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**INITIAL​ ​ORTHOPEDIC​ ​EXAMINATION​ ​REPORT**

**Date:** <<DateOfExamination>>

**RE:** <<PatientFirstName>> <<PatientLastName>>

**DOB:** <<DateOfBirth>>

**D/A:** <<DateOfAccident>>

**GENDER:** <<Gender>>

**AGE:** <<Age>>

**MRN:** <<MRN>>

**LOCATION:** <<Location>>

**CHIEF​ ​COMPLAINT**:​​ <<ChiefComplaints>>

**HISTORY​ ​OF​ ​PRESENT​ ​ILLNESS:**

* Upon​ ​the​ ​request​ ​of​ ​the​ ​doctors​ ​at​ ​CitiMedical,​ ​the​ ​patient​ ​is​ ​being​ ​seen​ ​and​ ​evaluated​ ​for​ ​the​ ​chief complaint.
* The​ ​patient​ ​is​ ​a​ <<Age>> - year-old​ <<Gender>>​​ ​who​ ​was​ ​involved​ ​in​ ​a​ ​​work-related​ ​injury/motor​ ​vehicle/injury on​ ​​<<DateOfAccident>>​.
* <<NatureOfAccident>>
* The​ ​patient​ ​was​ ​the​ ​​<<RestrainedUnStrained>> <<TypeOfPassenger>>​ ​sitting​ ​on​ ​the <<PositionOfSeat>>
* <<HowAccidentOccured>>
* The​ ​patient​ ​​<<DidDidNot>>​ ​​consciousness,​ ​but​ ​sustained​ ​injury​ ​to​ ​the​ <<InjuredBodyPartsList>>​.

**PAST​ ​MEDICAL​ ​HISTORY:​​**

<<PastMedicalHistory>>

**MEDICATIONS:**

<<MedicationDetail>>

**PAST​ ​SURGICAL​ ​HISTORY:**

<<PastSurgeryHostoryDetail>>

**PAST​ ​HOSPITALIZATIONS:​​**

<<PastHospitalizationDetails>>

**FAMILY​ ​HISTORY:​**

<<FamilyHistoryDetail>>

**SOCIAL​ ​HISTORY:​**

<<SocialHistoryDetails>>

**OCCUPATION:​​**

<<PatientsOccupation>>

**REVIEW​ ​OF​ ​SYSTEMS:​​**

<<ReviewOfSystemDetails>>

**ALLERGIES:**

<<AllergiesDetails>>

**PHYSICAL​ ​EXAMINATION**

**VITAL​ ​SIGNS:**

Height​ ​​<<HeightFeet>>​​ ​feet​ <<HieghtInches>>​​ ​inches(or​​ ​<<HeightInCentimetere>>​ ​cm).​ ​​ ​Weight​ ​​<<Weight>>​​ ​pounds.

**GENERAL​ ​APPEARANCE:**

The​ ​patient​ ​is​ ​alert​ ​and​ ​oriented​ ​to​ ​person,​ ​place​ ​and​ ​time.​ ​​ ​This​ ​is​ ​a well-developed,​ ​well-nourished​ ​​<<Gender>>​.

**MUSCULOSKELETAL**

<<MusculosketalShoulder>>

<<MusculosