THIS AMOUNT \*>>> CONTINUED

NYSCEF DOC. NO. 39

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY PC PO Box 9242

Garden City, NY 11530

STATEMENT

ADDRESSEE:

Indicated Indicated Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 USA

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

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MESSAGE:

PLEASE PAY .
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NYSCEF DOC. NO. 39

MÁKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY P.C PO Box 9242

Garden City, NY 11530

STATEMENT

ADDRESSEE:

Madalallallallallad Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 USA

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

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02/10/15	Norma	Anand, MD	MPK	Het/Cold Packs	\$35.80				\$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	Ánand, MD	MPK	Hot/Cold Paicks	\$35.80				\$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	\$9.00
02/18/15	Norma	Arrand, 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

						<u> </u>
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

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 LAST FIRST Acct. No. DATE PHYSICAL THERAPY PROGRESS NOTES FEB 1 8 2015 • discomfit M )Shuhldon JOANAHMAR LOPEZ, PTA License No. 108109 MARIORIE PANA, PI-

04:31

FILED: KINGS COUNTY CLERK 08/29/2017

INDEX NO. 510600/2016

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 LAST Blanco FIRST Worma Acci. No. am 70 DATE **PHYSICAL THERAPY PROGRESS NOTES** FEB 1 7 2015 CO/LY DOW 10 0/4 Och DANNY FERNANDEZ, HPT LACENSBAMO, 075720

INDEX NO. 510600/2016;

08/29/2017 04:31 PM KINGS COUNTY CLERK RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST Norma LAST Black Co ACCT. NO. PM 4 DATE PHYSICAL THERAPY PROGRESS NOTES S: It can noch pau LOD. O Snoulder pain FEB 1 3 2015 Oku pau' 0: Dr. Es/Hus e cs-LS - D fn x15/ MIR Hup + O Kne X151 Thera to as pre FS A: Pt tol 1 were **ERNILLE TENECIO, RPT** License No. 027695

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 Norma First Pa 18 ACCT. NO. DATE PHYSICAL THERAPY PROGRESS NOTES FEB 1 0 2016 Orlive LICENSE No. 025/120

INDEX NO. 510600/2016

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

INDEX NO. 510600/2016 KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST DATE PHYSICAL THERAPY PROGRESS NOTES S. Pt c/o recerpain. NOV-Orn 2 O Kare gam FEB 0 9 2015 To: ES/Hurs a CS-LS-0 Su XIS' Hus e Ofree XI5; mFn; Therapeuti Exercise A: Pt to prove ERNILLE TENECIO, RPT License No. 027695

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM NYSCEF DOC. NO. 39 RECEIVED NYSCEF: 08/29/2017 FIRST Nama LAST Blanco ACCT. No. 8m 23 DATE PHYSICAL THERAPY PROGRESS NOTES PEB 0 5 2015 mile AMADO CONANAN, PT, DPT License No. 022101

INDEX NO. 510600/2016

INDEX NO. 510600/2016 KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST Norma LAST RISHITO ACCT. NO. PM72 DATE : PHYSICAL THERAPY PROGRESS NOTES FEB 0 3 2015 S: At, Us prim Ch Ly Calound, Olyan A: Physlined to # much more 1755 C/ W Ochrowich 200-Home (man) Our XIV Sugarte Existence and to x18 Charra Blone MARNORIE PANA, OT Cicroft 032529

INDEX NO. 510600/2016 KINGS COUNTY CLERK 08/29/2017 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST Norma LAST / Acci. No. anlo DATE PHYSICAL THERAPY PROGRESS NOTES S: It do nea paul Mr- Osnower Okne ja JAN 2 9 7015 72: 05/4mm e C8-42-6/2 X15 Hur a Ohns XIS ! MET Then to as put A: At tol de were 1: cut Ne Chama Blanco ETEMECRO.RPT License No. 027695

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST N ACCT. No. LAST DATE PHYSICAL THERAPY PROGRESS NOTES JAN 2 2 2015 v: K cu a with NZO gown 10 to-( O 12/00 (A) COO con Och P 1 0/12 ATAP/ET 9× Och TOUTE ···

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INDEX NO. 510600/2016 KINGS COUNTY CLERK 08/29/2017 04:31 PM NYSCEF DOC. NO. 39 RECEIVED NYSCEF: 08/29/2017 LAST BLANCO FIRST NORMA DATE PHYSICAL THERAPY PROGRESS NOTES S: At co rear pan - USr - OSn - Okme you O: To: Hup / Mange CS - US - O Fu - Okme JAN 1 9 2015 A- Pt tolenter - were 1 Opoma Blanco License No. 027695

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST Worma ACCT. NO. amp LAST DATE PHYSICAL THERAPY PROGRESS NOTES AN 1 7 2015 alo parol in the neck and protect, (1) Leaderners, (1) Ance HMATES / D'Ance: MMP/MPR'
Thenker on per B MERRY ANN HUGO, PT License No. 026143

INDEX NO. 510600/2016 KINGS COUNTY CLERK NYSCEF DOC. NO. 39 RECEIVED NYSCEF: 08/29/2017 LAST Blanco Acct. No. FIRST 1 Dyma PHYSICAL THERAPY PROGRESS NOTES DATE DEC 0 2 2014 G. MATRUORIE PANA, PT Whenoth: 032529

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 DATE PHYSICAL THERAPY PROGRESS NOTES DEC 0 1 2014 o te yain cub, whach, ( I fre 0them to.

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FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM INDEX NO. 510600/2016 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 LAST BOOK CO Noema FIRST ACCT. No. 23 DATE PHYSICAL THERAPY PROGRESS NOTES NOV 2:6 2014 MFR WERK 34 \$5 EN. Jefferson Uy, PTA Lic. No. 006578 MARJORIE PANA PA Licepse No. 032529

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM INDEX NO. 510600/2016 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST NOOMOL LAST BLONCO ACCT. No. 23 DATE PHYSICAL THERAPY PROGRESS NOTES NOV 2 4 2014 aly On Or (F)antree volly **Du** CX LICENSE No. 0257

INDEX NO. 510600/2016 KINGS COUNTY CLERK 08/29/2017 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST MONTH LAST PHYSICAL THERAPY PROGRESS NOTES DATE 5:07.dopain un Outronden, Cham, Ounter-O:ctokodurin un Oschumb, ann Onme A. Obguland to to amm NOV 2 1 2014 Amp 155 CAW WA VIARIORIE PANA, PT

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST NORMA LAST GANCO ACCT. NO. 2316 PHYSICAL THERAPY PROGRESS NOTES DATE NOV 1 9 201 License No. 007476 ERNITE TENECIO, RPT License No. 027695

FILED: KINGS COUNTY CLERK

INDEX NO. 510600/2016

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/129/2017 NYSCEF DOC. NO. 39 JOHNA ACCT. No. 230 First DATE PHYSICAL THERAPY PROGRESS NOTES S: At alo nece pair. LOT. O Fin - O Knac pair NOV 1 7 2014 6: D: Es/How a CS-11 - @ Fn X16; Hus @ Otre XIE; MFN; Therapeupis Exercise to A dd Lwee " 12 count poc ERNILLE TENECIO; RPT License No. 027695

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 Norma LAST Blanco ACCT. NO 229060 First PHYSICAL THERAPY PROGRESS NOTES DATE NOV 1 4 2014 ally En On Oankle ty well Guy tofren

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 ACCT. No. 22765 LAST BLOCO Norma FIRST DATE PHYSICAL THERAPY PROGRESS NOTES NOV 1 2 2014 SIFT Che pain or peck, and since + C) KNEE O: (E) LOWN ON C/S, 4/4 + C) KNEE be per the le vell TIES & HEAD ON GE - Up & 15 Fin.

FIFED ON @ POPEE 10 15 Fin. TOTERA Ero pe tal. & Chagno Bloned Jefferson Uy, PTA Lic. No. 006578 AMADO CONANAN, PT, DPT License No. 022161

INDEX NO. 510600/2016 KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST NORMA DATE PHYSICAL THERAPY PROGRESS NOTES NOV 1 0 2014 S:O1. do pain 4, 4, Othoulan Olema, Ornkw. O: At-Kriderm Co W Onlawy ) Chry, Canly. MARJORIE PANA, PI License No. 032529

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM INDEX NO. 510600/2016 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST DATE PHYSICAL THERAPY PROGRESS NOTES NOV 0 7 2014 Och Cho 0 r Donte colla (Doh Pankle Cave On-CO (De^-Juf THE JANNY FERNANDEZ RPT LICENSE No. 025720

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 Blanco ACCT. No. 2035 Noema FIRST LAST DATE PHYSICAL THERAPY PROGRESS NOTES NOV 0 5 2014 S: Ot. do paíos Co. LI Ochoulder, Orman, Ornew. O: et Hadran Co. a Ortrown Ohn, Orner Q: Hop 155 Cow almost x12 MARJORIE PANA, PT License No. 032529

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 LAST SLAMOD FIRST NORMA ACCT. NO221695 DATE PHYSICAL THERAPY PROGRESS NOTES MAY 03 2014 S. At do near pour LAN - OSh - O Knee - O Andre par O. 75-1 FS/ Hun = 05-15 @ Knee X15 - 9 MMPL Hup e @ Alle X15"; There Ex as the A: A te tewere P: Cut noe ENECIO, RPT License No. 027695

INDEX NO. 510600/2016 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 ACCT. No. 2209 FIRST DATE PHYSICAL THERAPY PROGRESS NOTES OCT 3 1 2014 exw > rotator tomakoh XISMIX CI, D lunee XISMUX Abigail Santiago, PTA License # 009243 MARJORIE PANA, PI

FILED: KINGS COUNTY CLERK RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 Noema LAST PIONCO ACCI, NO. 319 718 FIRST DATE. PHYSICAL THERAPY PROGRESS NOTES OCT 29 2014 berbuy! spa Danis AMADO CONANAN, PT, DPT License No. 022161

08/29/2017 04:31

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 ACCT. No. 21760 FIRST NOTMA LAST Banco DATE . PHYSICAL THERAPY PROGRESS NOTES OCT 27 2014 S: 07- 40 pain Cn 4) Outroulder, Okam, Okam. Home Outer Olive Onder thursplxm. MARIORIE PANA. License No. 032529 Y Chamo Blanco

KINGS COUNTY CLERK 08/29/2017 04:31 PM

INDEX NO. 510600/2016

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM NYSCEF DOC. NO. 39 Noema LAST BOYNCO ACCT. No. PATIET FIRST DATE PHYSICAL THERAPY PROGRESS NOTES OCT 2 5 2014 5: pt. c/o pain on rock Osh, LB, O knee & Oan holo 0:60 ms. spasson on paraphrals P: MX'-- ES/HMP on CS-25 X18 nuiss -HMP on Oth -Dance xisning There, as, or per Fls × 8 mins

> ADOLF TROY BATAC License No. 008149

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

-INDEX NO. 510600/2016 KINGS COUNTY CLERK NYSCEF DOC. NO. 39 RECEIVED NYSCEF: 08/29/2017 ACCT. NO. 21600 DATE PHYSICAL THERAPY PROGRESS NOTES OCT 2 4 2014 5. It was neces pain - inn. Oge - Ok-ce O Antre pau 0: D. 8 / Hux + as-15 + Hux a Osu Oli O her sus, rupa Theogramsi to A: Pt the home ERNILLE TENECIO, RPT License No. 027695

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 LAST DATE PHYSICAL THERAPY PROGRESS NOTES OCT 2 1 2014 00/14 Dantue 0110 MY KERIYANDEZ KPT ICENSE No. 025720

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

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FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM INDEX NO. 510600/2016 RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST LAST DATE PHYSICAL THERAPY PROGRESS NOTES OCT 1 8 2014 AMADO CONANAN, PT, DPT Licente No. 022161

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 Blanco FIRST Nana ACCT. No. 21085 DATE PHYSICAL THERAPY PROGRESS NOTES 5:07:00paim Chy Ochoulder, Okan, Canluck 0; Motoren Chu Olhenal & Ofm Omer +1man Chu Jengrus Ongan OCT 1 5 2014 OF HOPE (HW) XIEM) Borr Owlens Dhu ( One) WARIORIE PANA, PI

INDEX NO. 510600/2016

KINGS COUNTY CLERK RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 FIRST Doima LAST Blanco ACCT. No. DATE PHYSICAL THERAPY PROGRESS NOTES J: OF initially want touther the The part and almost Ohm One One One OCT 1 0 2014 Arom any shand On A: Ograle to form P; MAP 185 CAW (ONCON) X72 En One Junx12 lest Bed (2 hin minu the type to form of MARJORIE PA License No. 032329

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Page: 1

NYSCEF DOC. NO. 39

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

Electronically Signed By

Garg MD, Nidhi (MD)

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

Br: Garg MD, Nidhi

nçaun	issues:
TT 141	<b>Y</b>

Health Issues:

Providers:

Admitting Dx

Other Attending Swelling, mass, or lump in head and neck

Swelling, mass, or lump in head and neck

Health Issues: Health Issues: Health Issues:

Chief Complaint Chief Complaint ED Final DX

Accidental fall Facial swelling Accidental fall 3M FALL/JH

Garg MD, Nidhi

Garg MD, Nidhi

Unspecified fall Swelling, mass, or lump in head and neck Unspecified fall

Providers: Providers: Visit Comments: Visit Comments: Primary Referring Financial Class Financial Class

Garg MD, Nidhi

Medical Staff Medical Staff Medical Staff

#### CT Head/Brain W/O Contrast

10/05/2014 13:32

l or more Final Results Received

STAT,S	tretcher
--------	----------

- 10/05/2014 22:29

When

When	Who	Function:
10/05/2014 13:09	Garg MD, Nidhi (MD)	New
10/05/2014 13:09	interfaces, interfaces (IT)	Updated
10/05/2014 13:32	interfaces, interfaces (IT)	Performed
10/05/2014 14:04	interfaces, interfaces (IT)	ResultedResultedResulte

Performed Interim Results Received

New Status

Pending

Order has been Placed/Received by Radiology Dept.

ResultedResultedResulted

Interim Results Received 1 or more Final Results

10/05/2014 22:32. interfaces, interfaces (IT)

Boltin, Carolyn (MD)

ResultedResultedResulted

Received 1 or more Final Results Received

ROGAN, PA, MONICA 10/06/2014 22:13

Results Acknowleged

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

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RECEIVED NYSCEF: 08/29/2017

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NYFCEF DOC. NO. 39

### **ED** Visit Discharge Report

Page: 2 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

LANGUAGE LOSSON	o and the second		Dr: Garg MD, N	idie
e di più a				
Fativities and the state				
CT Facial Bones V	V/O Contrast	10/05/2014 13:3		
·				
When	Who	Perotion	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.	<b>3</b>
10/05/2014 13:32	interfaces, interfaces (IT)	Performed	Performed .	
10/05/2014 15:38	interfaces, interfaces (IT)	ResultedResultedResultedR	Interim Results Received	
10/05/2014 22:21	interfaces, interfaces (IT)	ResultedResultedResultedR	Interim Results Received	
10/05/2014 22:29	Boltin, Carolyn (MD)	ResultedResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:32	interfaces, interfaces (IT)	ResultedResultedResultedR	l or more Final Results Received	
10/06/2014 22:15	ROGAN, PA, MONICA (PA)	Results Acknowleged	1 or more Final Results Received	
XR Hand 3 Views	Min LT	10/05/2014 14:11	1 or more Final Results	
STAT, Streicher			Received	
When	Who	Function	New Status	71
10/05/2014 13:09	Garg MD, Nidhi (MD)	New		Electronically Signed By
10/05/2014 13:09	interfaces, interfaces (IT)	Updated	Pending Order has been Placed/Received by Radiology Dept.	Garg MD, Nidhi (MD)
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)		1 or more Final Results Received	
10/06/2014 22:16	ROGAN, PA, MONICA (PA)	Results Acknowleged	I or more Final Results Received	

RECEIVED NYSCEF: 08/29/2017

## **ED Visit Discharge Report**

Page: 3

Completed

Completed

NYSCEF DOC. NO. 39

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

Viult#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

			Dr: Garg MD, Nidhi	
ON THE				
FILLER TO BE SUB-				
XR Knee 4 Views M		10/05/2014 14:	The second secon	
		10/03/2014 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	Conf MD, Mithit (MD)
			Placed/Received by	
10/05/2014 14:11	interfaces, interfaces (IT)	Performed	Radiology Dept.	
10/05/2014 17:15	interfaces, interfaces (IT)	ResultedResultedResulted	Performed Interim Results	
			Received	
10/06/2014 21:02	Eubig, Jan (MD)	ResultedResultedResulted	Interim Results	
10/06/2014 21:02	interference interference (1970)	9 1 In .	Received	
	interfaces, interfaces (IT)	ResultedResultedResulted	1 or more Final Results Received	•
10/06/2014 22:16	ROGAN, PA, MONICA	Results Acknowleged	1 or more Final Results	
	(PA)	•	Received	
Tetanns Toxoids, Di	phtheria & Acellular Per	tussis 10/05/2014 13:		10/05/2014 13:09
(Adacel)DOSE: 0.5 deltoid muscle of upp	mL intraMUSCULAR ONCE	.Priority: STAT, Stop After: 1	Times; Indication: VaccinationNOTE; Ad	lminister only LM, in
When	Who	Function		•
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	New Status	Electronically Signed By
10/05/2014 13:09	Myong, Jana (RPH)	Modified	Active	Garg MD, Nidhi (MD)
10/05/2014 14:22	_services, (Interfaces)	Completed	Active	
		Tompiotog	Completed/Stop Date Reached	
Acetaminophen 3251	ng / Oxycodone 5mg Tab	let 10/05/2014 13:0	9 Completed/Stop Date Reached	10/05/2014 13:09
Brand: (Percocet)Do	se: 1 tablet oral ONCE Priorit	V STAT Ston After 1 Times	Talianian Pathorn mai	
When	Who	-> b.sups action threatmet 101	renewal ricase venity drug and dose be	fore administering**
10/05/2014 13:09	Garg MD, Nidhi (MD)	Function New	New Status	Electronically Signed By
10/05/2014 13:09	White, Angeline (RPH)	Modified	Active	Garg MD, Niđhi (MD)
10/05/2014 14:21	_services, (Interfaces)	Completed	Active	
	, ()	Completed	Completed/Stop Date Reached	
TIMOR HOUSE LANGUAGE				T. 150
ED Discharge Patien	1	10/05/2014 14:1	1 Completed	10/05/001/
Additional ED Final the Emergency Depar	DX: E888.9 Accidental fallC	omment: Time of Completion	of the ED Discharge Order is the time the	10/05/2014 15:10
When	Who			
•		Function	New Status	Electronically Signed By
10/05/2014 14:11	Garg MD, Nidhi (MD)	New	Active	- Let notified friends by

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Page: 4

NYSCEF DOC. NO. 39

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

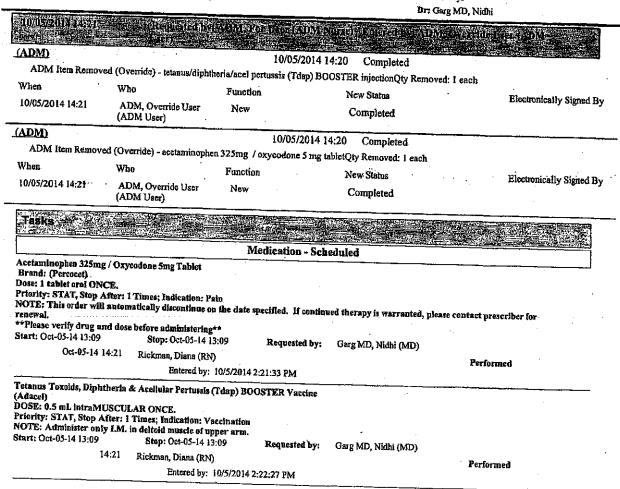
Vlsit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted;

ED Discharged; Oct-05-2014 15:10

Service: LOS: 0 days



<b>小量型的现在形式</b>	· · · · · · · · · · · · · · · · · · ·				
Arrival Dtm	Item Name	· · · · · ·	Value	127	
10/05/2014 13:32	CTL Fricin) Bone W/O contrast			Abnormality Code	Reference Lower and Upper Limit
				Tormore Plant	Cabrillo Ville

Results

CLERK

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Page: 5

NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34 By: Gliford, 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

1173	т.	SЦ	ш	ж
5.7	577		147.	7
	-		-	_

Arrival Dtm İtem Name Value Abnormality Reference Lower and Upper Code Llink

BLANCO, NORMA DOB: 09/26/1940

1092238

000414265262

Age: 74 years Sex: F

Pt Loc: Emergency Dept

Order Dr. GARG RESIDENT MD, NIDHI

RADIOLOGY

Accession Nbr.

Exam Date/Time:

CT FACIAL BONES W/O CONT CT-14-034890

10/05/2014 13:32:08

CPT-4:

704B6

83401500

Reason for Exam:

REPORT:

CT OF THE PACIAL 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 SENUS WITH MUCOSAL THICKENING WITHIN THE RIGHT WARD ASPECT OF THE SPHENOID. THE REMAINING PARANASAL SINUSES ARE WELL ABRATED. 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.

LEFT SIDED PRESEPTAL SOFF TISSUE SWELLING. RIGHT MAXILLARY AND RIGHT SPHENOID SINUS DISEASE. NO EVIDENCE OF ACUTE OSSBOUS 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)

OL Head Brate W.C. Chris

10/05/2014 22:32 CT Head/Brain W/O Contrast

CLERK

NYSCEF DOC. NO. 39

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Page: 6 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 MDRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

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 Dim Item Name Value Abnormality Reference Lower and Upper

> BLANCO, NORMA DOB: 09/26/1940

1092238 000414265262

Age: 74 years Sex: F

Pt Loc: Emergency Dept

Order Dr: GARG RESIDENT MD, NIDHI

RADIOLOGY

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

70450

83400280

Reason for Exam:

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:

NO EVIDENCE OF ACUTE INTRACRANIAL INJURY.

Transcriptionist: Dictating Radiologist: BOLTIN M.D., CAROLYNM

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

BOLTIN M.D., CAROLYN M

(Electronic Signature)

10/05/2014 [4:11. | XR Hand 3 View Min-L.I.

10/06/2014 21:02 XR Hand 3 Views Min LT

NYSCEF DOC. NO. 39

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#### **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 Arrivak Oct-05-2014 [2:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days

Dr: Garg MD, Nidhi

Results	

Atrival Dun Item Name Value Alinormality Reference Lower and Upper BLANCO, NORMA 1092238

000414265262

Order Dr. GARG RESIDENT MD, NIDHI

Sex: F

DOB: 09/26/1940 Pt Loc: Emergency Dept

RADIOLOGY

Accession Nor: Exam Date/Time: XR HAND 3 VIEWS MIN LT XR-14-098644 10/05/2014 14:11:18

Age: 74 years

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)

10/03/2014 14:11 XR Kine 4 Views Min Ed

10/06/2014 21:02 XR Knee 4 Views Min LT

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

Abnormality Code Arrival Dtm Item Name Value Reference Lower and Upper Liceit

BLANCO, NORMA

1092238

000414265262

Age: 74 years Sex: F

DOB: 09/26/1940 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)

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## **ED Visit Discharge Report**

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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

## 05-Oct-2014/12/22/20-1: Vital Signs Plowsheet (ED)

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)

# (h. Co. (2014) 274 (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914) (1914)

INSP GAS

Resp Rate, patient: 14

PULSE OX

SpO2 (Pulse Ox) %; 96

NYSCEF DOC. NO. 39

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#### **ED Visit Discharge Report**

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56-45 Main Street Flushing, NY 11355 MRN:1092238

DOB: Sep-26-1940

**BLANCO, NORMA** 

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

	(RN)

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

na loc,

Information

Visit Information: Mode of Arrival

family/friend

• Past Medical Hx-

Hypertension diabetes, hid, circulation

. If present, list the following conditions of the patient Conditions not present - the patient does not have

Immuno deficiencies, 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

• Diastelic BP

92 128

• Mean (mmHg) • Heart Rate

79

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#### **ED Visit Discharge Report**

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56-45 Main Street Flushing, NY 11355

DOB: Sep-26-1940 MRN:1092238

**BLANCO, NORMA** 

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 6 days Dr: Garg MD, Nidhi

(0/05/2014)19:42; sob-Athenog-sprimary (Challet & Channel (Challet & Honig et al 1005/2014)19:5-10; —

· Resp Rate, patient

• SpO2 (Pulse 0x)

96

PAIN ASSESSMENT:

Numeric Rating Scale (NRS):

• Numeric Rating Scale (NRS)

5- Moderate Pain

TRACKING CONTROLS:

• Triage Acuity Level

3 - Acute

 Treatment Area • Triage Complete Main ED Complete

Electronic Signatures:

Chaires, Yolanda (RN) (Signed 05-Ott-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)

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**ED Visit Discharge Report** 

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NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

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56-45 Main Street Flushing, NY 11355

**BLANCO, NORMA** ED/TBT Visit#: 000414265262 ED Arrival: Oct-05-2014 12:18 ED Discharged: Oct-05-2014 15:10 Service: LOS: 0 days Dr: Garg MD, Nidhi

MRN:1092238

DOB: Sep-26-1940

40/05/2014-13:05-ED-Nursing-Property: Quite Aith Emi

• Belongings Sent Home With:

family

· Clothes:

sent home, all belongings given to pt's son femando

**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, Akin (Emergency Room Technician)

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#### **ED Visit Discharge Report**

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Printed: Feb-10-2015 10:34

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56-45 Main Street Flusbing, NY 11355

DOB: Sep-26-1940 **BLANCO, NORMA** ED/TBT

Visit#: 000414265262

MRN:1092238

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days Dr: Garg MD, Nidhi

## 

Time of Triage:

• Time of Triage

12:190

#### **BASIC INFORMATION:**

- Time seen: 05-0 ct-2014 12:30
- · History source: patient, family.
- Current Barriers; none
- Patient's Preferred Language for Speaking about Healthcare:: English
- Mode of Arrival: family/friend (0)
- LMP: postmenopausal

#### Chief Complaint:

- Facial swelling (784.2): Entered Date: 05-Oct-2014 12:43, Coding System: ICD9, Entered By: Chaires,
- Accidental fall (E988.9): Entered Date: 05-Oct-2014 12:43, Coding System: ICD9, Entered By: Chaires, Yolanda

#### VITAL SIGNS:

#### ED Vital Signs PS:

#### 1. Vital Signa 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 Sp02 (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 x5 days , Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tablet Rx, 1 tab(s) orally every 6 hours x 3 days , Status:
- cannot recall Hx, Status: Active
- insulin analog: Hx, , Status: Active
- Diovan: Hx. , Status: Active

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

NYSCEF DOC. NO. 39

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

ED Visit Discharge Report

\_ ..

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

3 10/05/201413:09 Medical Problem LD. Carg YIDANAHIMDY Fix Facerati 10/05/2014/14/3/19 - Records

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

carvedijo I 20 mg graf capsule, extended release: Hx, 1 orally 2 times a day, Status: Active

meloxicam 7.5 mg eral 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

Altergies/Intolerances:

Allergies:

No Known Ailergies: Active

HISTORY OF PRESENT ILLNESS:

· Presents with

• Presents With Comments:

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 home

Place of Living

PHYSICAL EXAM:

• General:

no apparent distress, non toxic, well hydrated

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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

#### 10/05/2014] 5:09 Medical Problem, ED Garg MD; NidH(MD); Eatered; 10/05/2014 13:33

extra occular muscles intact, pupils equal, round, reactive to light and accommodation, conjunctives

and lids with in normal limits, left eyebrow swelling

Ear, Nose and Throat:

within normal limits, no septal hematoma

• Cardiovas cular:

regular, rate and rhythm, no mumurs, no gallops, no rubs, no jugular venous distension, radial and pedal pulse within normal limits, capillary refill less than

seconds

• Lungs:

• Eyes:

clear to auscultation, no wheezes, no rhonchi, no

rales

• Gastrointestinal:

Soft, non-tender, non-distended, bowel sounds

within normal limits

Genitourinary;

no costovertebral angle tendemess

• Extremities-musculoskeletal:

full range of motion, no deformity, no calf

tenderness, radial and pedal pulses within normal

• Head/Neck-masculoskeletal:

non-tender head, non-tender face, non-tender neck

• Pelvis/Back-musculoskeletal:

stable, non-tender pelvic, non-tender back

Heme/Lymphatics:

no patechiae or purpura

• Skin:

left palm abrasion and left knee road rash

• Neurology:

alert, no pronate drift, cranial nerves II-XII intact, no nystagmus, motor within normal limits, sensation

intact, cerebellar within normal limits

Psych:

mood and affect within normal limits, priented times

Order Entry:

Acetaminophen 325mg / Oxycodone Smg 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 renewel.
\*\*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 allignment, normal soft tissue, no fracture, Interpretation by emergency physician

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56-45 Main Street Flushing, NY 11355 MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TRT

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

10705/2014 13:00 Medical Problem ED ... Garg MD, NidbilMD Entered 10/05/2014 45:31

# . CT: head with contrast, facial

· CT result: within normal limits, left presental soft tissue swelling

#### PLANNED PATIENT DISPOSITION:

ED Firmal Diagnosis:

'Accidental fall (E888.9): Entered Date: 05-Oct-2014 14:11, Coding System: 1CD9, Coded Name: Unspecified fall, Entered By: Garg MD, Nidhi

#### PLANNED PATIENT DISPOSITION:

- Counseled:: Patient, Family
- · Condition: stable, fair, well controlled
- Disposition Note:: pt discharge home after tdap , pt given motion 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
- Discharget: to home
- Private MD: Dr. Jamie Roman®

#### Electronic Signatures:

Garg MD, Nidhi (MD) (Signed 05-0 ct-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)

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

#### 65-Oct-2014-1-45 A Vibi Speed Epwheet (FB) 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)

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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

(manny Physical — dekman ablania sky) nineov koć subla		

#### 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<sup>()</sup>

• Preferred Way(s) to Discuss

hear/speak

Healthcare: • Patient's Preferred Language for

English<sup>(i)</sup>

Speaking about Healthcare:

• Patient's Preferred Language for

English

Reading about Healthcare:

• Interpreter Request

not applicable@

## GENERAL ASSESSMENT:

General Assessment:

 Rapid HIV testing offered (Ages. 13-64 years ONLY) - patient's

N/A, patient not within age range

response

Immunizations

unknown

#### **HOME MEDICATIONS:**

Outpatient Medication Profile:

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

- dexycycline 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 x7 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:
- 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 tabler: Hx,1 orally once a day (at bedtime) , Status: Active
- Glucophage 1000 mg oral tablet: Hx, 1 orally 2 times a day , Status: Active
- carvedillo i 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day , Status: Active
- melexicam 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

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ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days Dr: Garg MD, Nidhi

Phymest Hickman Chang (P.N. essment Note, Adult

furesemide 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 oraf tablet: Hx, 1 orally once a day , Status: Active

#### PHYSICAL ASSESSMENT:

Neurological:

Neurological Assessment

Orientation

alert

oriented to time, oriented to place, oriented to

• Pupils

equal, round, reactive

Hand Grasps

egual

• Gait

unable to assess

Glasgow Coma Assessment:

Eye Opening

spontaneously

· Best Verhal Response

onented

• 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 - Normat

no vision impairment, no hearing impairment, no pain, etombea, 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

• Puls es

Nailbed Color

regular pink

Gastrointestinal:

Abdomen

soft, non-tender, distended

Bowel Sounds

present in all quadrants

Genitour inary:

· Genitourinary-Normal

voiding without difficulty, clear urine, no bladder

distention, continent

GYN:

• GYN Assessment

post-menopausal

RECEIVED NYSCEF: 08/29/2017

**ED Visit Discharge Report** 

Page: 19

NYSCEF DOC. NO. 39

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

Psych:

· Psych-Normal

alert, oriented, and communicative, insight, affect,

and behavior appropriate to situation

Skin:

• Skin Description

dry

• Mucous Membrane

pink

 Skin Temperature Skin Intact

warm 462

Additional Information

Patient noted with left hand abrasion and left knee

gnillews

Musculoskeletal:

Additional Information

Patient presented to the ED status post a trip and fell. Patient ambulates with cane. Patient noted with full ROM in b/I upper and lower extremities. Palpable pulses noted in bit 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

yes

Pain Location

left hand

• Quality

aching

• Onset of Pain

sudden

#### ADULT ONLY - Numeric Rating Scale (NRS):

Numeric Rating Scale (NRS)

5- Moderate Pain

Acceptable Pain Score

0- No Pain

Assessment Complete:

Assessment Completed:

**Y08** 

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

INDEX NO. 510.600/2016

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Printed: Feb-19-2015 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: Gerg MD, Nidhi

10/05/2014:5:15 ED-Nursing Disposition Rickman Danages)

#### **ALLERGIES:**

Allergies/Intelerances:

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 ing oral capsule: Rx, 1 tab(s) orally 9 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 x5 days , Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tablet Rx, 1 tab(s) orally every 6 hours x 3 days , Status:
- 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
- melexicam 7.5 mg oral tablet: Hx, 1 orally once a day , Status. Active
- aceterminophen 500 mg oral tablet: Hx, 1 orally every 6 hours', Status, Active
- clopidogrei 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 18 mg-320 mg-25 mg oral tablet: Hx, 1 orally once a day , Status: Active

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Page: 21

NYSCEF DOC. NO. 39

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 BLANCO DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Distanges: Oct-05-2014 15:10

Service: LOS: 0 days Dr: Garg MD, Nidhi

# edinosizo1. 1851 (\* 1804) virginges deputatione sinterman, diami(RA)) (\* 1874 - 1801 (red 1900) (1725) (RED)

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 Toxolds, Diphth eria & 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), Doss # 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: 1CD9, 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 (E889.9): 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:

ves

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# **ED Visit Discharge Report**

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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

40/05/2014/15-18 (E) Mirsing Disposition Rickings Dunn(RN) [Enteredia 0/05/2014/15/8]

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)

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

# ED Visit Discharge Report

Page: 23

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/TRT

Visit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nichi

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Education Material	Education Date	Location	Source	Given 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		Activo
Fall Prevention and Home Safety, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi			Active
Facial or Scalp Contusion, Easy- to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi			Active
Abrasion, Easy-to-Read	10/05/2014 14:12	Main ED	ExitCare	Garg MD, Nidhi	Garg MD, Nidhi			Active

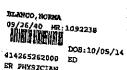
INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

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

New York Hospital Queens

56 45 Main Street 31 14 .... Flushing, NY 11355 718 670-1100



Patient Information:	ENT INFORMATION
Patient ID: 000414265282	173_12 4 8 - 32 1 m
Patient Name: NORMA BLANCO	Patient Medical Record Number: 1092238
	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)458-6180	
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 N Expressway Fresh Meadows NY 11365 (718)670-2971 PLEASE (	CALL FOR AN APPOINTMENT ند یا:
Login ID; Generic User Name; Generic	User Dept: ED
>>>> NYHQ_D/C_Coverpage (.) - English - (E586D919-528F-4 This Document has either been modified or created by the iss Additional Follow-up caregivers: Additional Notes:	987-9B8B-6824AAF9B300) wing facility or caregiver.
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>>>> Fall Prevention and Home Safety, Easy-to-Read - English	1-{5UADA9A6-5CE8-44FC-AFE5-7C0306B8C24Z}
Additional Follow-up caregivers: Additional Notes:	
>>>> Facial or Scalp Contusion, Easy-to-Read - English - (09A	.0E74D-8FB1-4941-AD3D-838E2D51210F}
lce 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-445	0-9C1D-E31A3637AC01}
Additional Follow-up caregivers: Additional Notes:	ा । प्राप्त स्थाप ( णा) 

1 / 2 ©2014 ExitCare, LLC 10/5/2014 2:12:23 PM COPY

NYSCEF DOC. NO. 39

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

I have received the attributed and rials instructions and have verbalized understanding:

Patient Signature

Date

Provider Signature

Date

Date

Escort

INDEX NO.  $510600/2016_{i}$ 

2 / 2 @2014 ExitCare, LLC 10/5/2014 2:12:23 PM COPY

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

2/10/2015 10:32:42AM

DEH9069

# **OUEENS**

Medical Record Outpatient Abstract

Med Rec #: 01092238E

Last Name: BLANCO

First Name: NORMA

Account #: 414265262

Birth Date: 9/26/1940

Admit Date: 10/5/2014

Sex: F

Disch Date: 10/5/2014

Disposition: HOME / ROUTINE

Financial Class: HEALTHFIRST 65/MHI MC

OP Type: ED

NIDHI GARG

Internal ZIP:

Fax:

56-45 MAIN STREET DEPARTMENT OF EMERGENCY MEDICI

FLUSHING, NY 11355

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

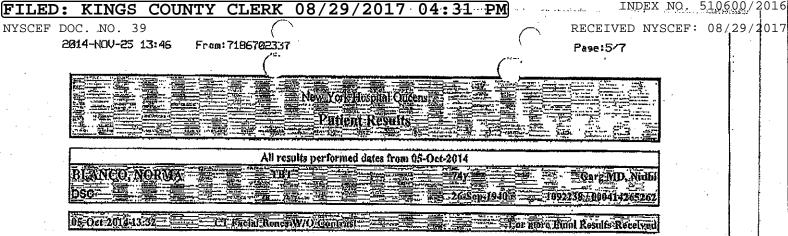
Diag	Description	ICD Version
9140	Hand, abrasion/friction burn, without infection	9
71946	Pain in joint, lower leg	9
V061	Need for prophylactic vaccination with combined diphtheria-tetanus-pertussis, (DTP) (DTaP)	9
E8859	Fall on same level from slipping/tripping/stumbling	9
E8498	Injury or poisoning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

ICD9-CM-	PROCEDU	<b>IRES</b>				
Proc Cd	Interv #	Date	Physician #	Role	Description	ICD Version

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

INDEX NO. 510600/2016 PM COUNTY CLERK RECEIVED NYSCEF: 08/29/2017 DOC. NO. 39 2014-NOV-25 13:45 From: 7186702337 Page: 3/7 All results performed dates from 05-Oct-2014 HEANCO: NORM Criteria for selection: 05 001 2014 13:32 (St. Head/Brain W/O Confras) Lur more Final Results Received CT Head/Brain W/O Contrast 000414266262 BLANCO, NORMA 1092238 DOB: 09/28/1940 Sex: F Age: 74 years Order Dr. GARG RESIDENT MD, NIDHI Pt Loc: Emergency Dept RADIOLOGY Accession Not: 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: Printed From New York Hospital Qurens Requested By: Ropiniar Ello (Medical Record Nov-2014-11-1

INDEX NO. 510600/2016 CLERK RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 2014-NOV-25 13:45 From: 7186702337 Page: 4/7 News York Hospital Queons Patient-Results All results performed dates from 05-Oct-2014 BLANCO NORMA 三世代 10922387 00041 4265262 ETHERN/BERTHE WIO CONTEST or more Runt Results Received NO EVIDENCE OF ACUTE INTRACRANIAL INJURY. Transcriptionist: JR Dictaling Radiologist: BOLTIN M.D., CAROLYN M Date & Time Verified: 05-OCT-2014 10:28 BOLTIN M.D., CAROLYN M (Electronic Signature) 05-Oct-2014 15:32 The Cit Pacin Bones W/O Contensi Lor more Final Results Received CT Facial Bones W/O Final Contrast BLANCO, NORMA 000414265262 1092238 DOB: 09/26/1940 Age: 74 years Sex: F Pt Loc: Emergency Dept Order Dr. GARG RESIDENT MD, NIDHI RADIOLOGY Exam: Accession Nor: Exam Date/Time: CT FACIAL BONES W/O CONT CT-14-034890 10/05/2014 13:32:08 CPT-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 Requested By Romana, Ella (MinicalRecord) Printed from New York Hospital Queens 5 Nov 2014 11 11



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

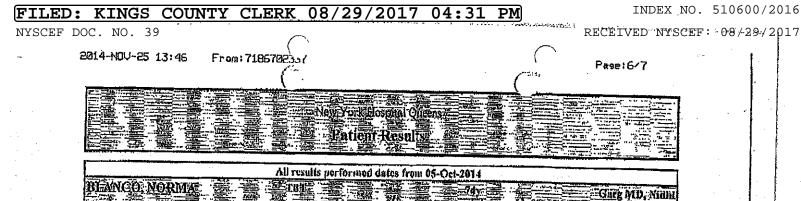
Dictating Radiologist: BOLTIN M.D., CAROLYN M

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

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

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05-Oct-2014-14:11

Final

0922387 000414265262

Lor more Final Results Received

BLANCO, NORMA DOB: 09/26/1940 Pt Loc: Emergency Dept 1092238 000414265262 Age: 74 years Sex: F

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

XR:Hand 3 Views Vim 17

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

Dictaling Radiologist: EUBIG M.D., JAN A Date & Time Verified: 06-OCT-2014 8:01

EUBIG M D., JAN A (Electronic Signature)

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Requested By Romana, Ella (Medical Record Property Resord Property Resord Record Recor	٩.
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INDEX NO. 510600/2016 CLERK RECEIVED NYSCEF: 08/29/2017 DOC. NO. 39 2014-NOV-25 13:47 From: 7186702557 Page: 7/7



ANGOENORMA

05-Oci-2014-14-TE = XIC-Knec-4-Viewshijp:III = 12 Cor nigre Hinal Results Received XR Knee 4 Views Min LT

BLANCO, NORMA DQB; 09/26/1940

Pt Low Emergency Dept

1092238 000414265262

Age: 74 years Sex: F

Order Dr. GARG RESIDENT MD, NIDHI

### **RADIOLOGY**

Exem: 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:

rio ix

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:

Dictating Radiologist: EUBIG M.D., JAN A Date & Time Verified: 08-DCT-2014 9:01

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

Requested Dy Romana, Ella (Medicalikecord	
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RECEIVED NYSCEF: 08/29/2017

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

Initial Physiatric Evaluation

Re:
Date of Accident;
Visit Date:

Norma Blanco October 5, 2014 October 10, 2014

#### CHIEF COMPLAINTS

NYSCEF DOC. NO. 39

- 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, Edarbyolor.

SOCIAL HISTORY: Denies tobacco and alcohol.

RECEIVED NYSCEF:

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, elboy 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.

RECEIVED NYSCEF: 08/29/2017

Re: Norma Blanco

October 10, 2014

#### **PLAN**

- 1. The patient may start a course of physical therapy there times a week for strengthening, stretching, range of motion, and modalities to decrease pain with precautions.
- 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.
- The patient was told that if her pain does not improve by the next visit, she will be sent for further imaging.
- 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, Amuracha 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

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

NYSCEF DOC NO 39

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

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

Followup Physiatric Evaluation

Re:

Date of Accident:

Visit Date:

Norma Blanco

October 5, 2014

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-states 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.

INDEX NO. 510600/2016

NYSCEF DOC. NO. 39 RECEIVED NYSC

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: Plexion 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

DOC.

- 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.
- 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

STATEMENT

NYSCEF DOC. NO. 39

ADDRESSEE:

Hailfedhallelladalaall Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 USA

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

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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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MESSAGE:

PLEASE PAY
THIS AMOUNT \*\*\* CONTINUED

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

PAGE:

NYSCEF DOC. NO. 39

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY PC PO Box 9242

Garden City, NY 11530

STATEMENT

ADDRESSEE:

Influted Influence Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 USA

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

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PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

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MESSAGE:

PLEASE PAY THIS AMOUNT »»» CONTINUED

NYSCEF DOC. NO. 39

MAKE CHECKS PAYABLE TO:

Physical Med And Rehab Of NY PC PO Box 9242

Garden City, NY 11530

STATEMENT

ADDRESSEE:

Indicated the Indicated Norma Blanco 105 18 Nothern Blvd Corona, NY 14368 USA

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

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REMIT TO:

Individual described and Rehab Of NY PC PO Box 9242
Garden City, NY 11530

PLEASE DETACH AND RETURN YOP PORTION WITH YOUR PAYMENT

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MESSAGE:

PLEASE PAY , THIS AMOUNT »»» CONTINUED

NYSCEF DOC. NO. 39

MÁKE CHECKS PAYABLE TÓ:

Physical Med And Rehab Of NY PC PO Box 9242

Garden City, NY 11530

STATEMENT

ADDRESSEE:

hullmllullmllulmlulmll Norma Blanco 105 18 Nothern Blvd Corona, NY 11368 USA

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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 :	Ánand, 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		1 -		\$40.00	\$0.00
02/18/15	Noma	Anand, MD	MPK	Hot/Cold Packs	\$35.00		•		\$35.00	\$0.00

		····				
ACCOUNT NBR	CURRENT	30 DAYS	80 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 FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

NYSCEF DOC. NO. 39

HARMON, LINDER & ROGOWSKY, ESQS.

David Harmon, Esq.
Mark J. Linder, Esq.
Ira Rogowsky, Esq.
Bhavisha H. Patel, Esq.
Lisa M. Turpin, Esq.
Thomas A. Graci, Esq.
Micheile Jean-Jacques, Esq.
Eric Mausolf, Esq.

Attorneys at Law
3 Park Avenue, 23<sup>rd</sup> Floor
Suite 2300
New York, New York 10016
Tel. (212) 732-3665
Fax. (212) 732-1462

Jennifer R. Snider, Esq.
Maya Kogan, Esq.
Jordan Byrd, Esq.
Brett 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.

RECEIVED CIC 1 7 2014

EXITCARE® PATII	ENT 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					
Pallent 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: Gàrg MD, Nidhi	Diag:					
Primary Follow-up Info: 02 days with your primary doctor. NYHQ N Expressway Fresh Meadows NY 11385 (718)670-2971 PLEASE	IYHQ AMBULATORY CARE CENTER, - 182-19 Horace Harding CALL FOR AN APPOINTMENT					
User Information:	tet 135°					
Login ID: Generic User Name: Generic	User Dept; ED					
>>>> NYHQ_DIC_Coverpage (.) - English - (E586D919-528F-4 This Document has either been modified or created by the iss Additional Follow-up caregivers: Additional Notes:	ruing facility or caregiver.					
>>>> Fall Prevention and Home Safety, Easy-to-Read - English	h - (50ADA9A6-5CE8-44FC-AFE5-7C0306B8C242)					
Additional Follow-up caregivers: Additional Notes:						
>>>> Facial or Scalp Contusion, Easy-to-Read - English - [09/	GE74D-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:	i ii. ii. iii. iii.					
>>> Abrasion, Easy-to-Read - English - {7D7A51A2-42EC-445						
Additional Follow-up caregivers: Additional Notes:	The second secon					

1 / 2 @2014 ExitCare, LLC 10/5/2014 2:12:23 PM COPY

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

Date

NYSCEF DOC. NO. 39

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

2 / 2 ©2014 ExitCare, LLC 10/5/2014 2:12:23 PM COPY

RECEIVED NYSCEF: 08/29/2017

# **ED Visit Discharge Report**

Page: 1

NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34

By: Cilford, S Betty (Medical Record Clerk)

Printed From: Health Information Management



56-45 Main Street Flushing, NY 11355 MIRN: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/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	I .	
Visit Comments:	Financial Class	Ŧ	

#### CT Head/Brain W/O Contrast

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

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 Acknowleged	1 or more Final Results Received	•

# **ED Visit Discharge Report**

NYSCEF DOC. NO. 39

Page: 2 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/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, Nidh	i
and the same of th				
		to a complete mineral angles	Brillio Inchi Vere Cert	
CT Facial Bones W	//O Contrast	10/05/2014 13:	32 1 or more Final Results	
STAT,Stretcher	_		Received	
When	Who	Finetion	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 (III)	ResultedResultedResultedR	Interim Results Received	
10/05/2014 22:21	interfaces, interfaces (IT)	ResultedResultedResultedR esulted	Interim Results Received	
10/05/2014 22:29	Boltin, Carolyn (MD)	ResultedResultedResultedResulted	Interim Results Received	
10/05/2014 22:32	interfaces, interfaces (IT)	ResultedResultedResultedR	l or more Final Results Received	
10/06/2014 22:15	ROGAN, PA, MONICA (PA)	Results Acknowleged	1 or more Final Results Received	
XR Hand 3 Views )	Vin LT	10/05/2014 14:1	1 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)	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 Acknowleged	1 or more Final Results Received	

RECEIVED NYSCEF: 08/29/2017

# ED Visit Discharge Report

Page; 3

NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34

Garg MD, Nidhi (MD)

Completed

Completed

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

Vlsit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days Dr: Garg MD, Nidhi

			Dr: Garg MD, Nidhi	•
Alomidados -			7	
PROCESSOR V SEED	an in the second	en outstanding	enic Alres	
XR Knee 4 Views	Min LT	10/05/2014 14:		
STAT, Stretchor			Received	
When	Who	Function	New Status	Hectronically Signed By
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Pending	Garg MD, Nidhi (MD)
10/05/2014 13:09	interfaces, interfaces (FT)	Updated	Order has been Placed/Received by Radiology Dept.	Oaig Mid, Middin (MID)
10/05/2014 14:11	interfaces, interfaces (IT)	Performed	Performed	
10/05/2014 17:15	interfaces, interfaces (TT)	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 Acknowleged	1 or more Final Results Received	
deltoid muscle of u When	Who	Function	Times; Indication: VaccinationNOTE: A	
10/05/2014 13:09	Garg MD, Nidhi (MD)	New	Active	Electronically Signed By
10/05/2014 13:09	Myong, Jana (RPH)	Modified	Active	Garg MD, Nidbi (MD)
10/05/2014 14:22	_services, (Interfaces)	Completed	Completed/Stop Date Reached	· .
Acetaminophen 32:	omg / Oxycodone 5mg Tab	let 10/05/2014 13:0	9 Completed/Stop Date Reached	10/05/2014 13:09
Brand: (Percocet)E the date specified.	ose: I tablet oral ONCE Priori	the STAT Ston After 1 Times	Indication: PainNOTE: This order will a renewal.**Please verify drug and dose b	
Wilch	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	
		Tradustriants grant		
ED Discharge Patie		10/05/2014 14:1		10/05/2014 15:10
Additional ED Fine the Emergency Dep	il DX: E888.9 Accidental falk artment	Comment: Time of Completion	of the ED Discharge Order is the time the	patient physically leaves
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	Andre (MID)

# ED Visit Discharge Report

Page: 4

NYSCEF DOC. NO. 39

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

EB Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days Dr: Garg MD, Nidhl

		Desir of the second		THE OWNER OF	
 77.47	10/05/2017	24.00	-1-404		

(ADM)

10/05/2014 14:20 Completed

ADM Item Removed (Override) - tetanus/diphtheria/acel 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) - acctaminophen 325mg / oxycodone 5 mg tabletQty Removed: 1 each

When

Function

New Status

Electronically Signed By

10/05/2014 14:21

ADM, Override User (ADM User)

Completed

Medication - Scheduled

Acetaminophen 325mg / Oxycodone 5mg Tablet

Brand: (Percocet)

Doze: 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: I Times; Indication: Vaccination NOTE: Administer only LM. 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)

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

Performed

Arrival Dtm	Item Name				· :-	Value		Abnor			Lower and	Upper
		•	•			·		Code		Limit	<u> </u>	
10/05/2018 13:52		Militaria	<b>**********</b>	70			Children and Children	Harani			10	
<b>经产业的</b>	情報。						100	<b>司等的</b>	1	<b>全位的方法</b>	The State of the Party	7 13 17

10/05/2014 22:32 CT Pacial Bones W/O Contrast

COUNTY CLERK

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# **ED Visit Discharge Report**

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NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34

By: Gliford, 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

Arrival Dim Item Name

Abnormality Code

Reference Lower and Upper

1092238

000414265262

Age: 74 years Sex: F

Order Dr. GARG RESIDENT MD, NIDHI

RADIOLOGY

BLANCO, NORMA

Pt Loc: Emergency Dept

DOB: 09/26/1940

Accession Nbr.

Exam Date/Time;

CT FACIAL BONES W/O CONT CT-14-034890

10/05/2014 13:32:08

Value

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: BOLTEN M.D., CAROLYN M

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

BOLTIN M.D., CAROLYN M

(Electronic Signature)

10/65/2014 22:32 CT Head/Brain W/O Contrast

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# **ED Visit Discharge Report**

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NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

10/06/2014 21:02 XR Hand 3 Views Min LT

Printed From: Health Information Management



56-45 Main Street Flushing, NY 11355 MIRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

Vlsit#: 000414265262

ED Arrival: Oct-05-2014 12:18

ED Discharged: Oct-05-2014 15:10

LOS: 0 days

Dr. Gary MD, Nidki

	Dr: Garg MD, Nidhi							
Results								
Arrival Otm	Item Name	Value :	Abnormality Cade	Reference Lower and Upper Limit				
	BLANCO, NORMA 1092238 008414265 DOB: 09/26/1940 Age: 74 years Scx; F Pt Loc: Emergency Dept Order Dr. GARG RESIDEN							
	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 WITHOUT THE BENEFIT OF INTRAVENOUS CONTRAS	I THE SKULL BASE T.	TO THE VERTEX					
	FINDINGS:							
	COMPARISON: 10/29/13.							
	THE VENTRICLES AND SULCI ARE NORMAL IN SIZE A EVIDENCE OF ACUTE INTRACRANIAL HEMORRHAGE MIDLINE SHIFT OR MASS EFFECT. THE PARANASAL S CAVITIES ARE WELL AERATED. THE CALVARIUM IS I	OR EXTRA-AXIAL	COLLECTION NO					
•	IMPRESSION:							
	NO EVIDENCE OF ACUTE INTRACRANIAL INJURY. Transcriptionist: JR Dictating Radiologist: BOLTIN M.D., CAROLYNM Date & Time Verified: 05-OCT-2014 10:26							
(0650AT41)	BOLTIN M.D., CAROLYN M (Electronic Signature)		ewiganie Sen					

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

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# ED Visit Discharge Report

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NYSCEF DOC. NO. 39

Printed: Feb-10-2015 10:34

By: Gilford, S Betty (Medical Record Clerk)

Printed Prom: Health Information Management



56-45 Main Street Flushing, NY 11355 MRN:1092238

DOB: Sep-26-1940

BLANCO, NORMA

ED/TBT

· V1:H#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days

Dr: Garg MD, Nidhi

Arrival Dim I	Hera Name  Value Alinormality. Reference Lower and Upper Code Limit  BLANCO, NORMA 1092238 000414265262 DOB: 09/26/1940 Age: 74 years Sex: F Pt Loc: Emergency Dept Order Dr. GARG RESIDENT MD, NIDHI
	DOB: 09/26/1940 Age: 74 years 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: 1/0 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: BUBIG M.D., JAN A Dato & Time Verified: 05-OCT-2014 9:01
	EUBIG M.D., JAN A (Electronic Signature)
0/03/2014-14-11-21	A Kine a Vic Y Lidin U

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RECEIVED NYSCEF: 08/29/2017

# **ED Visit Discharge Report**

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NYSCEF DOC. NO. 39

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

Arrival Dim	Item Name Value Abnormality Reference Lower and Upper Code 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: 5/0 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

.. INDEX NO. 510600/2016

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#### **ED Visit Discharge Report**

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. (.4

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

#### 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

The Control of the Co

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

#### INSP GAS

Resp Rate, patient: 14

PULSE OX

SpO2 (Pulse Ox) %: 96

RECEIVED NYSCEF: 08/29/2017

#### **ED Visit Discharge Report**

Page: 10

NYSCEF DOC. NO. 39

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

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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

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

Visit Information:

. Mode of Arrival

family/friend

Past Medical Hx

Hypertension diabates, hid, 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 MB

Dr. Jamie Roman

**ALLERGIES:** 

Aller gles/into le rances :

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

36.1 degrees C • Temperature - C

oral

- Temperature Source

200

Systolic BP

Diastolic BP

92

• Mean (minHg)

128

• Heart Rate

79

RECEIVED NYSCEF: 08/29/2017

NYSCEF DOC. NO. 39

# **ED Visit Discharge Report**

Page: 11

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: 6 days Dr: Garg MD, Nidhi

	(Red) — Dell'Arifogot ellocatore basio)	

• Resp Rate, patient

14

\* SpO2 (Pulse Ox)

96

PAIN ASSESSMENT:

Numeric Rating Scale (NRS):

Numeric Rating Scale (NRS)

5- Moderate Pain

TRACKING CONTROLS:

Triage Aculty Level

3 - Acute

Treatment Area

Main ED

• Triage Complete

Complete

**Electronic Signatures:** 

Chaires, Yolanda (RN) (Signad 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)

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

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ED Visit Discharge Report

Page: 12

NYSCEF DOC. NO. 39

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

0/05/2012 ES-03 DECTATION PROPERTY AND ANALYSIS OF SALES 
Belongings Sent Home With:

family

· Clothes:

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, Akin (Emergency Room Technician)

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

### **ED Visit Discharge Report**

Page: 13

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

ED Discharged: Oct-05-2014 15:10 Service:

Visit#: 000414265262

**BLANCO, NORMA** 

ED Arrival: Oct-05-2014 12:18

LOS: 0 days Dr: Garg MD, Nidhi

MRN:1092238

ED/LRL

Admitted:

DOB: Sep-26-1940

# 210/05/2014-13707/Medical-Reobjem-PD (Gargy Model (dbiOMD)) (Pentered-10805/014-14-23/4)

Time of Triage:

• Time of Triage

12:190

#### 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/friend<sup>()</sup>
- LMP: postmenopausal

Chief Complaint:

- Facial swelling (784.2): Entered Date: 05-Oct-2014 12:43, Coding System: 1CD9, Entered By: Chaires,
- Accidental fall (E988.9): 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
Temp erature Source	oral
Heart Rate Rate	79
Resp Rate, patient	14
SpO2 (Puise Ox) %	98
Systolic BP Systolic	200
Diastolic BP Diastolic	92
Mean (mmHg) Mean	128
Numeric Rating Scale (NRS)	5- Moderate Pain

## OUTPATIENT MEDS:

Pain Score

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

- doxycycline byclate 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 x7 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 x5 days , Status: Active
- acetaminophen-oxyCODONE 325 mg-5 mg tehlet 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

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RECEIVED NYSCEF: 08/29/2017

**ED Visit Discharge Report** 

NYSCEF DOC. NO. 39

Page: 14 Printed: Feb-10-2015 10:34 By: Gilford, S Betty (Medical Record Clerk)

Printed From: Health Information Management

10/05/2014 IS 09 Medical Baddlem EDL -



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

esagani enidal(MD) ay paterdeniyos/2025/33/35/3/4 Reased

Actos 45 mg oral tablet: Hx, 1 orally once a day, Status: Active

Catapres 9.2 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 1900 mg oral tablet: Hx, 1 orally 2 times a day , Status: Active

carvedito! 20 mg oral capsule, extended release: Hx, 1 orally 2 times a day , Status: Activa

meloxicam 7.5 mg oral tablet Hx, 1 orally once a day , Stalus, Active

acetaminophen 500 mg oralitablet; 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 \*\*\* exally 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:

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 preand post fall. Pi complain of left eyebrow swelling,

left hand abrasion and left knee pain

All other systems reviewed and negative

**REVIEW OF SYSTEMS:** 

 Other Significant Review of Systems:

see hpi

Past Medical History: Past Medical History

Past Surgical History:

• Past Surgical History

see hpî

Family History:

• Family History

none

Social History:

Lives

with family

home

Place of Living

PHYSICAL EXAM: General:

no apparent distress, non toxic, well hydrated

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#### ED Visit Discharge Report

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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

#### \* 10/05/201403:09 Medica Problem FD \* Carg MD, Vidin MDs. Kntered::1005/2014/14/31

• Eyes:

extra occular muscles intact, pupils equal, round, reactive to light and accommodation, conjunctives and lids with in normal limits, left eyebrow swelling

• Ear, Nose and Throat:

within normal limits, no septal hematoma

Cardiovas cular:

regular, rate and rhythm, no mumurs, no gallops, no tubs, no jugular venous distension, radial and padai pulse within normal limits, capillary refill less than seconds

• Lungs:

clear to auscultation, no wheezes, no rhonchi, no

rales

· Gastrointestinal:

Soft, non-tender, non-distended, bowel sounds

within normal limits

· Genitourinary:

no costovertebral angle tendemess

• Extremitles-musculoskeletal:

full range of motion, no deformity, no calf

tenderness, radial and pedal pulses within normal

Head/Neck-musculoskeletal;

non-tender head, non-tender face, non-tender nack

• Pelvis/Back-musculoskeletal:

stable, non-tender pelvic, non-tender back

HemofLymphatics:

no patechiae or purpura

• Skin: · Neurology: left palm abrasion and left knee road rash

alert, no pronate drift, cranial nerves II-XII intact, no nystagmus, motor within normal limits, sensation

intact, cerebellar within normal limits

• Psych:

mood and affect within normal limits, priented times

three

Order Entry:

Acetaminophen 325 mg / Oxycodone 5 mg Tablet, Brand: (Percocet)

Dose: 1 tablet oral ONCE.

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

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, Diphthreria & 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,

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 allignment, normal soft tissue, no fracture, interpretation by emergency physician

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#### **ED Visit Discharge Report**

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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

## 10/05/2019 13:09: Aradical Problem: Editable Gart AD Mind (MOX)

CT: head with contrast, facial

· CT result: within normal limits, left presental soft tissue swelling

### PLANNED PATIENT DISPOSITION:

ED Final Diagnosis:

Accidental fall (E888.9): Entered Date: 05-Oct-2014 14:11, Coding System: (CD9, Coded Name: Unspecified fall, Entered By: Garg MD, Nidhi

#### PLANNED PATIENT DISPOSITION:

- Counseled:: Patient, Family
- · Condition: stable, fair, well controlled
- Disposition Note:: pt discharge home after toap, 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@co

Electronic Signatures:

Garg MD, Nidhi (MD) (Signed 05-0 ct-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)

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

### 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)

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### ED Visit Discharge Report

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Printed: Feb-10-2015 10:34

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56-45 Main Street Flushing, NY 11355 MRN:1092238 **DOB:** Sep-26-1940

BLANCO, NORMA

ED/TBT

Vinit#: 000414265262

ED Arrival: Oct-05-2014 12:18

Admitted:

ED Discharged: Oct-05-2014 15:10

Service: LOS: 0 days Dr: Garg MD, Nidhi

	5
2 (10/05/201446) 3/30/2 Awarding (Physical Stickman, Diametry) (Physical Bullstanan) (Physical Recybed) (Physical Bullstanan) (Physi	3
	글
A STATE OF THE PARTY OF THE PAR	-3

#### TIME SEEN:

Time of Assessment:

Time of Assessment

13:43

**COMMUNICATION BARRIERS:** 

Language/Communication Assessment:

• Communication Method/Special verbal

Needs of the Patient

none®

 Current Barriers Preferred Way(s) to Discuss

hear/speak

Healthcare: Patient's Preferred Language for

English(9)

Speaking about Healthcare:

English

• Patient's Preferred Language for Reading about Healthcare:

• Interpreter Request

not applicable®

#### GENERAL ASSESSMENT:

General Assessment:

• Rapid HiV testing offered (Ages 13-64 years ONLY) - patient's N/A, patient not within age range

response

Immunizations

unknown

#### HOME MEDICATIONS:

**Outpatient Medication Profile:** 

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

- doxycy cline hyclate 100 mg tablet: Rx, 1 tab(s) orelly 2 times a day x 10 days , Status: Active
- Colace 100 mg oral capsule: Rx, 1 tab(s) orally 3 times a day x7 days Constipation , Status: Active. Comment: Medication should be taken with plenty of water.
- IBU 500 ing 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 praltablet: Hx, 1 orally 2 times a day, Status: Active
- carveditol 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 erally every 6 hours , Status: Active
- clopidogrel 75 mg oral tablet: Hx, 1 orally once a day , Status: Active

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### **ED Visit Discharge Report**

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Printed: Feb-10-2015 10:34

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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: 6 days Dr: Garg MD, Nidhi

**非以以对2004年1197** 

furosemide 49 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

• Orientation

oriented to time, oriented to place, oriented to

person

alert

• 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, otombea, or rhinombaa

Mouth, Teeth and Throat:

. Mouth, Teeth and Throat - Normal

lips smooth, pink and maist, mucous membranes pink and moist, teeth intact, no evidence of decay, no bleeding gums, swallowing without difficulty

Cardiovas cular:

Prior Medical Condition

yes, PMH CHF, DM, HTN

• Puls es

regular

Nalibed Color

pink

GastroIntestinal:

- Abdomen

soft, non-tender, distended

Bowel Sounds

present in all quadrants

Genitour inary:

Genitourinary-Normal

voiding without difficulty, clear urine, no bladder

distention; continent

GYN:

• GYN Assessment

post-menopausai

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RECEIVED NYSCEF: 08/29/2017

ED Visit Discharge Report

NYSCEF DOC. NO. 39

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56-45 Main Street Flushing, NY 11355 MRN:1092238

DOB: Sep-26-1940

**BLANCO, NORMA** 

Visit#: 000414265262

**ED Aprival:** Oct-05-2014 12:18

Admitted:

ED Discharged; Oct-05-2014 15:10

Service:

LOS: 0 days

Dr: Garg MD, Nidhi

interest 10/05/2014/14/29

Psych:

• Psych-Normal

alert, oriented, and communicative, insight, affect,

and behavior appropriate to situation

Skin:

Skin Description

dry

Mucous Membrane

pink warm

 Skin Temperature • Skin Interest

196

Additional Information

Patient noted with left hand abrasion and left knee

swelling

Mus culoskeletal:

Additional information

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

PAIN ASSESSMENT:

Pain Assessment:

Pain Present

Yes

• Pain Location

left hand

aching

 Quality Onset of Pain

sudden

ADULT ONLY - Numeric Rating Scale (NRS):

• Numeric Rating Scale (NRS)

5- Moderate Pain

Acceptable Pain Score

D- No Pain

Assessment Complete:

· Assessment Completed:

Electronic Signatures:

Rickman, Biana (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

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

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#### **ED Visit Discharge Report**

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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

#### Entered 4005/2014 15:49 10/05/2014/15:18 TED Nothing Dispositions Rick on Disposition

#### **ALLERGIES:**

Allergies/Intolerances:

Allergies:

No Known Allergies: Active

### **OUTPATIENT MEDICATIONS:**

**Outpatient Medication Profile:** 

\*Patient Currently Takes Medications as of 65-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 caps ule: Rx, 1 tab(s) orally 3 times a day x7 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:
- cannot recall: Hx, Status: Active
- insulin analog: Hx Status: Active
- Dioyan: Hx. , Status: Active
- Actos 45 mg oral tablet; Hx, 1 orally once a day , Status: Active
- Catepres 0.2 mg oral tablet Hx, 1 orally 3 times a day , Status Active
- sinvastatin 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
- carvedilo | 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 5 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 eral tablet: Hx, 1 orally once a day , Status: Active

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### **ED** Visit Discharge Report

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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

Enteredad de 2014 San

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 Toxolds, 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 derd.

#### 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 nack, 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

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:

488

CLERK

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

## **ED Visit Discharge Report**

NYSCEF DOC. NO. 39.

Page: 22 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

ED/TBT

DOB: Sep-26-1940

BLANCO, NORMA

MRN:1092238

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

THE PROPERTY OF THE PARTY OF TH

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, Diane (RN)

INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

## **ED Visit Discharge Report**

Page: 23

NYSCEF DOC. NO. 39

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

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**BLANCO, NORMA** 

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ED Arrival: Oct-05-2014 12:18

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Dr: Garg MD, Nidhi

Patient F	dical	One lead
Patient E	人名 元章	

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	BxitCare	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

RECEIVED NYSCEF: 08/29/2017 NYSCEF DOC. NO. 39 Favent flame BLANCO, NORMA 2 Sarves Date(a): Franctirough 3 Statement Date | Page 01/15/15 10/05/14-10/05/14 5 . I paying by CREON CAND please complete this section. 6 CHECKANO 1 This is the current lostrance information on the **AMOUNT** Please review and make corrections on the back of this form ENCLOSED Insurance Name HEALTHFIRST Policy # 125446301A Cerd # \_/\_\_\_\_ AMT AUTHORIZED \$ 2. 3. 4. Exp Date\_\_\_\_ Signature ¶ ۲ آ NYH MED CNTR OF QUEENS BLANCO, NORMA P.O. BOX 9126 GPO 105-18 NORTHERN BLVD NEW YORK NY 10087-9126 APT 2 CORONA NY 11368 9 Account norther 22 2 10 Previous de la Carthage 22 12 Cestine Coverage 13 (Covincial Addition from Foundation 4583.24-115.00 .00 4698.24 .00 1410217071 To ensure proper credit to your account, detach top section and return with your payment 15 PAR CONTROL STORY 16 SATISFACE DATE OF THE PARTY OF TH 10/05/14-10/05/14 01/15/15 1410217071 BLANCO, NORMA 10 Section 20 20 Change 20 22 Edine Company 23 Separative Adjac REG B5NDJLREG:10/05/14 SER#:414265262 141021707 LEMERG EMERGENCY DEPARTMENT HEMED PHYS: GARG, NIDHI EMERGENCY ROOM 1288.00 GENERAL RADIOLOGY (GR) 646.00 2552.00 CT SCAN HEAD 128,24 DRUGS MISCELLANEOUS PROCEDURES 84.00 10/21/14 BILLED 4698 24 TO COMMERCIAL INS 84.00, 11/10/14 COMMERCIAL INS BENEFIT 4583.24-42 Mr 223 11/10/14 COMMERCIAL INS DEDUCTIBLE: 115.00 11/10/14 COMMERCIAL INS COINSURANCE 11/10/14 COMMERCIAL INS REBILL TO SELF-PAY .00 4698.24 .00 4583.24-115.00 25 Finding Conditions NYH MED CNTR OF QUEENS P.O. BOX 9126 GPO NEW YORK NY 10087-9126 TOLL FREE # 1-866-252-0101 111839362 NYCH-8 (7/04) See reverse side for explanation of statement and important information on your patient rights

COUNTY CLERK 08/29/2017

INDEX NO. 510600/2016

FILED: KINGS COUNTY CLERK 08/29/2017

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2/10/2015 10:32:42AM

NYSCEF DOC. NO. 39

## 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

Disch Date: 10/5/2014

Disposition: HOME / ROUTINE Financial Class: HEALTHFIRST 65/MHI MC

OP Type: ED

Internal ZIP:

Fax:

NIDHI GARG

56-45 MAIN STREET DEPARTMENT OF EMERGENCY MEDICI

FLUSHING, NY 11355

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 - PR	OCEDURES				·
Proc Cd In	terv# Date	Physician #	Role	Description	ICD Version

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

INDEX NO. 510600/2016 PM CLERK RECEIVED NYSCEF: 08/29/2017 DOC. NO. Page:3/7 From: 7186702337 2014-NOV-25 13:45 All results performed dates from 05-Oct-2014 Care MD, Mahl Criteria for selection: Flor more Phal Results Received G CHend/Brain W/O Confrast 15 Oct 2014 13 32 Final CT Hoad/Brain W/O Contrast. 000414265262 1092238 BLANCO, NORMA Age: 74 years Sex: F DOB: 09/20/1940 Order Dr. GARG RESIDENT MD, NIDHI Pt Loc: Emergency Dept RADIOLOGY Accession Nbr. Exam Date/Time: Exam: 10/05/2014 13:32:08 CT-14-034889 CT HEAD/BRAIN W/O CONT 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 AERAYED. THE CALVARIUM IS INTACT. IMPRESSION:

Requested by Romans Ellar ovied in Record . Urillied From Now York Hospital Queens Chorles . Prige: Lofs

INDEX NO. 510600/2016 PM CLERK RECEIVED NYSCEF: 08/29/2017 DOC. NO. Page: 4/7 2014-NOV-25 13:45 From: 7186702337 New York Hospital Queens Patient Results All results performed dates from 05-Oct-2014 Garg MD Nidh HLANCO NORMA 1092238/000414265262 l-ormore Chul Results Received ET Held/Braff W/O: Contrast 05-Oct-2014 (3:32 NO EVIDENCE OF ACUTE INTRACRANIAL INJURY. Transcriptionist: Dictaling Radiologist: BOLTIN M.D., CAROLYN M Date & Time Verified: 05-OCT-2014 10:26 BOLTIN M.D., CAROLYN M (Electronic Signature) Lor more Final Results Received 05-Oot-2014 13:19 CT Pacial Bones W/Orconicas Final CT Facial Bones W/O Contrast 000414265262 1092238 BLANCO, NORMA Sex: F DOB: 09/26/1940 Age: 74 years Order Dr. GARG RESIDENT MD, NIDHI Pt Loc: Emergency Dept RADIOLOGY Accession Nor. Exam Date/Time: Exam: 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

FILED: KINGS COUNTY CLERK 08/29/2017 04:31 PM

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2014-NOU-25 13:46 From: 7186702337

Page: 5-7

All results performed dates from 05-Oct-2014

All results performed dates from 05-Oct-2014

(Carry WD, Niddi

1092238//000414265262

26:Sept 1940

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.

CT Froisi Ronco WO Gontrast

#### IMPRESSION:

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

Trenscriptionist: JL

Dictating Radiologist: BOLTIN M.D., CAROLYN M

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

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

0550cm201479.11 XII. Hinna 3. Views Rein Life Por more Finds Received

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BLANCO, NORMA DOB: 09/26/1940 Pt Loc: Emergency Dept 1092238 00D414265262 Age: 74 years Sex: F 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:

rło ix

REPORT:

THREE VIEWS LEFT HAND, 10/5/2014.

CLINICAL HISTORY: TRAUMA.

FINDINGS/IMPRESSION:

NO ACUTE FRACTURE OR DISLOCATION IDENTIFIED.

719.44

25 Nov-2014 11211

Transcriptionist: JR

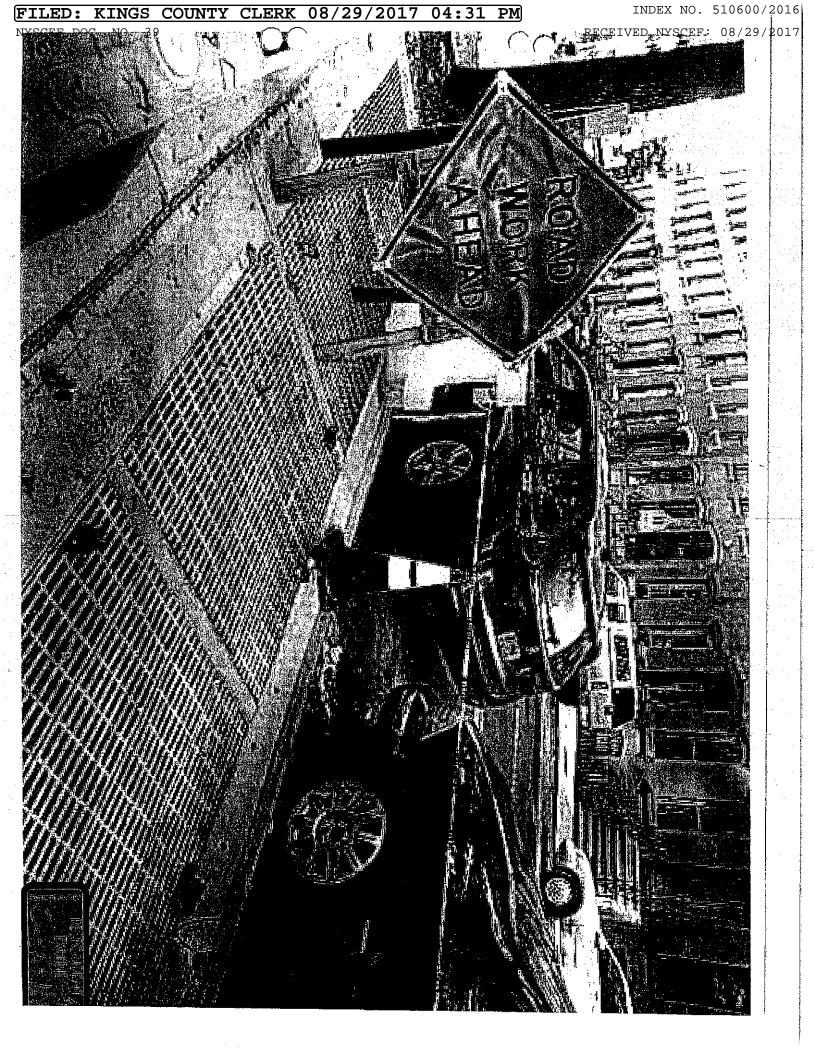
Dictating Radiologist: EUBIG M.D., JAN A Date & Time Venfied: 06-OCT-2014 9:01

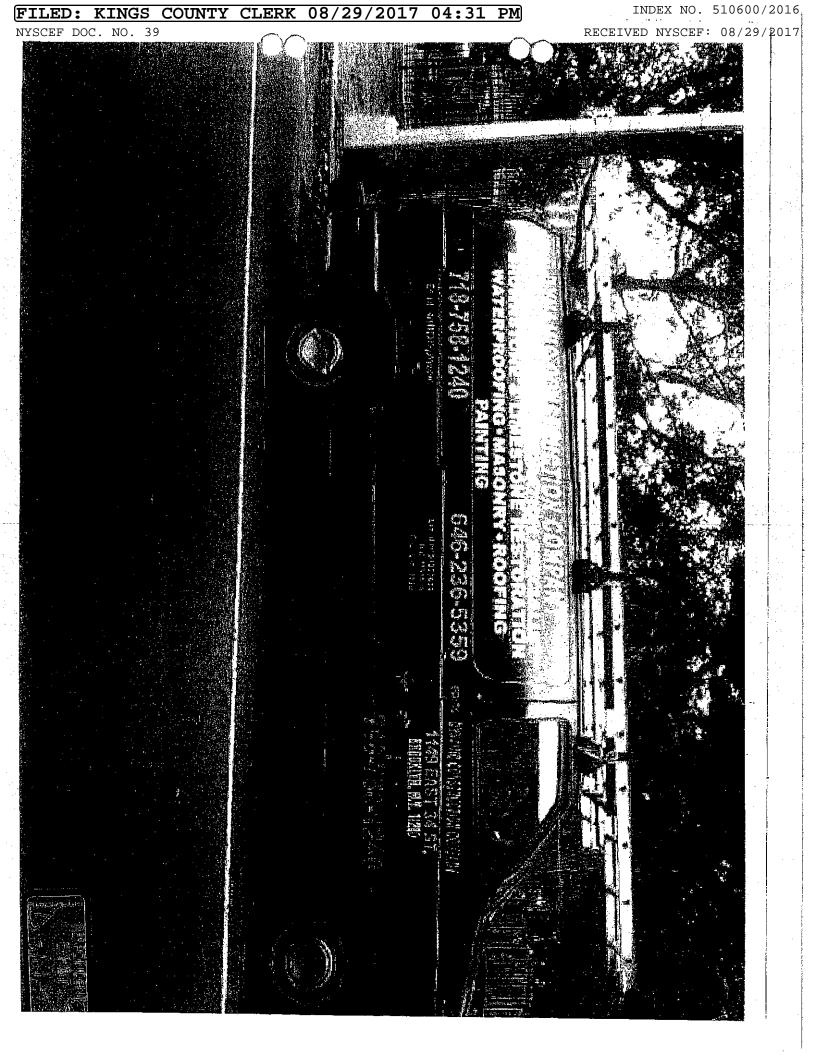
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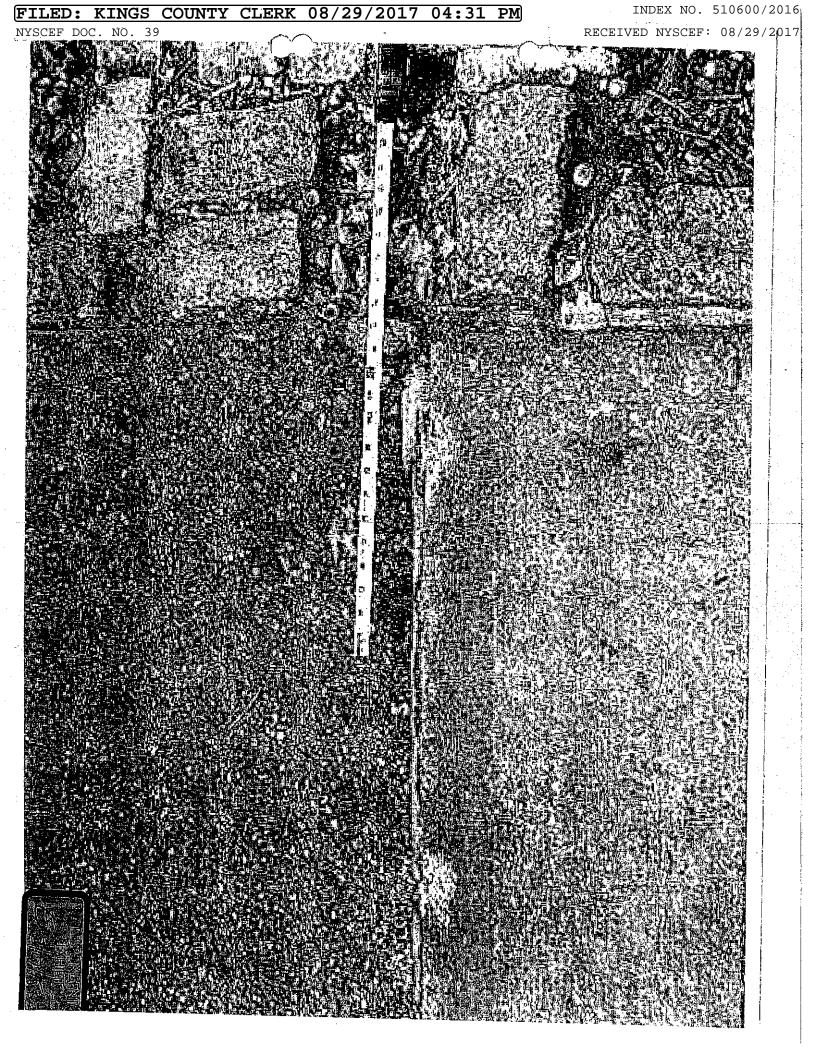
Requested By: Romina, Ella (Mcclical Rocord Printed froms)(hw York Hospital Queens

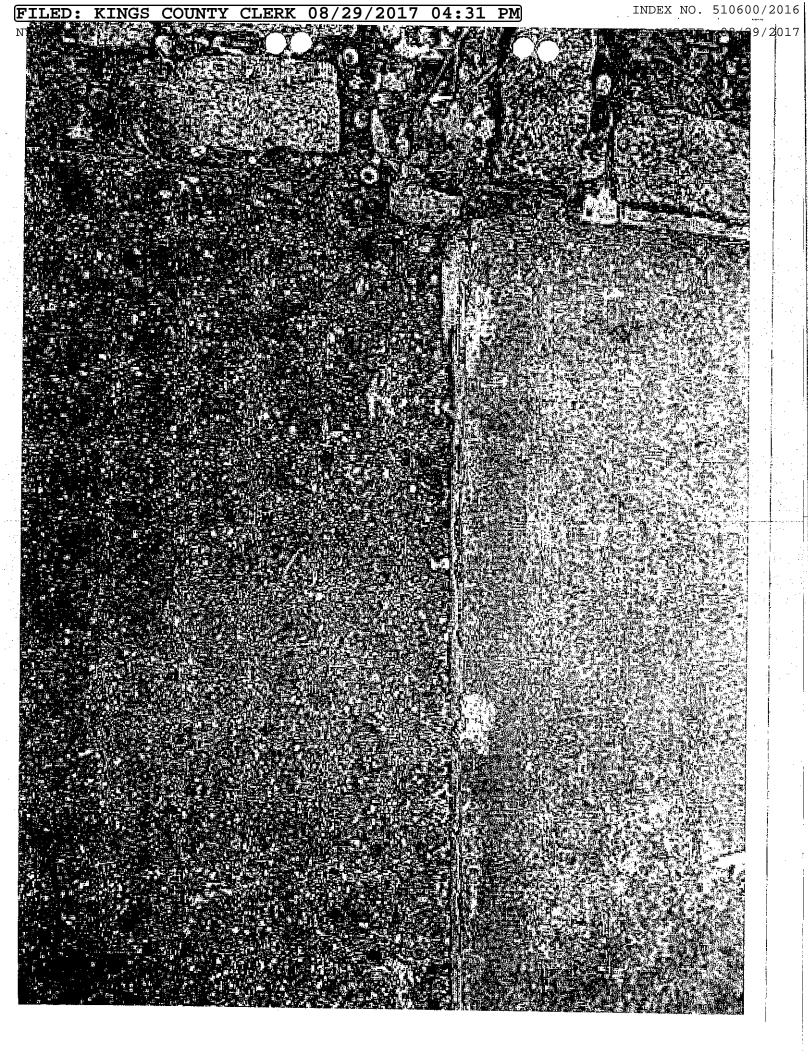
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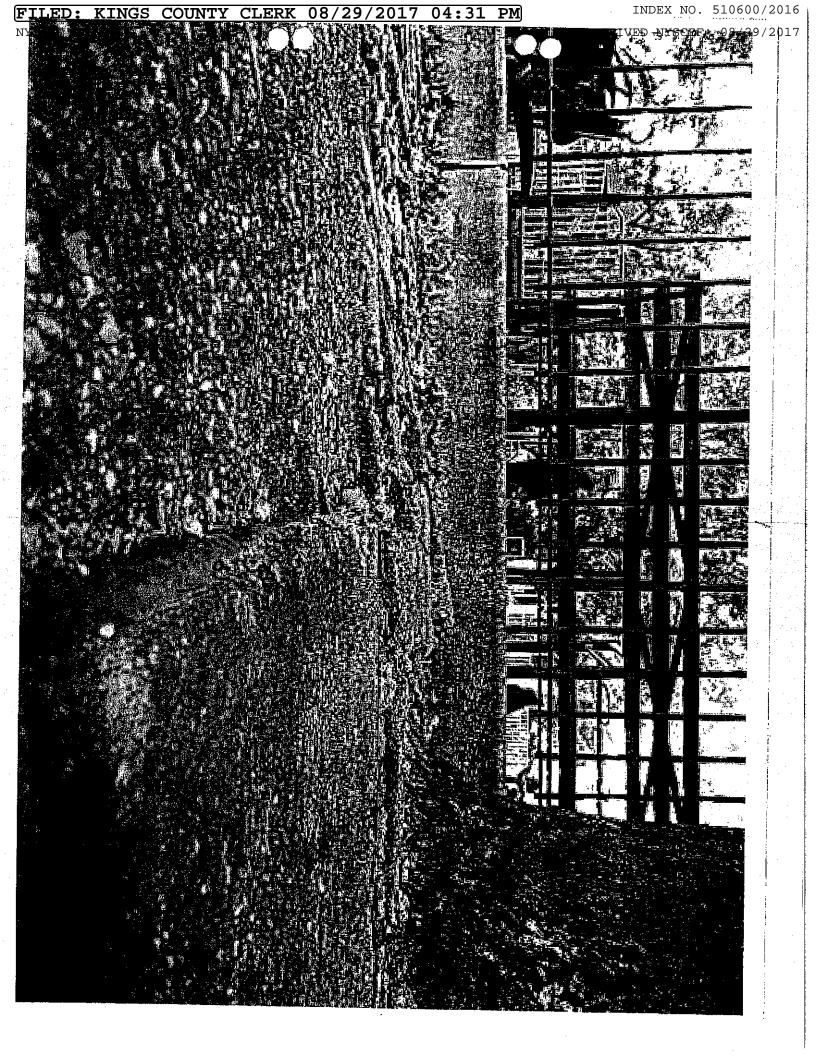
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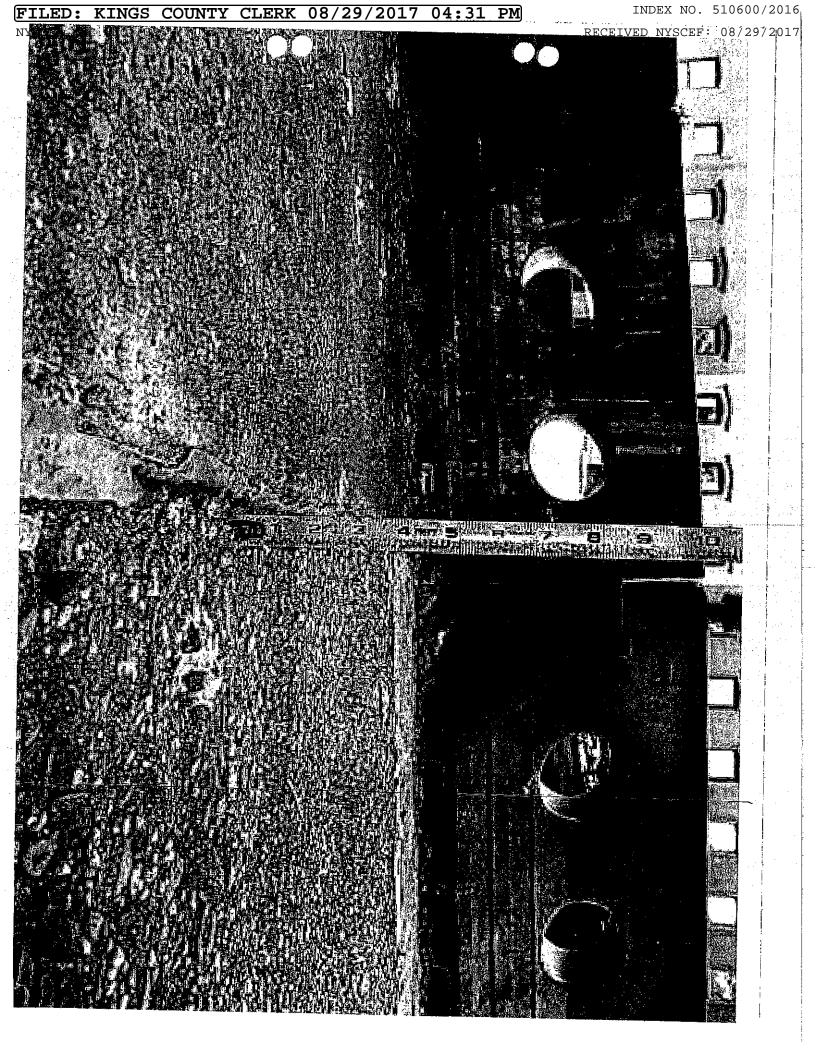


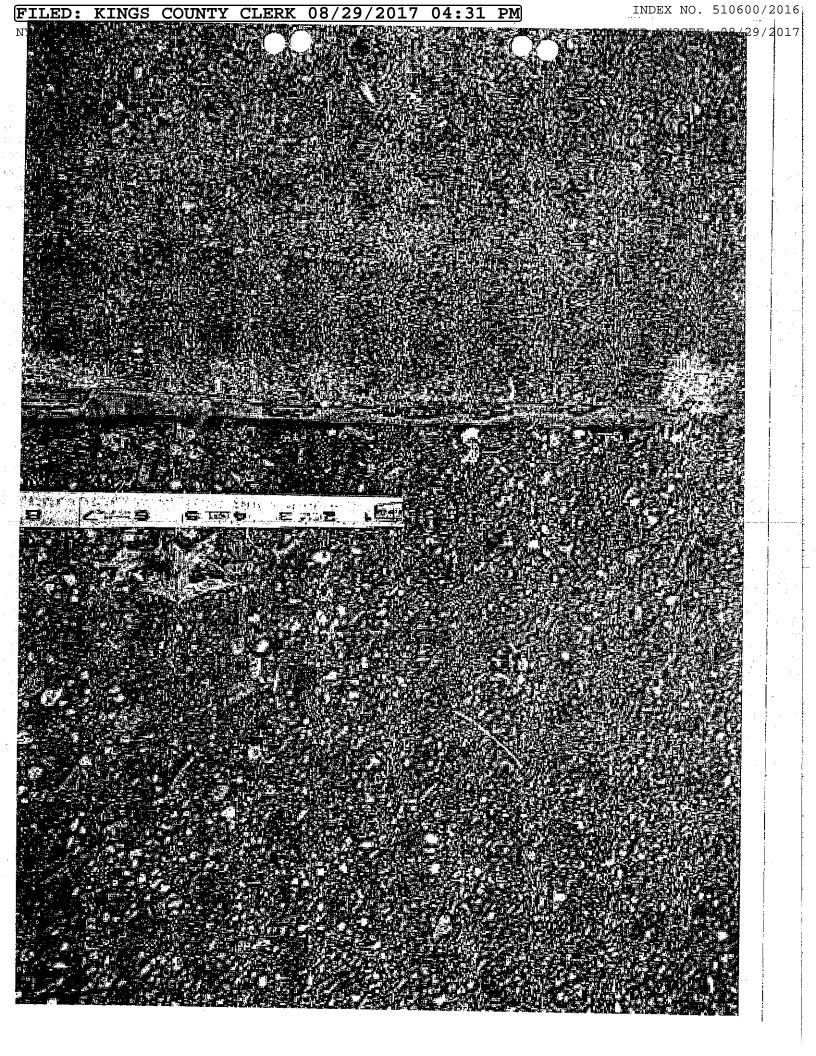


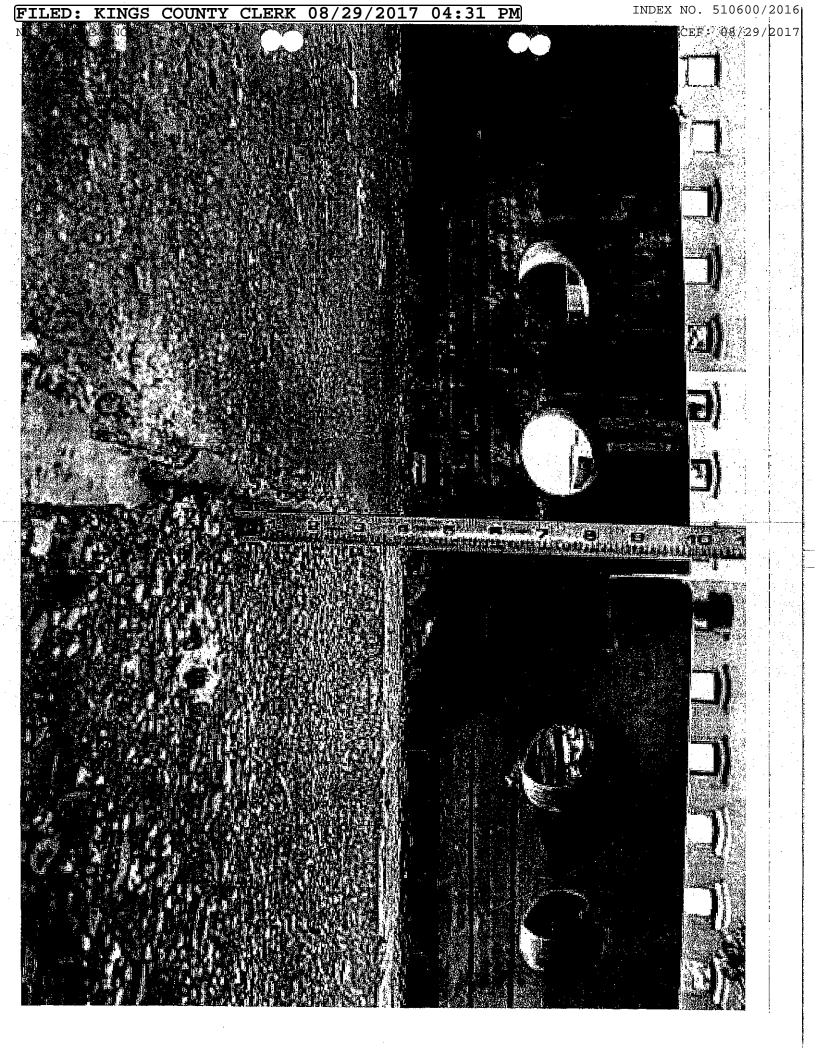


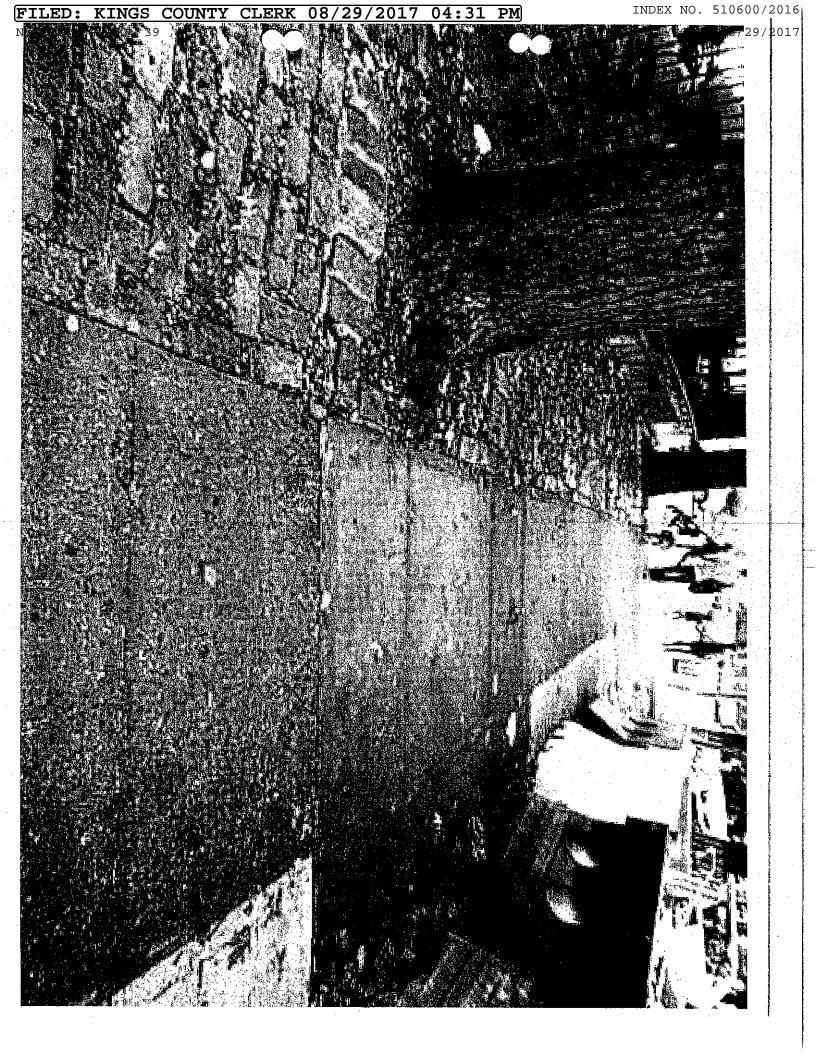


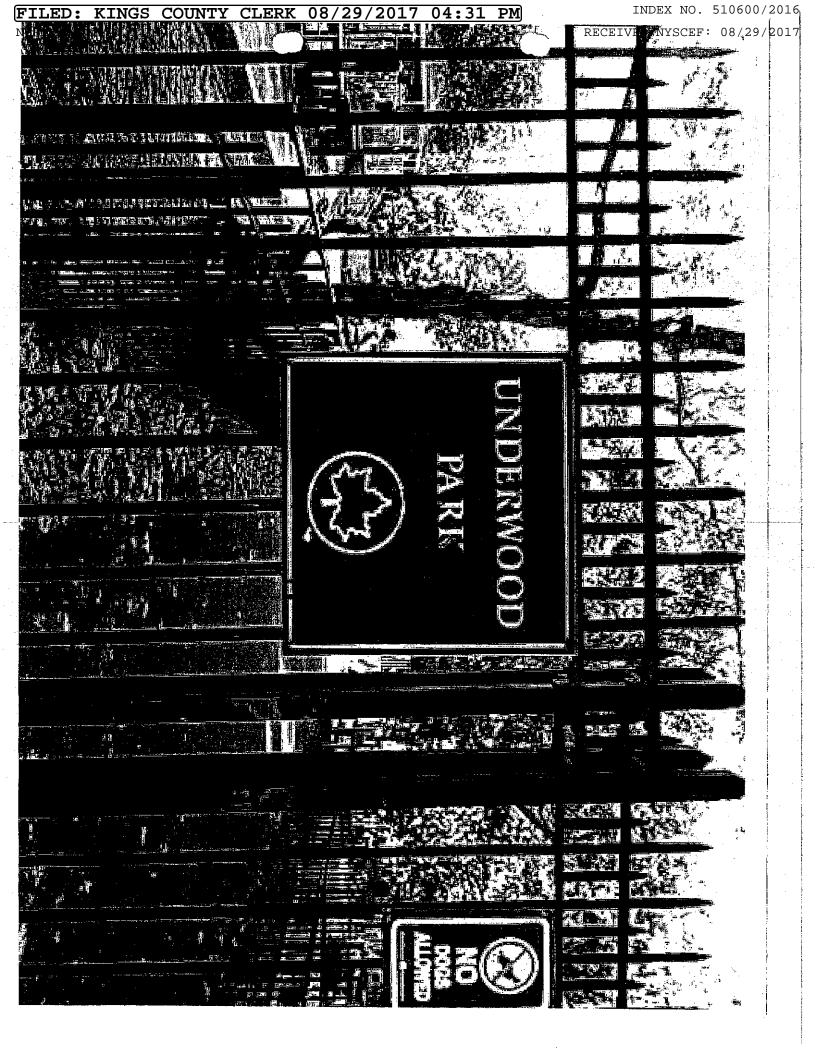


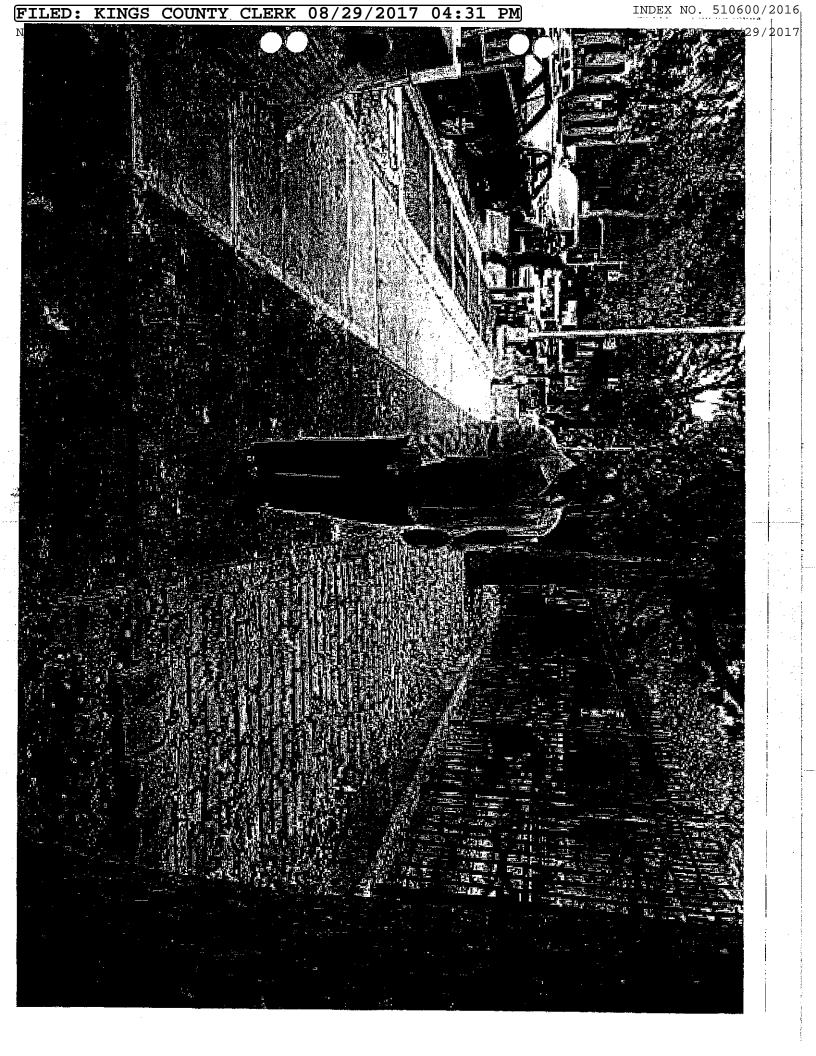


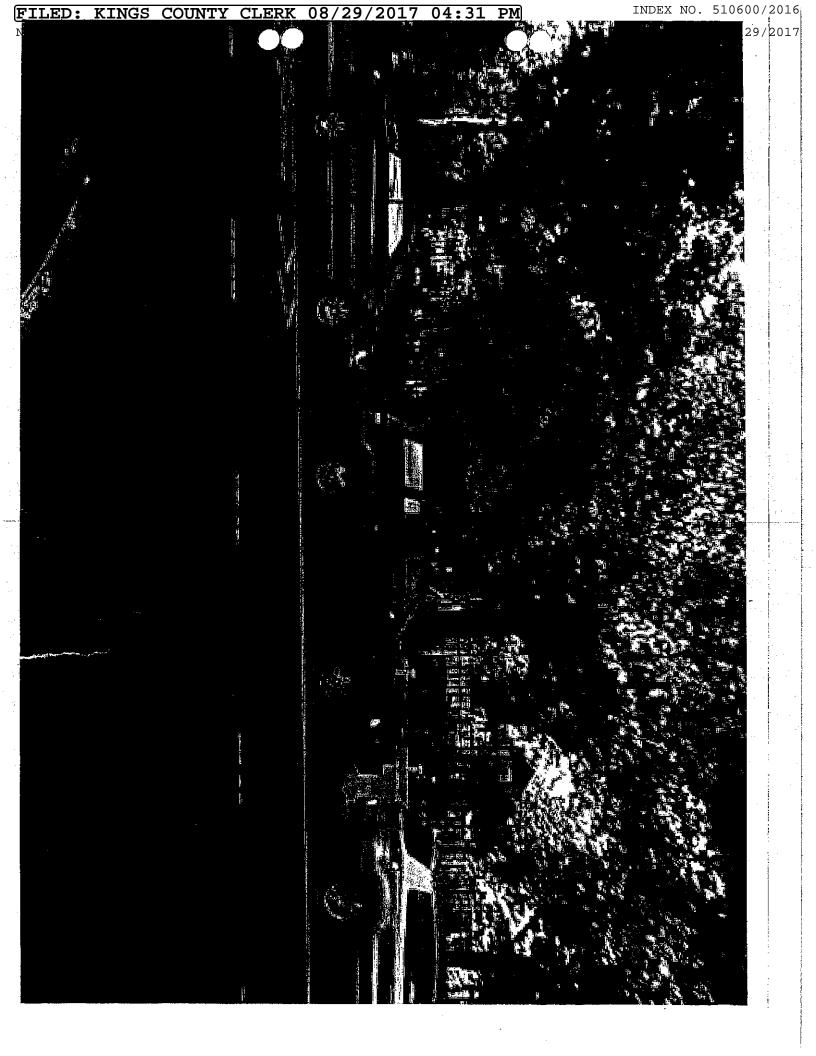


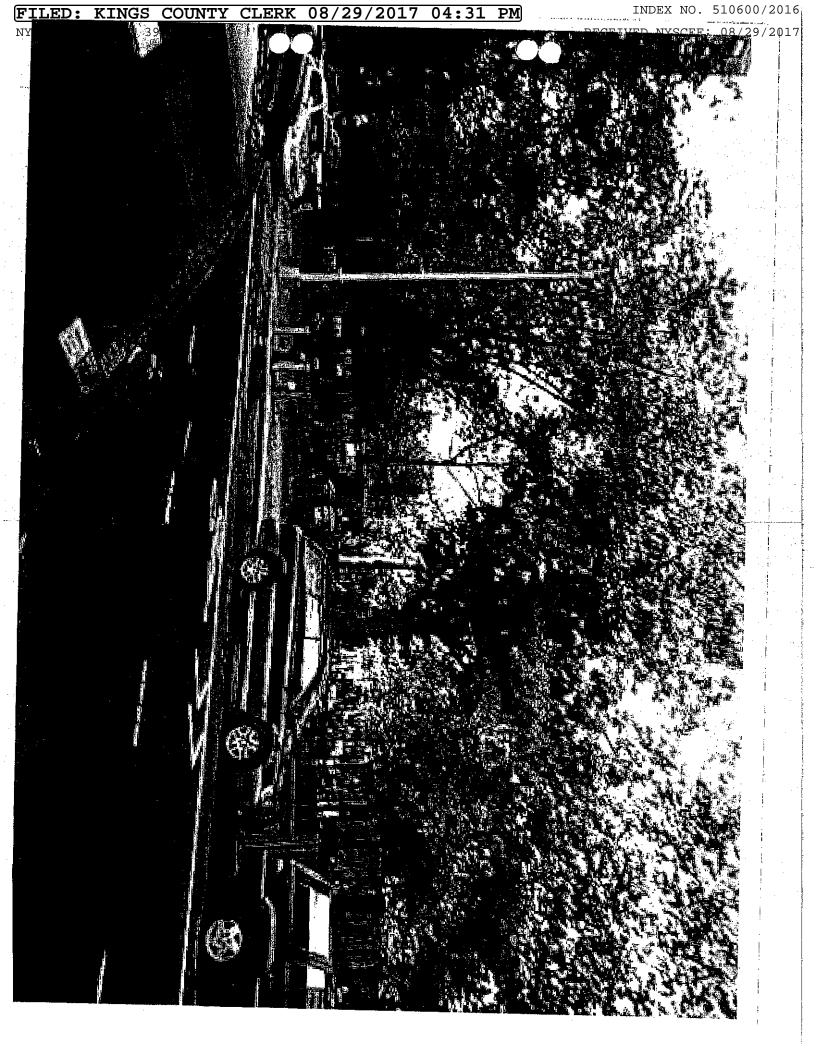


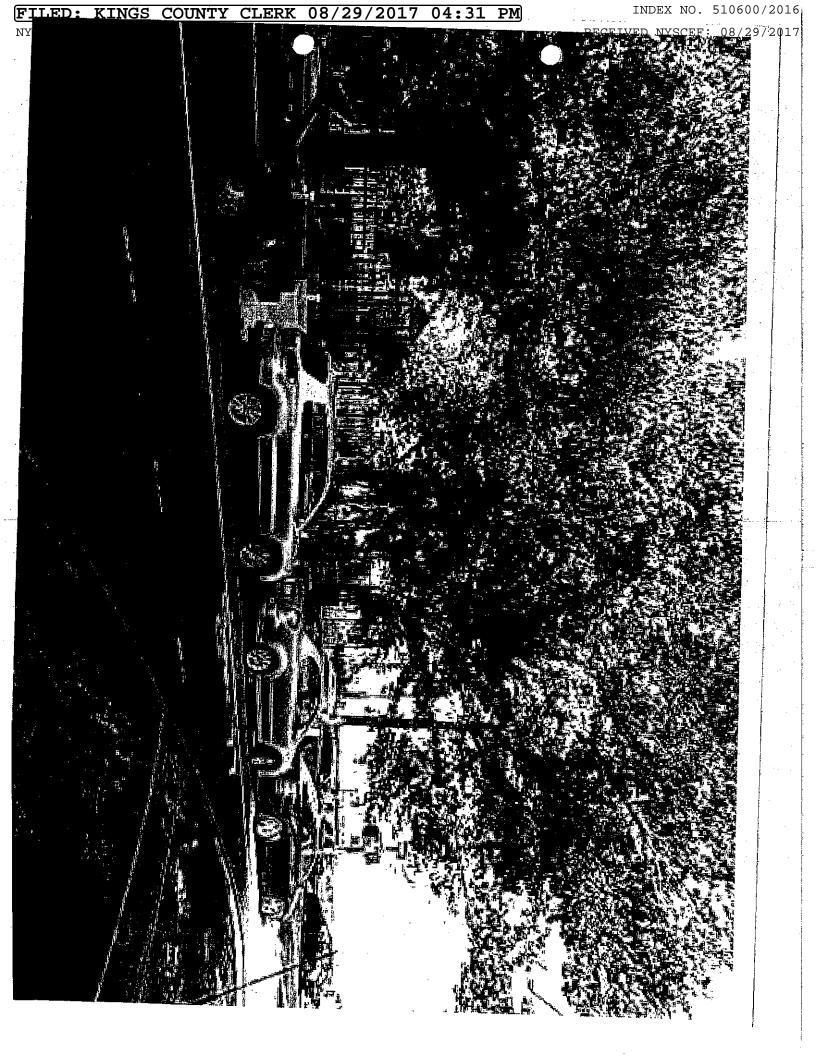




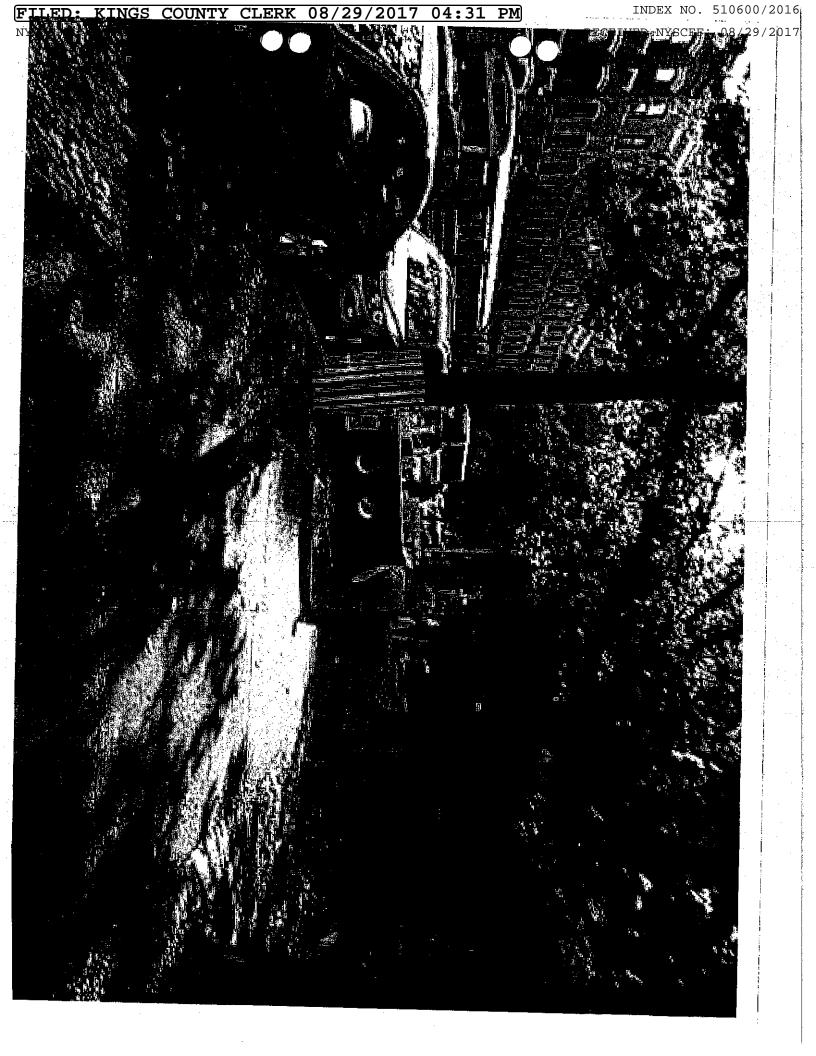


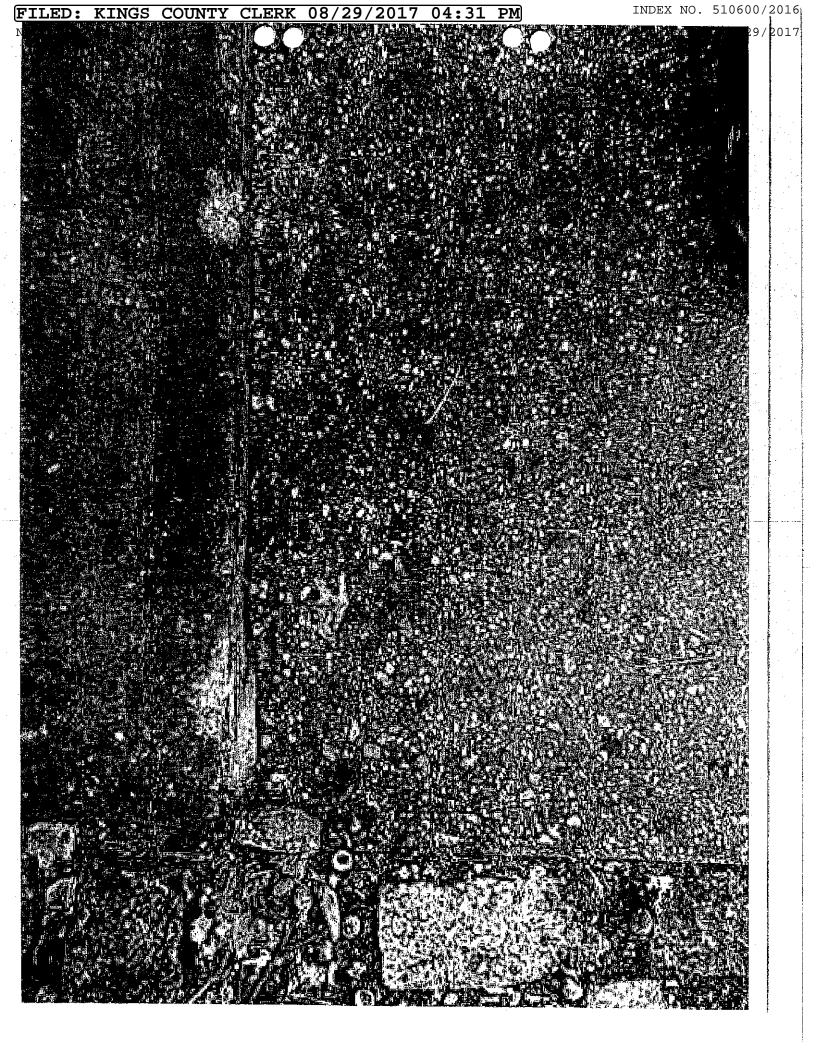


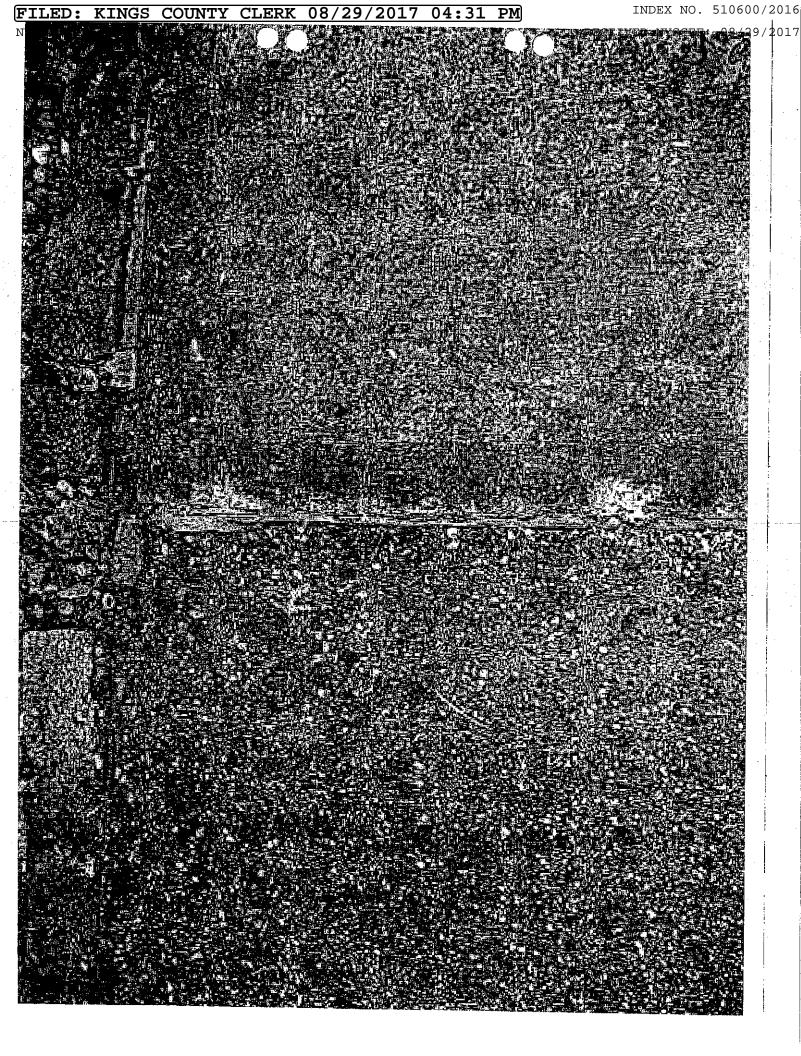


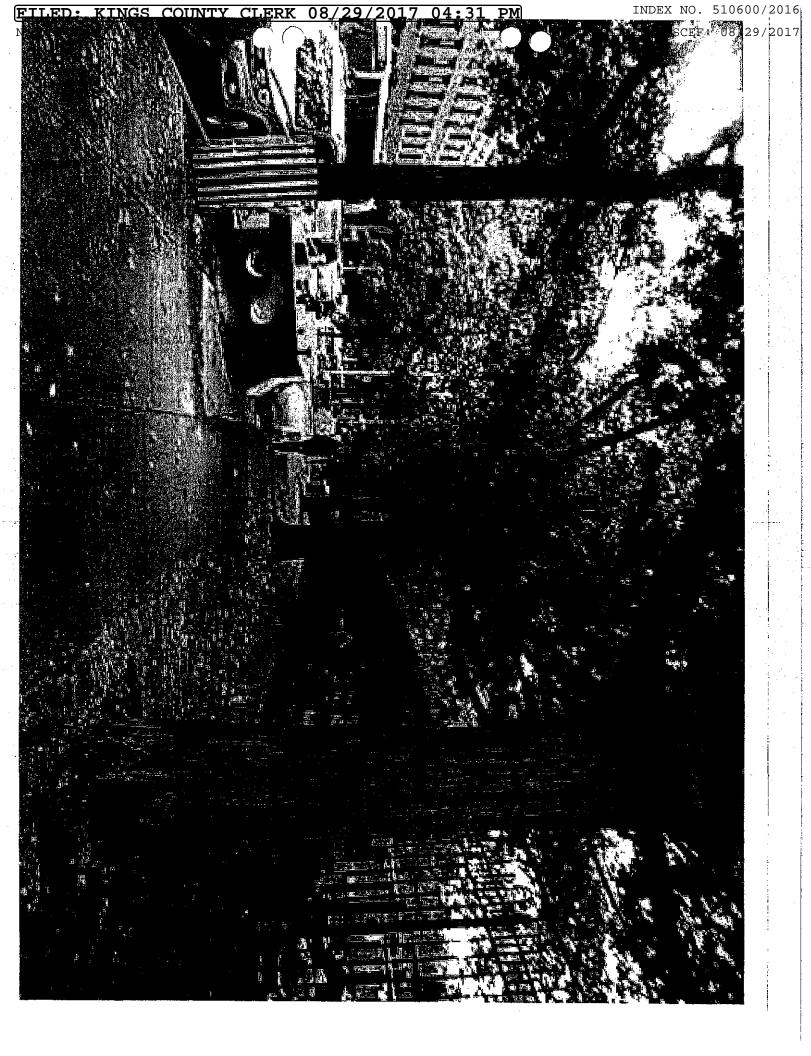


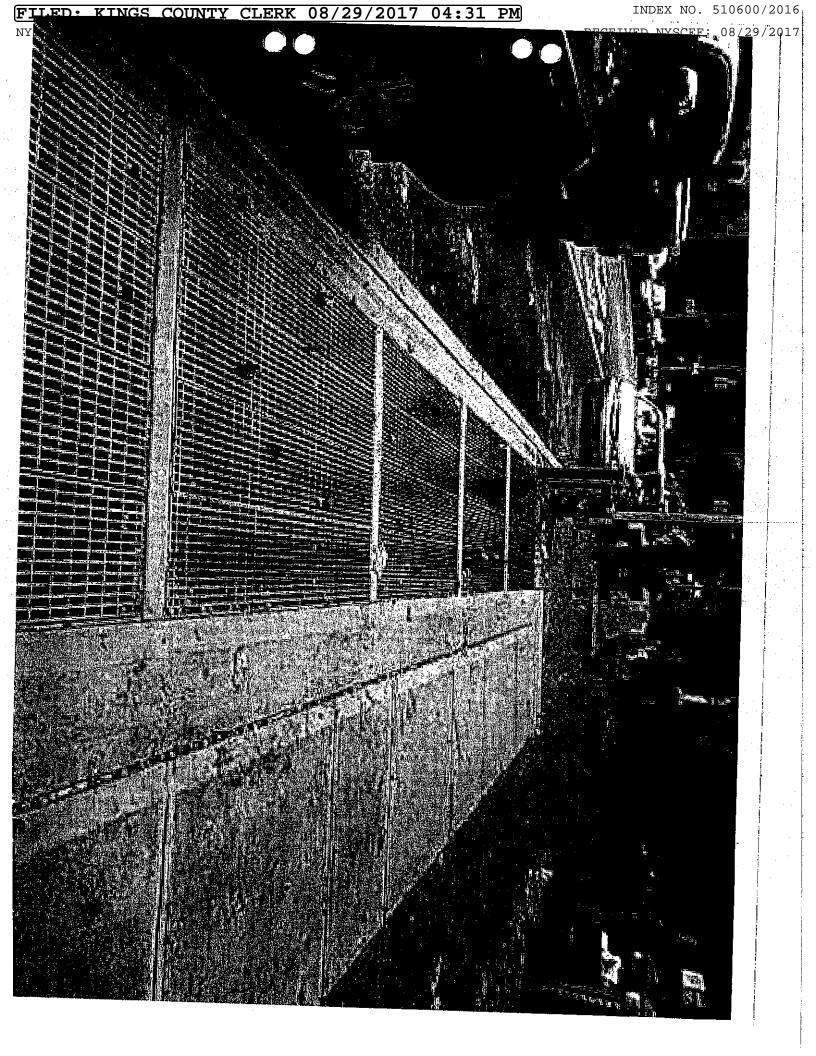


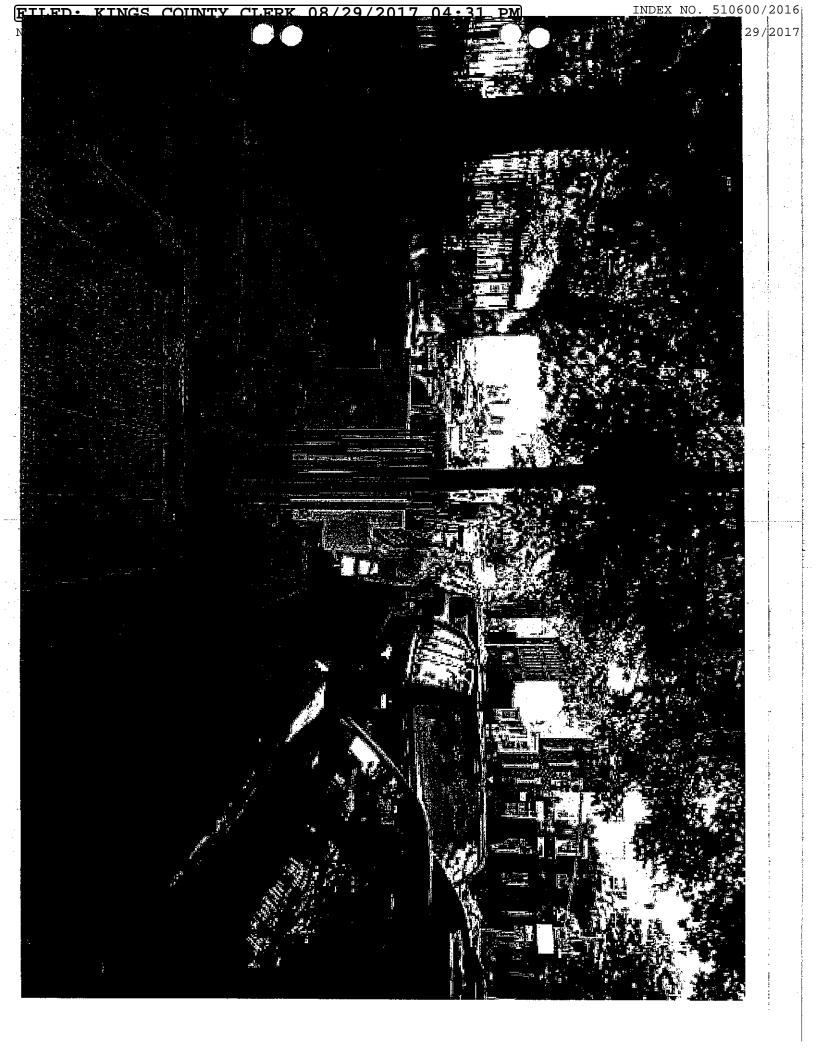


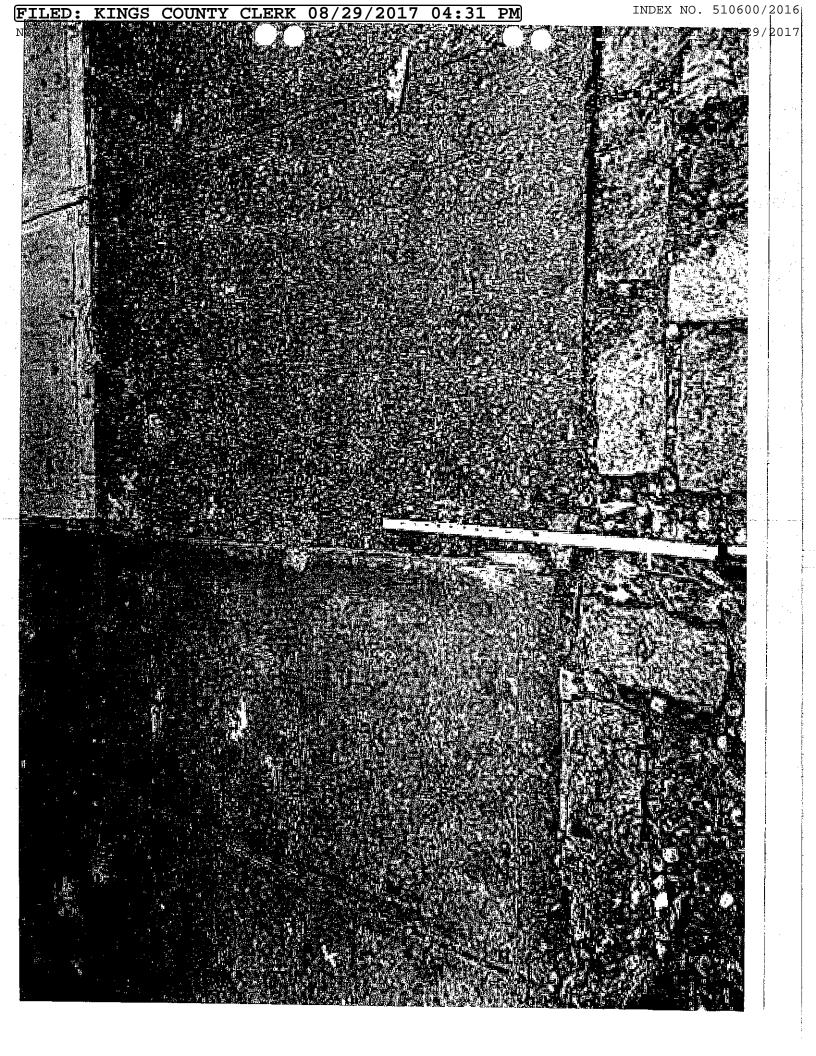


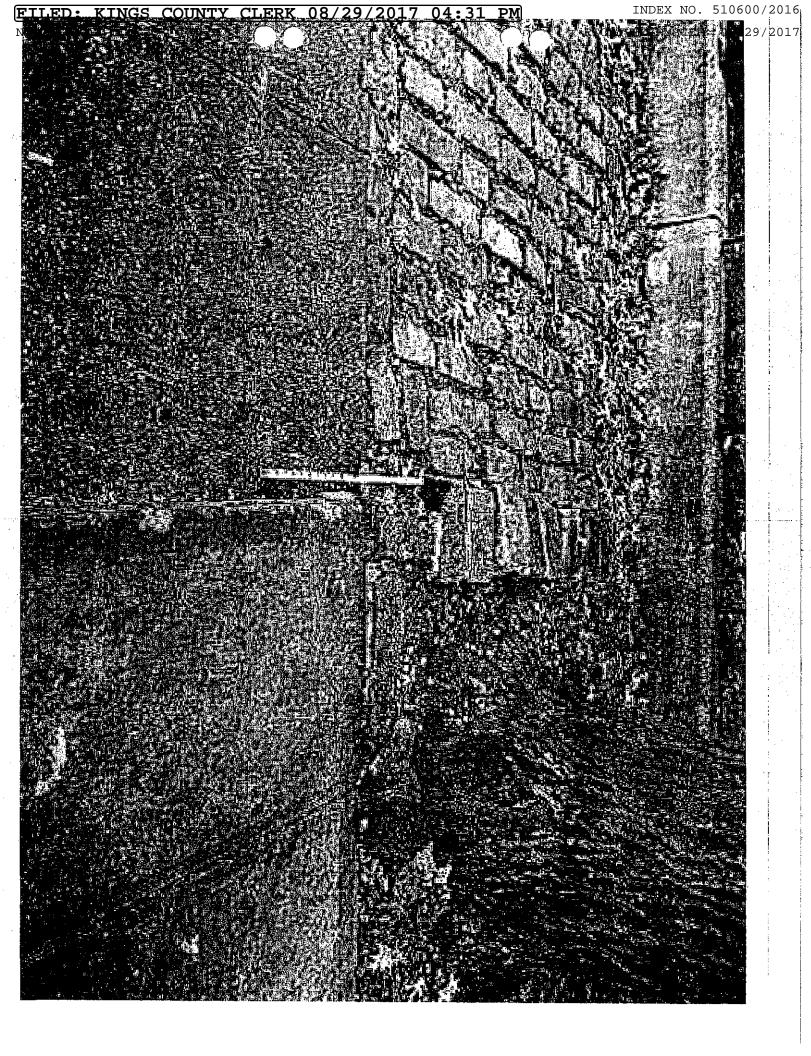


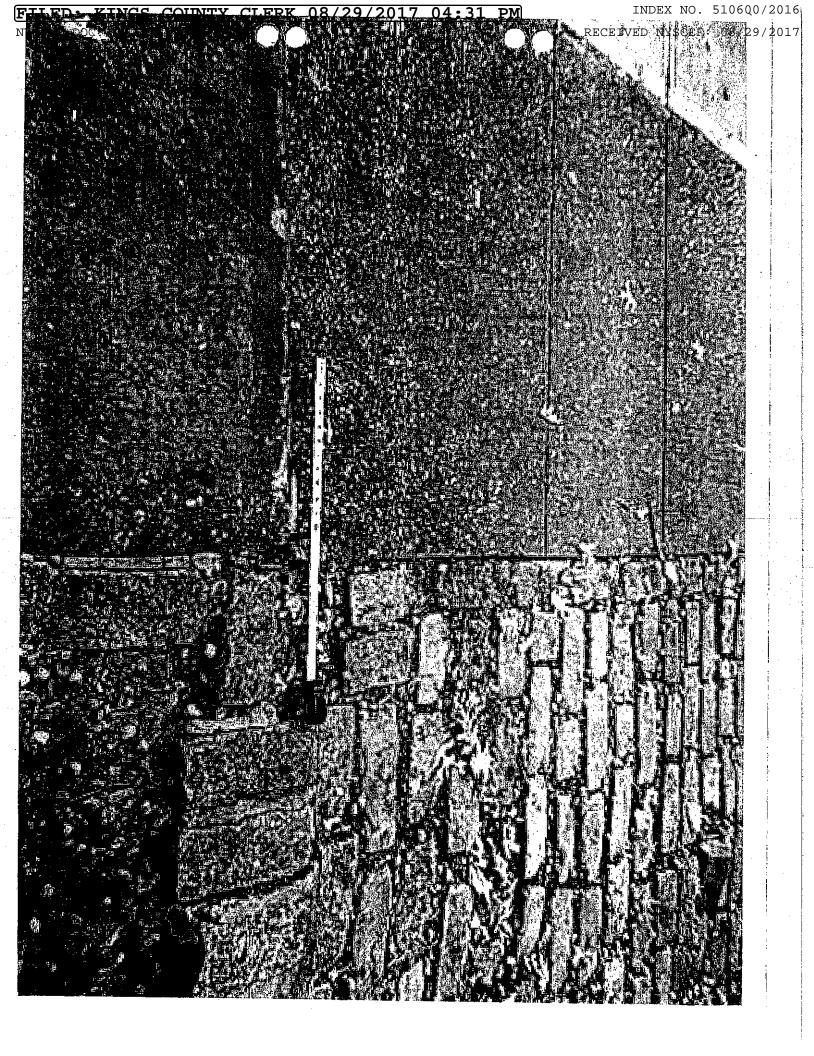


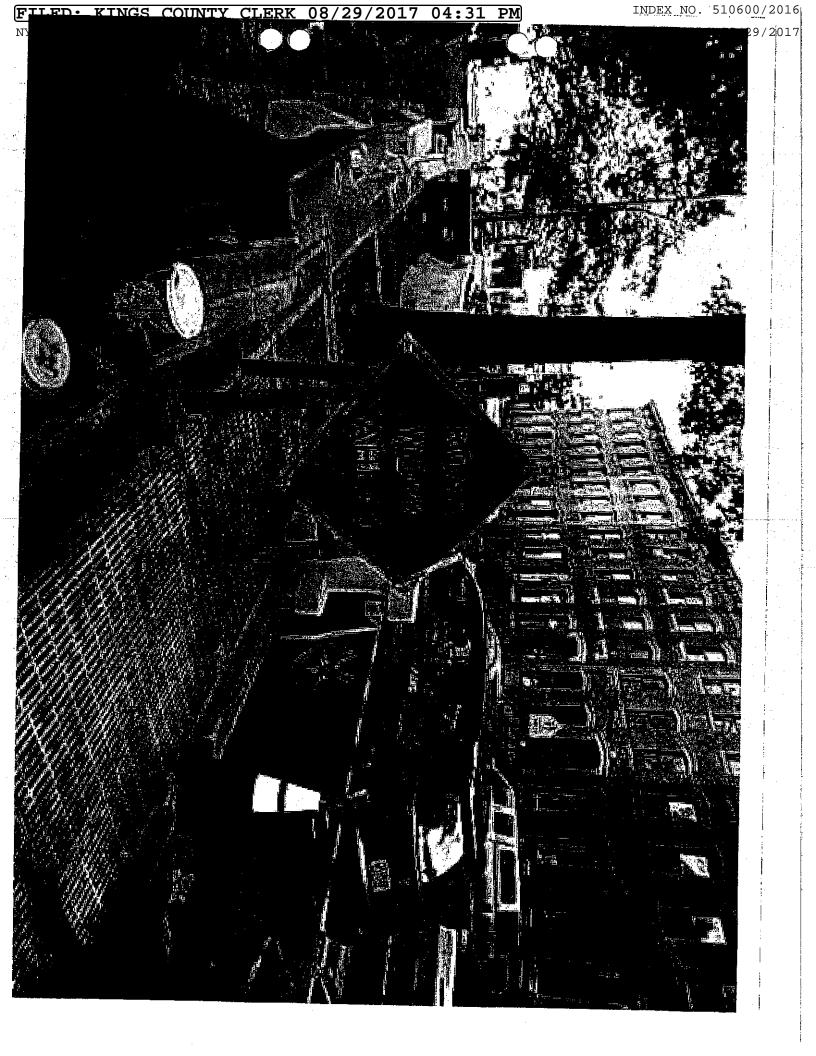


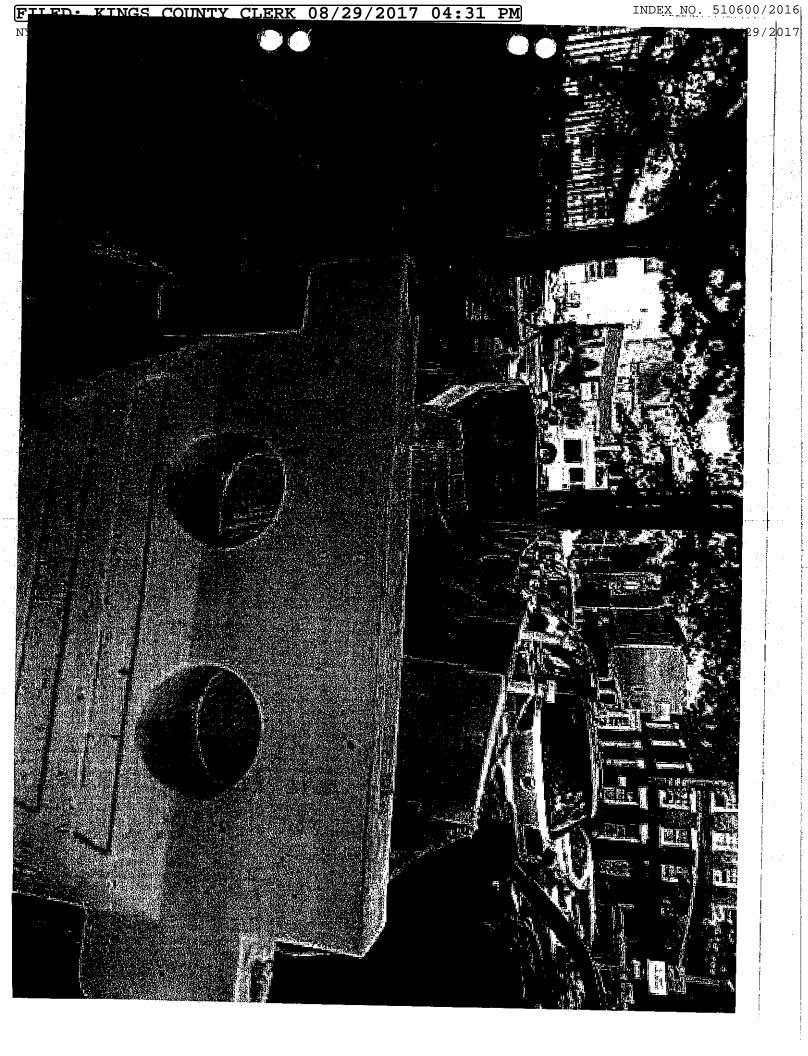


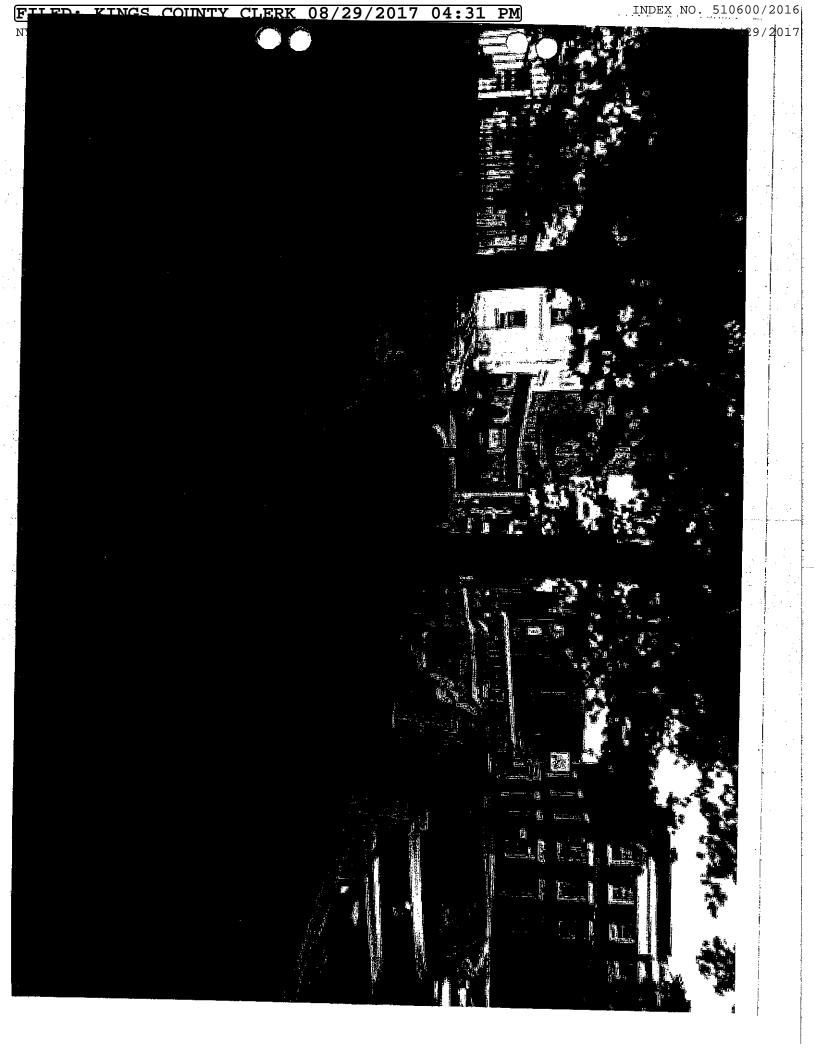


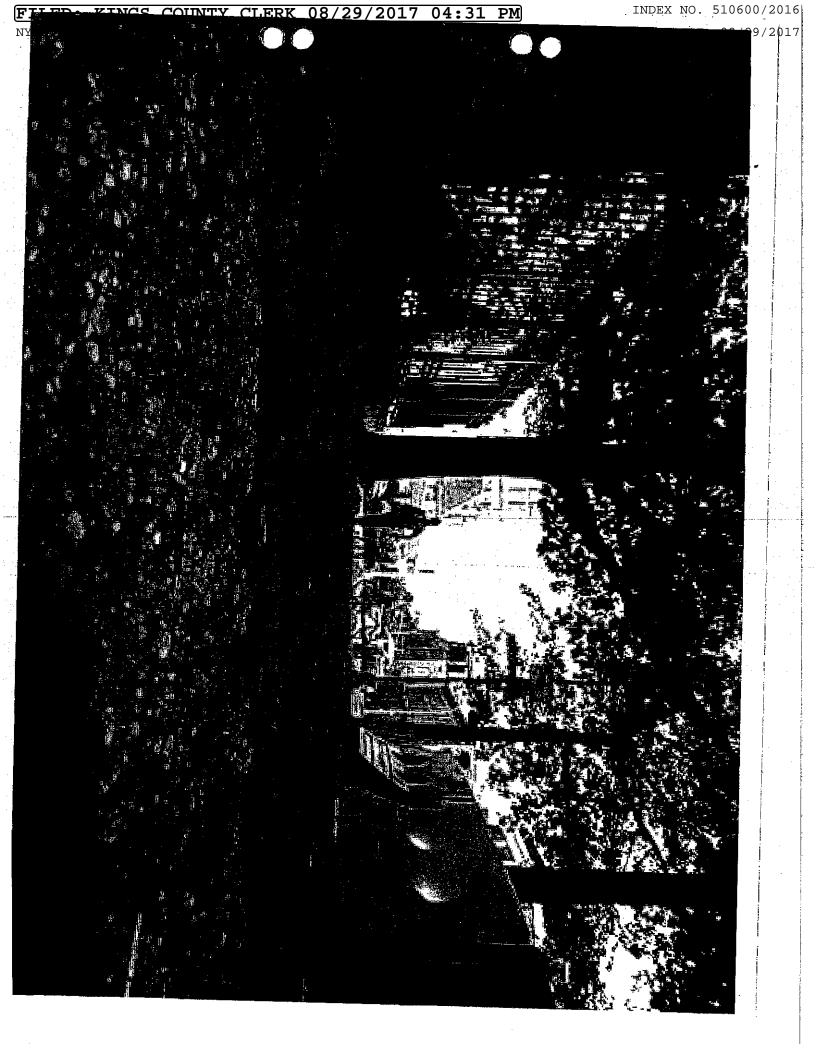


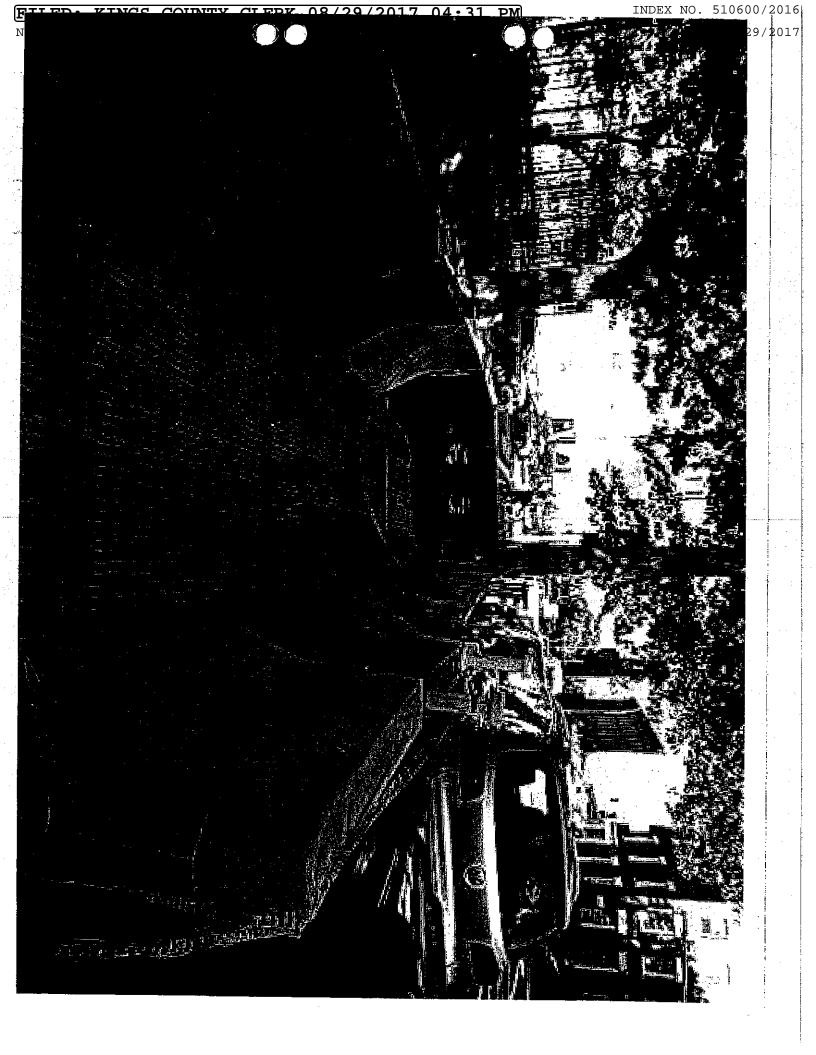


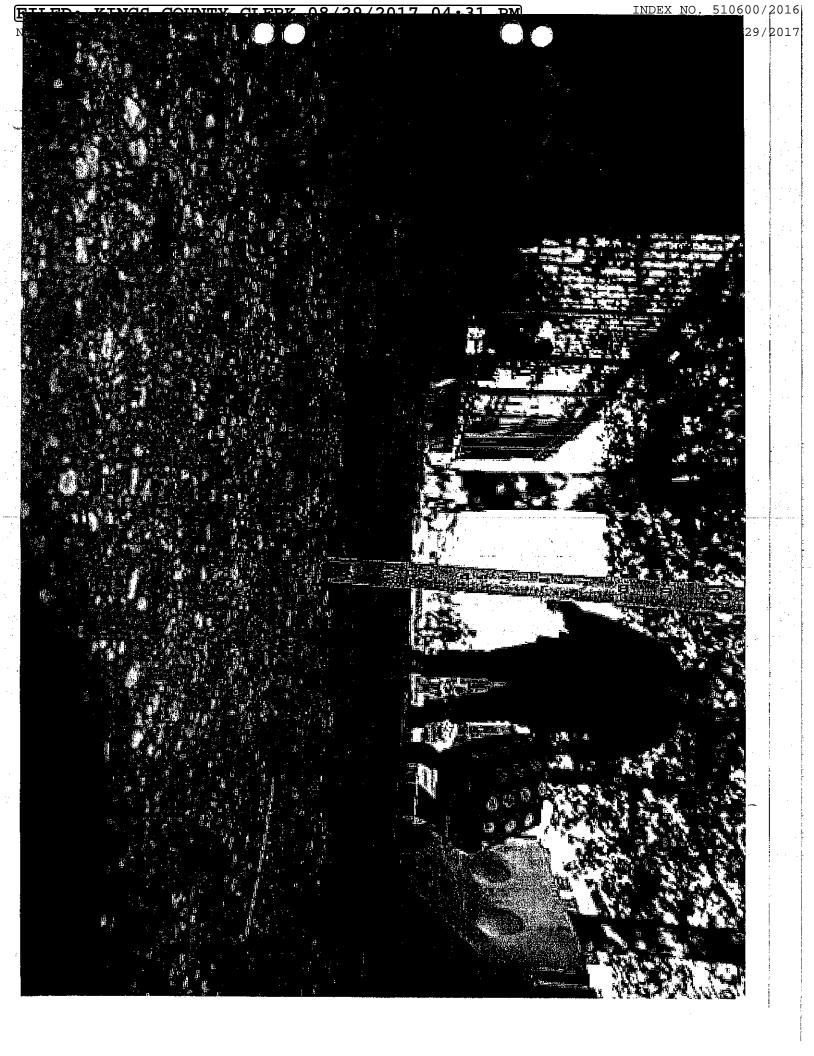




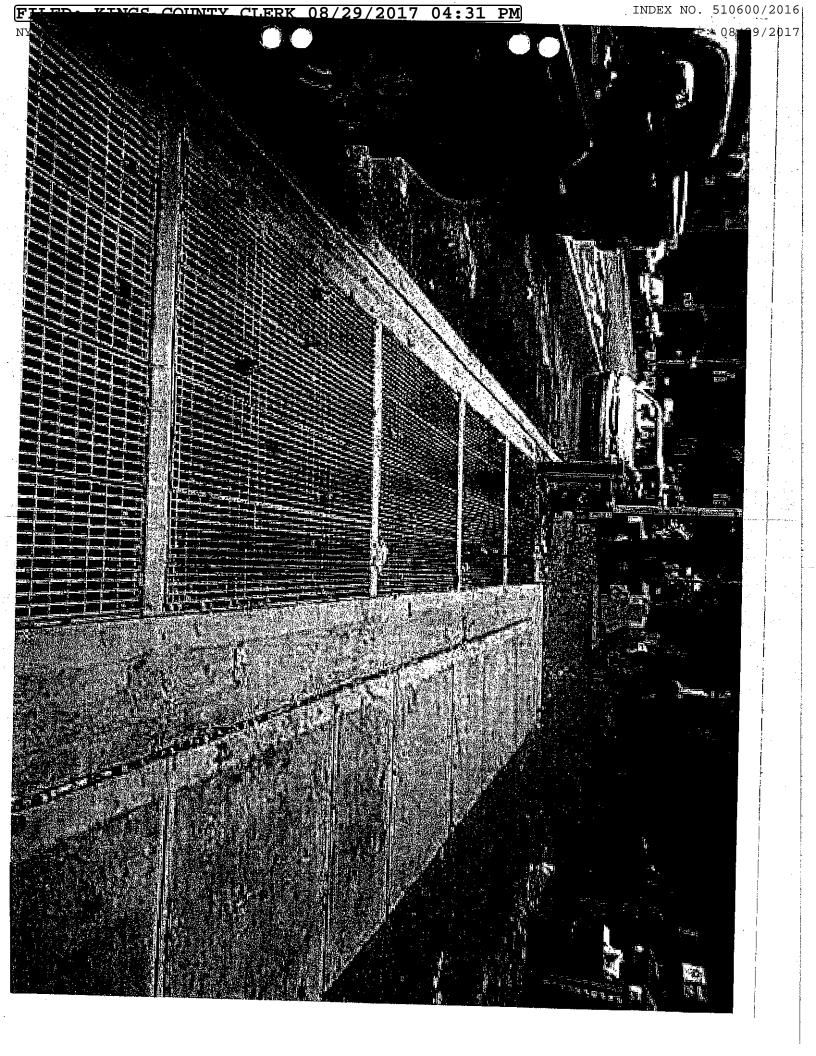


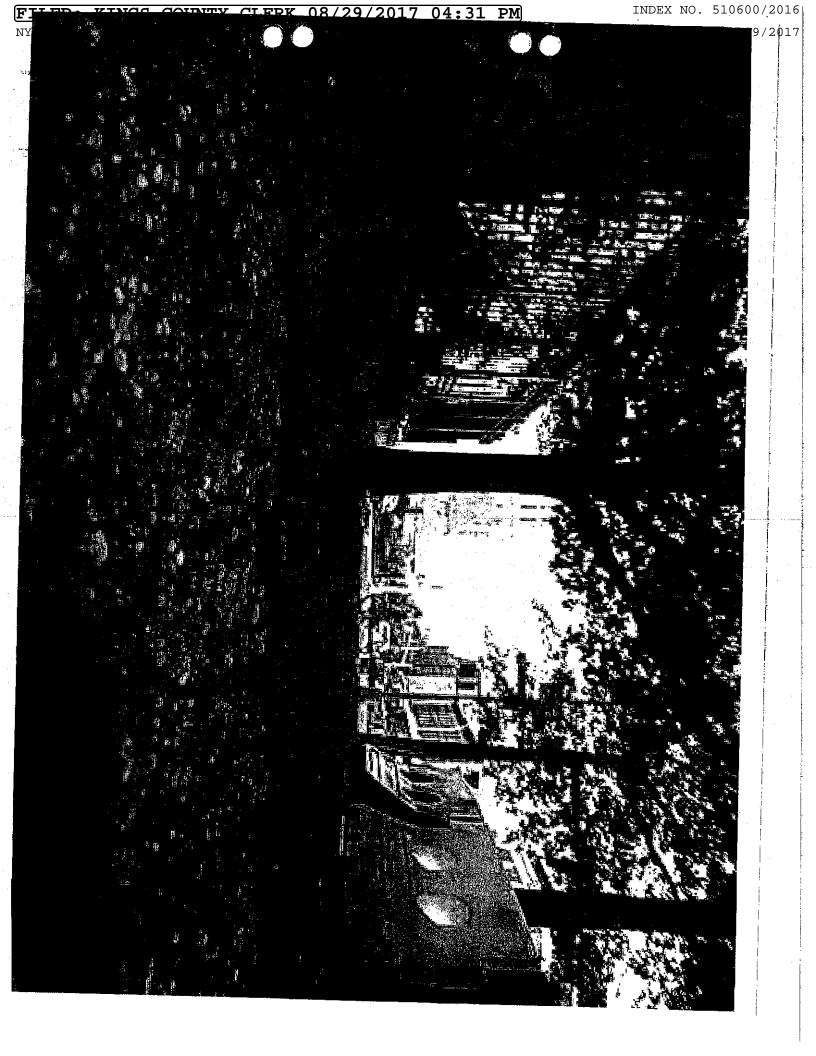


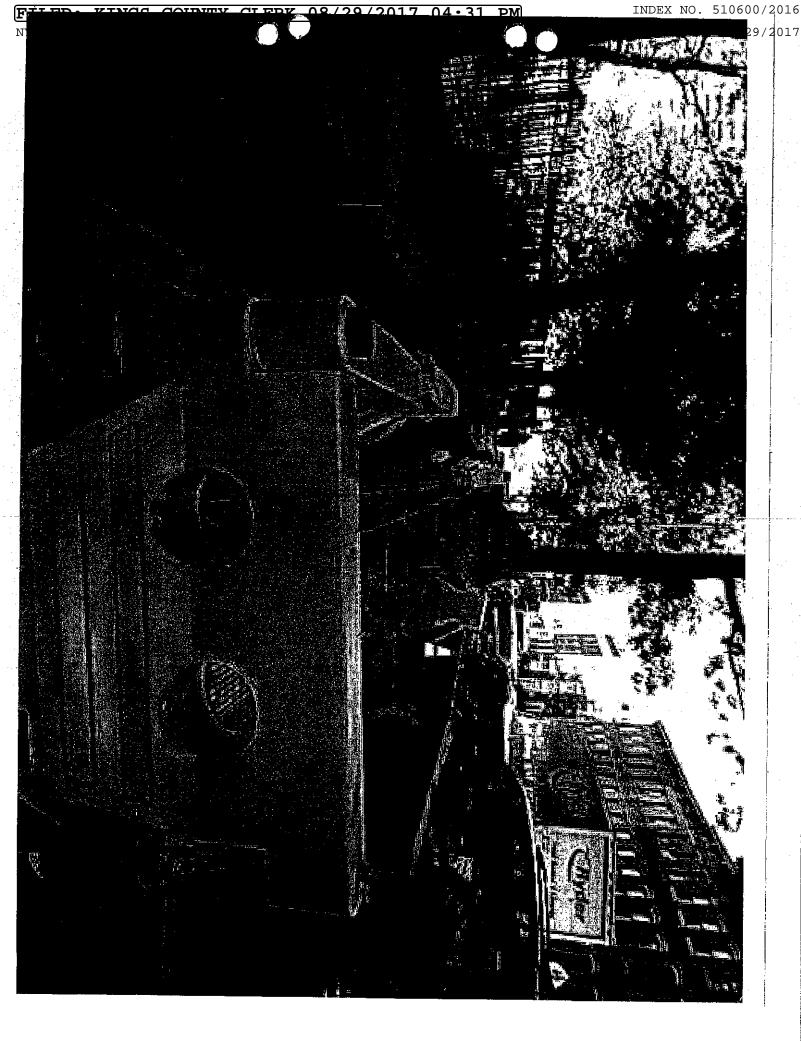


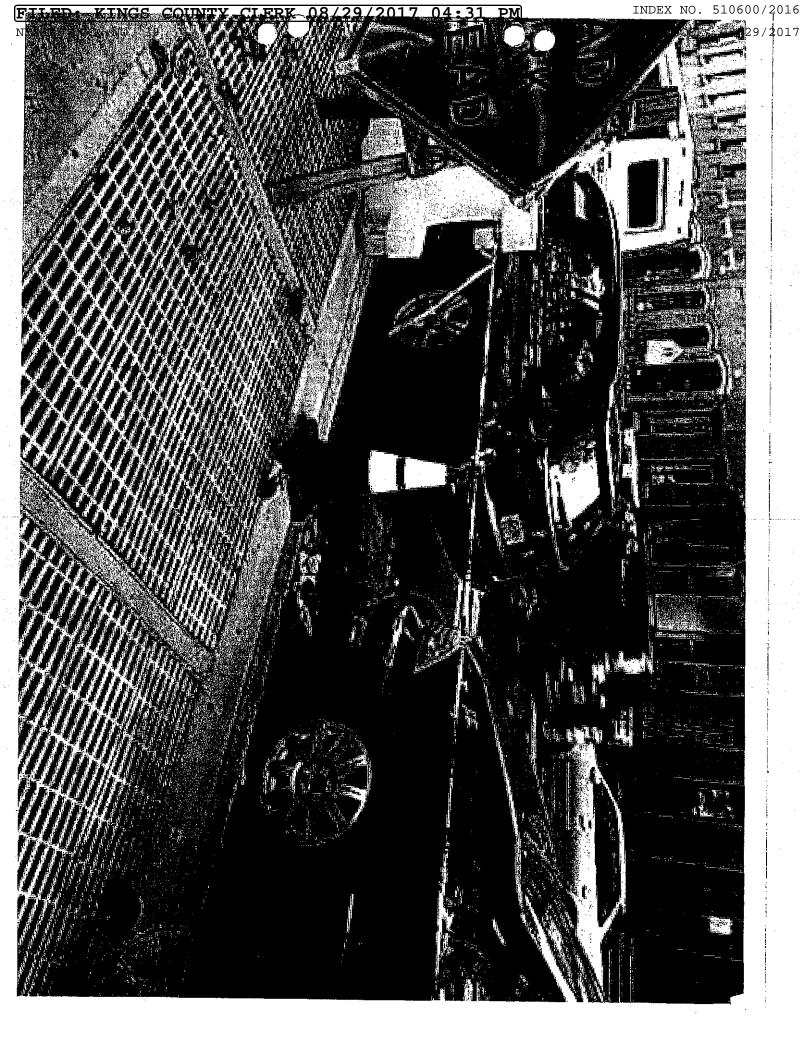


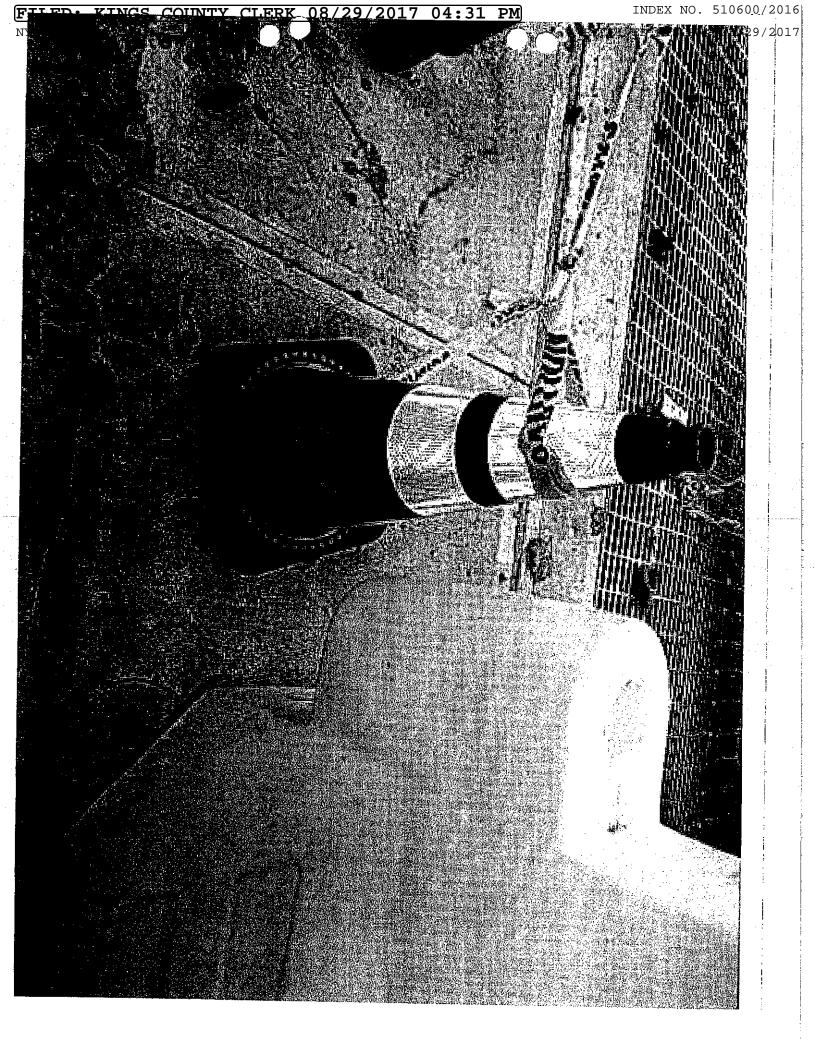


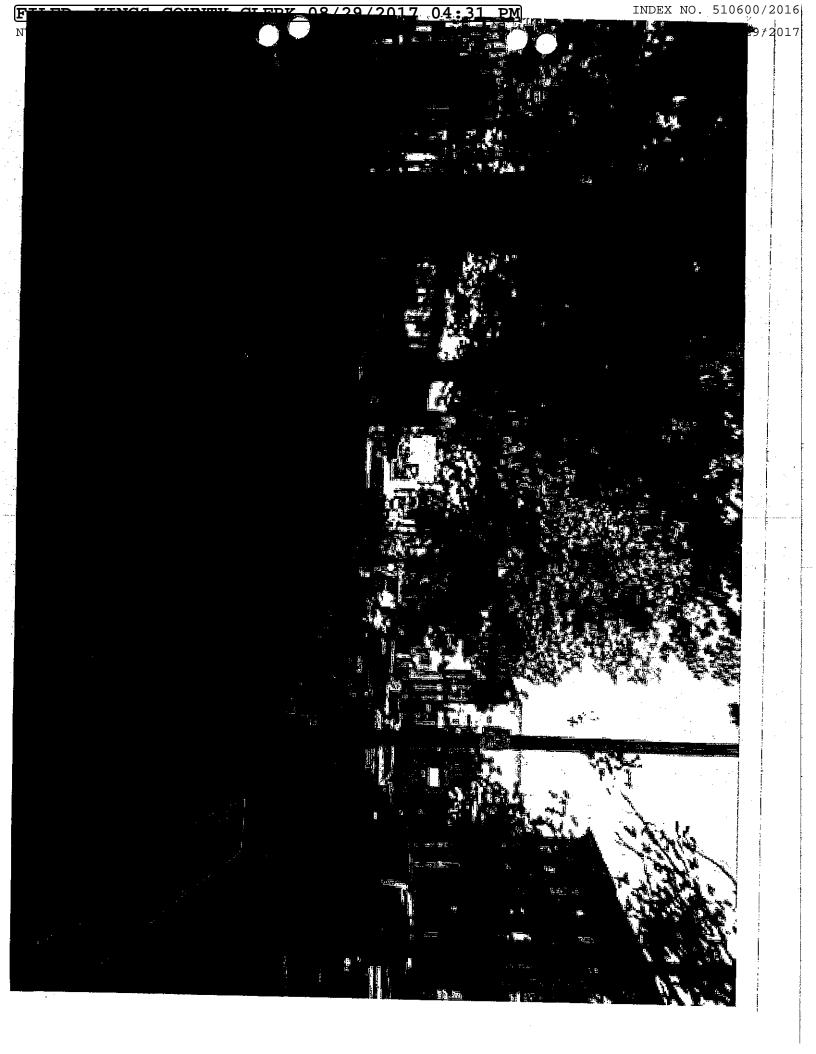


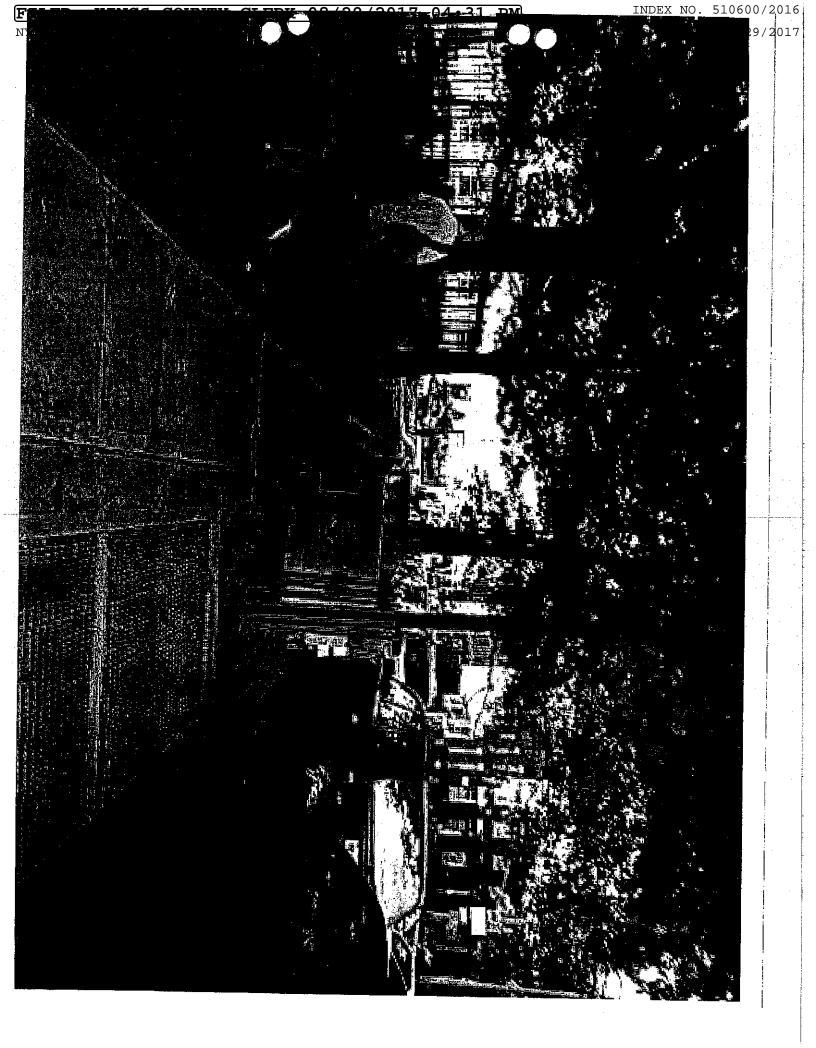


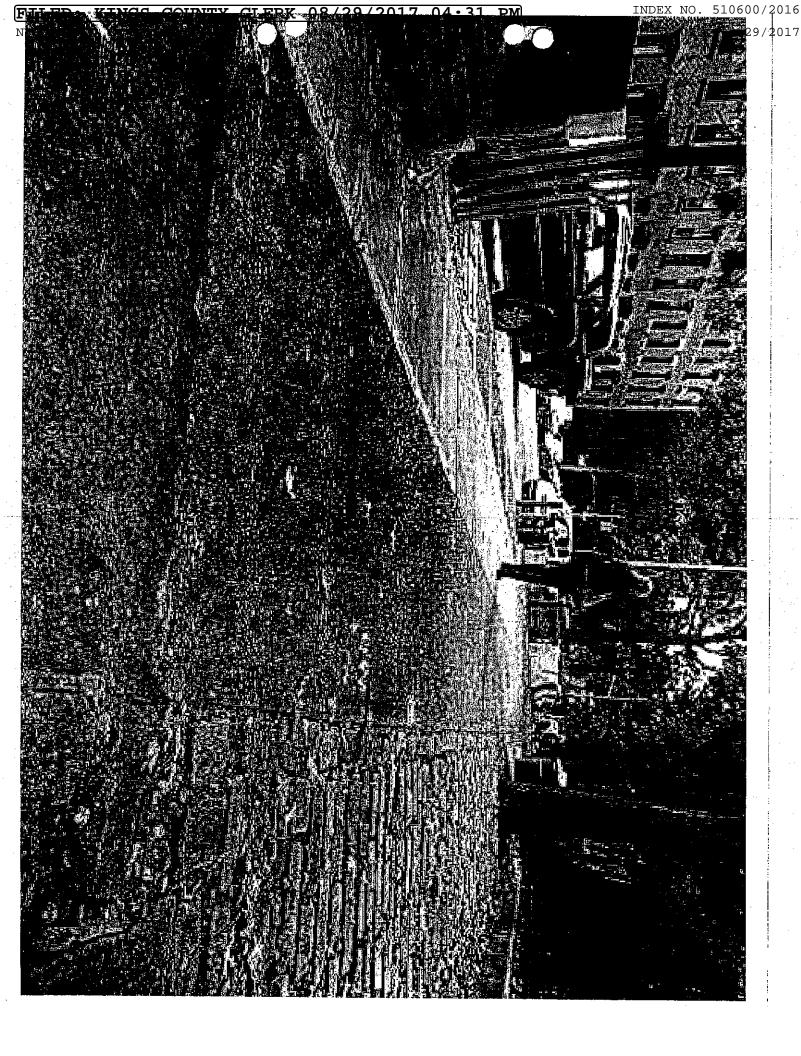


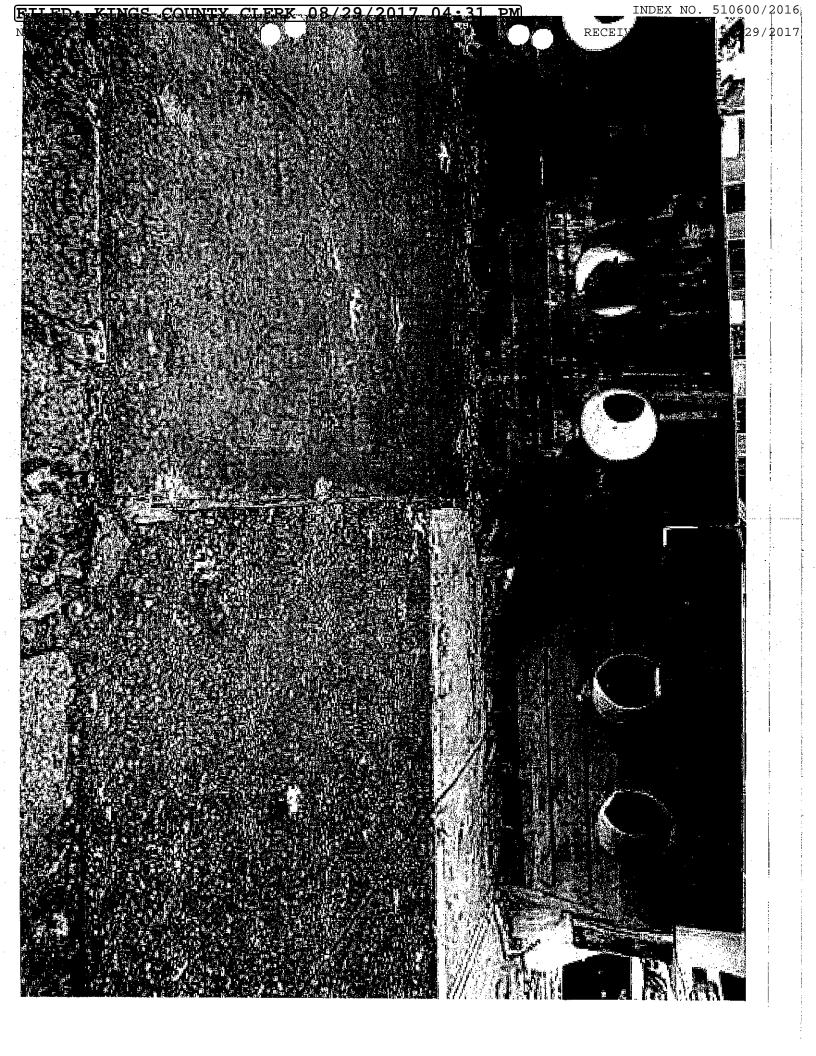


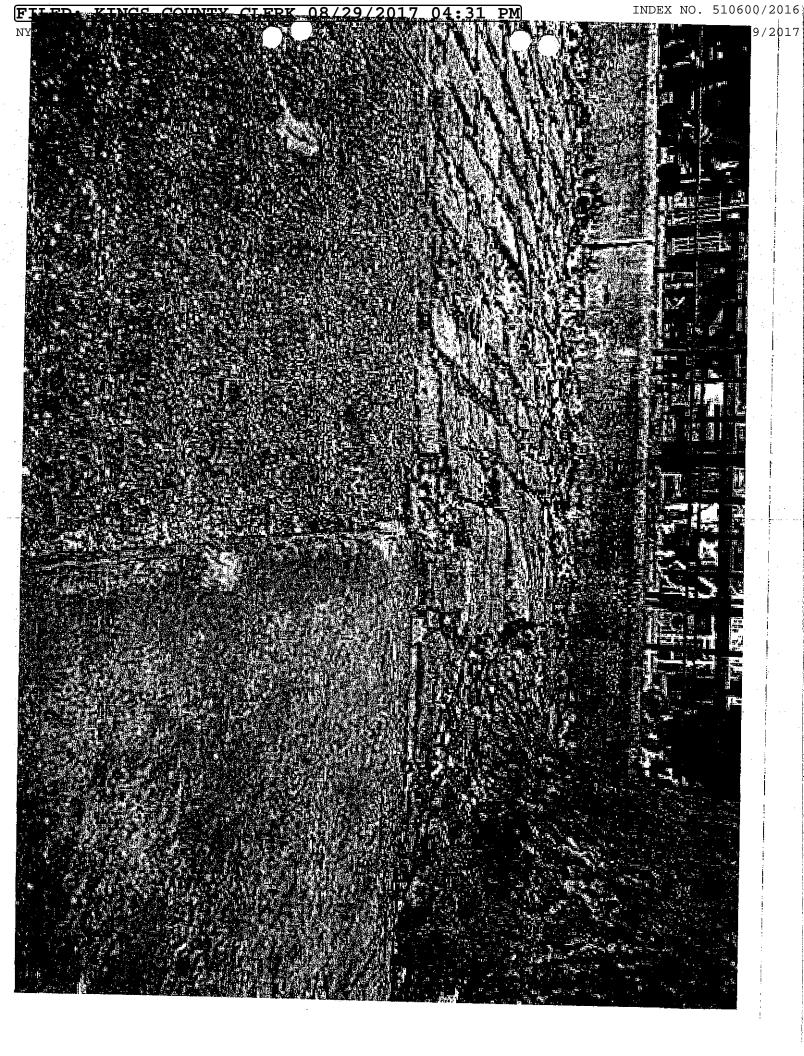


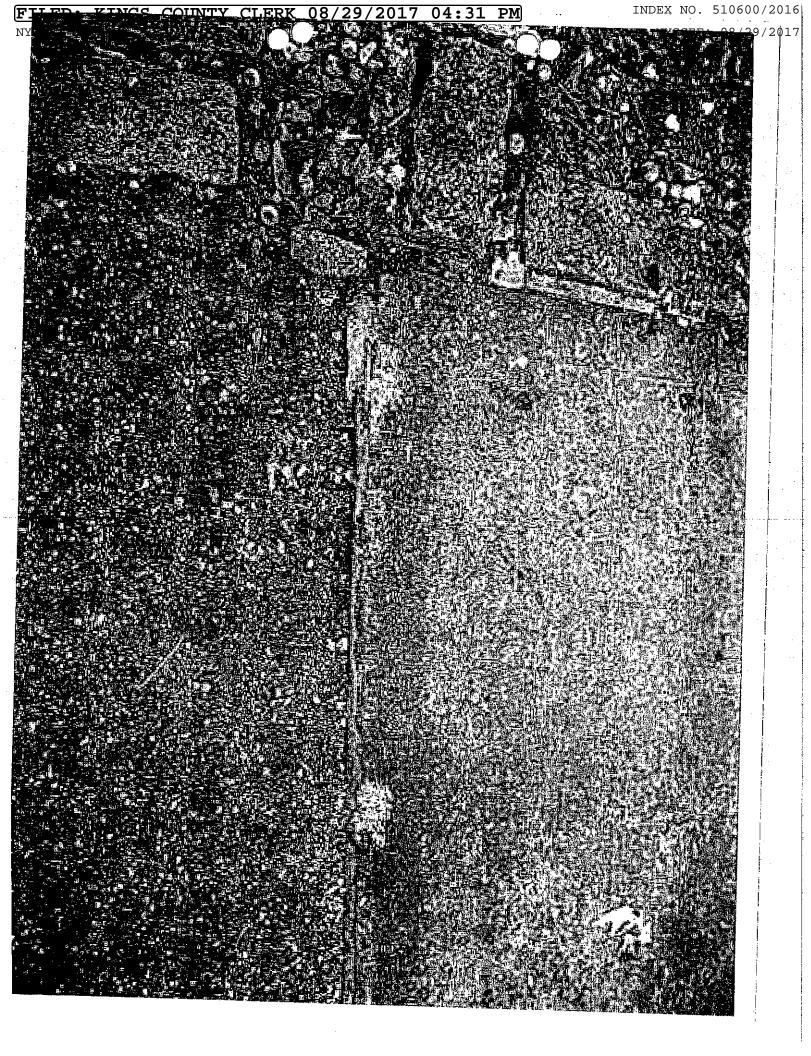


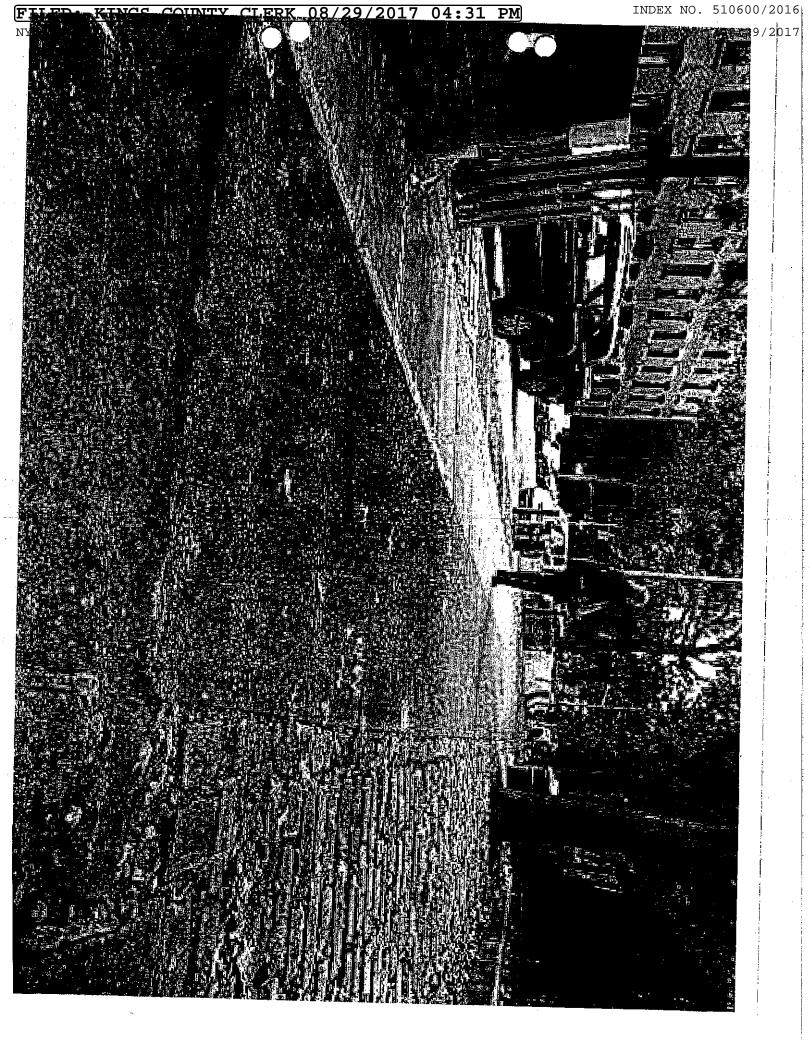


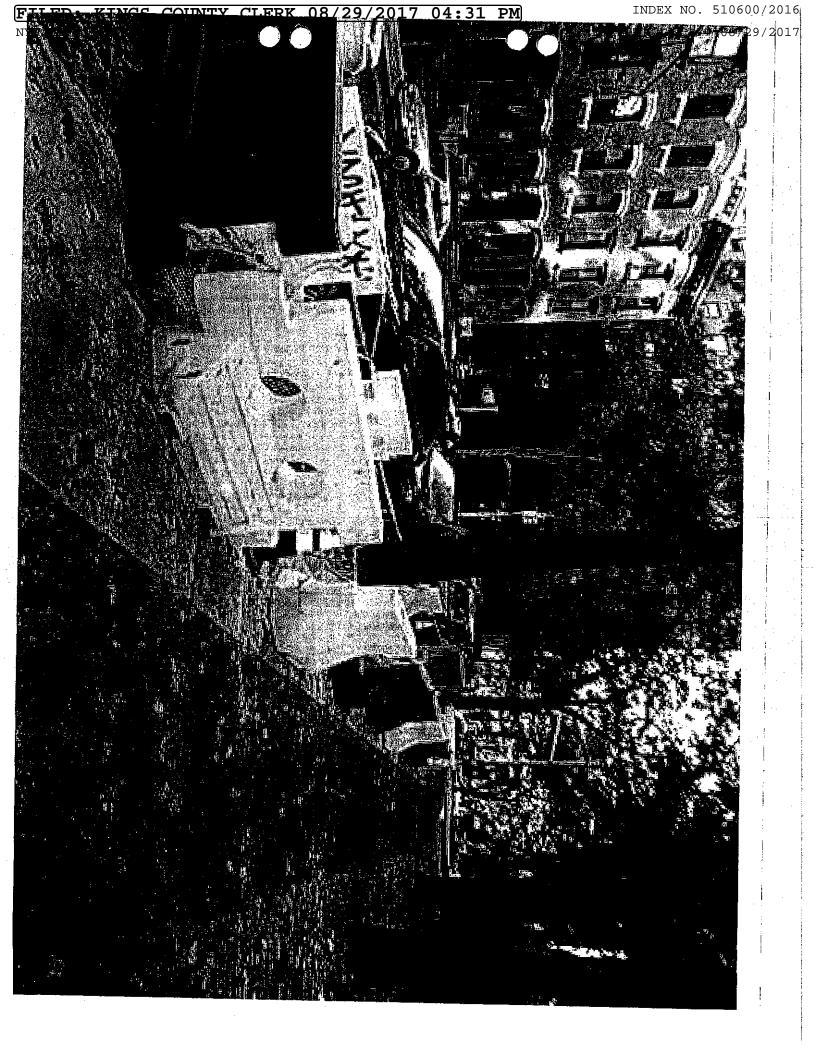


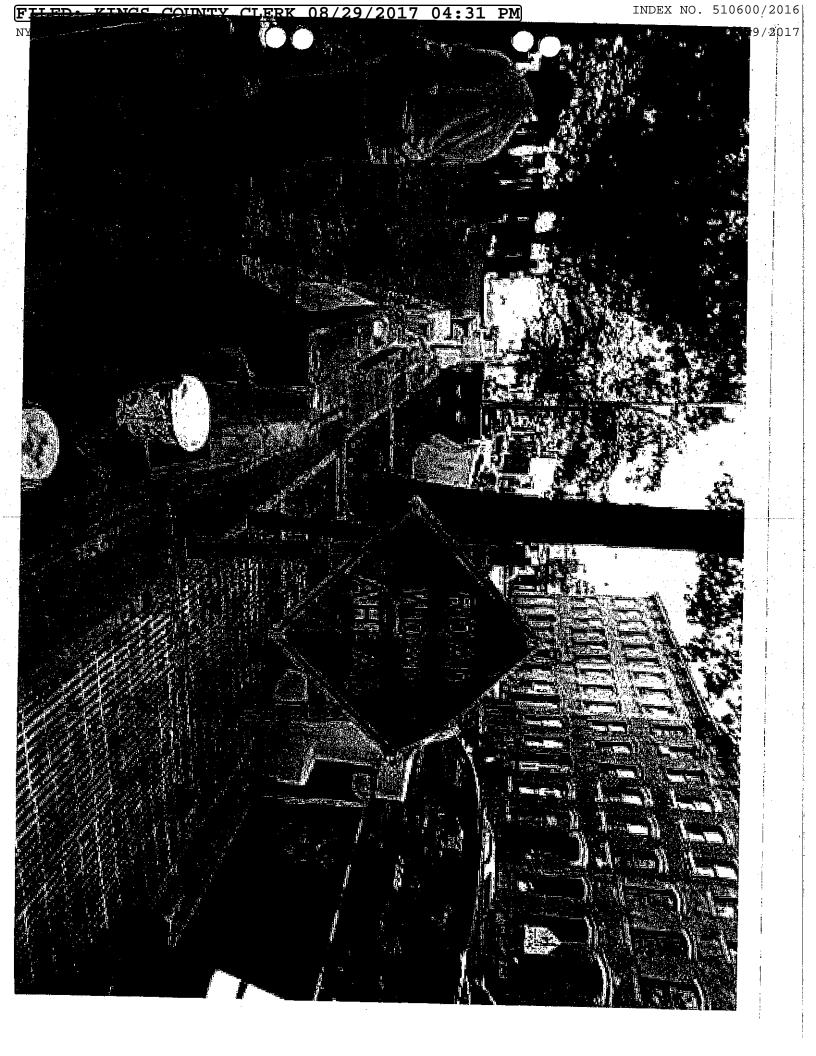


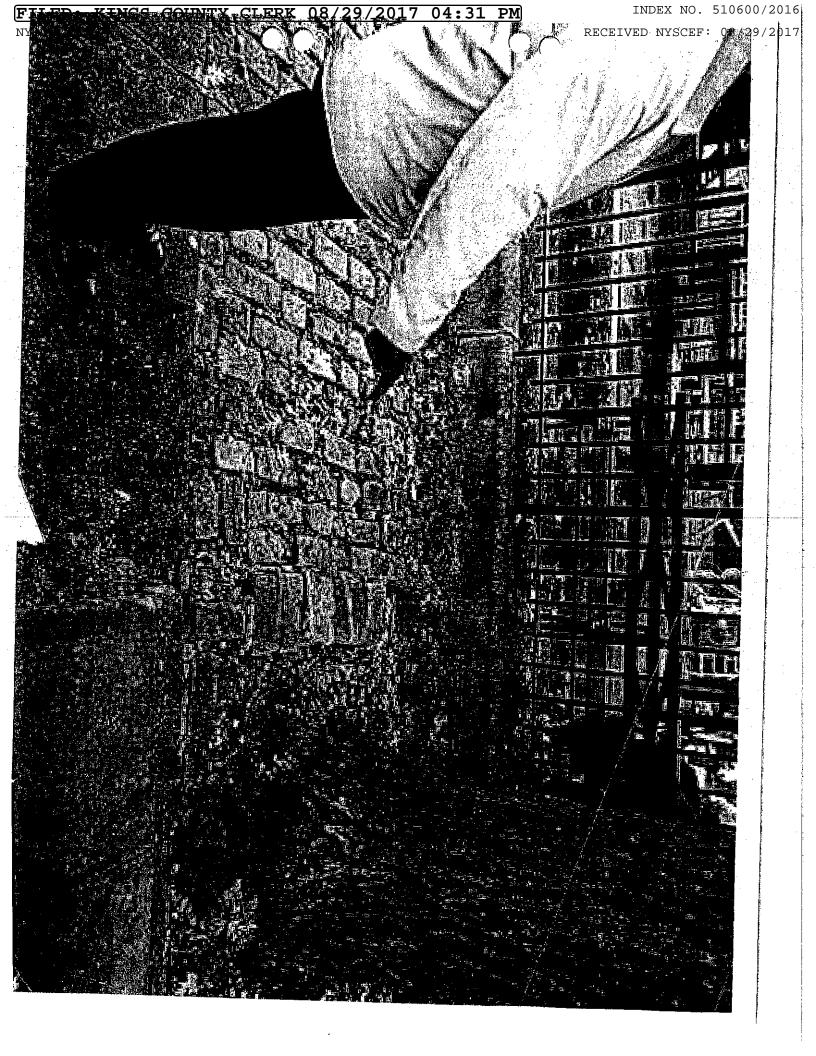








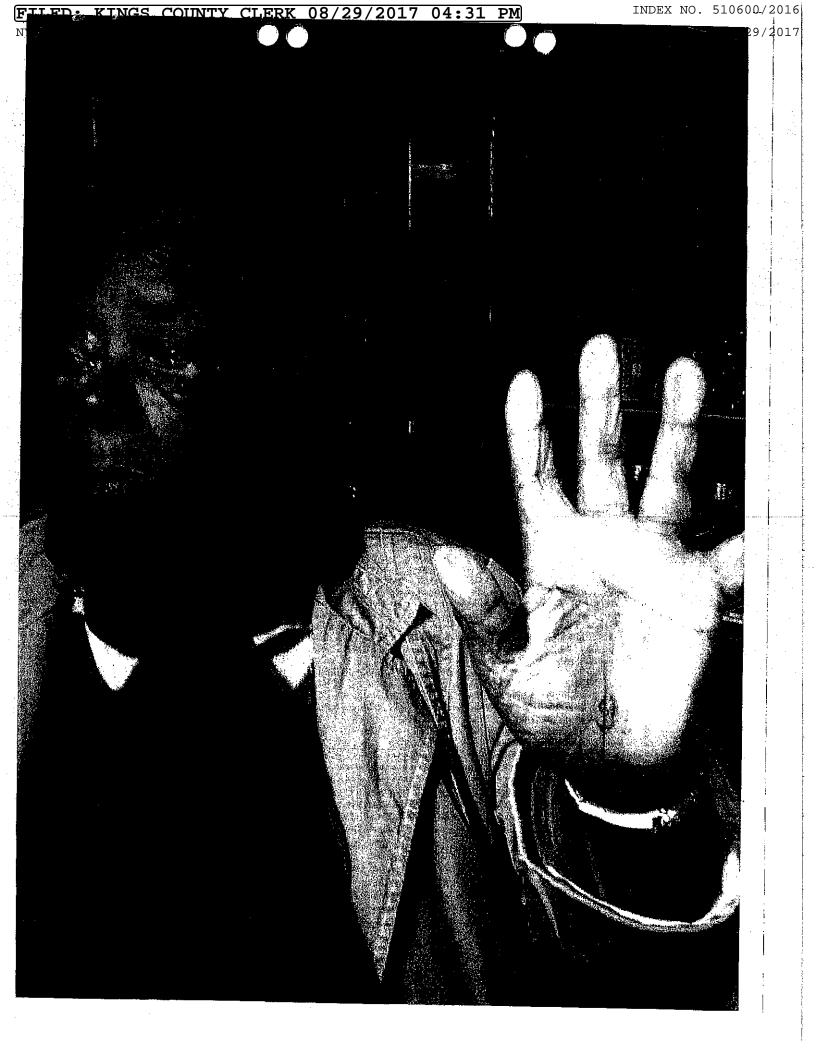












INDEX NO. 510600/2016

RECEIVED NYSCEF: 08/29/2017

## 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

NYSCEF DOC. NO. 39

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. 01816142960 Qualified in Kings County Commission Expires March 20, 2018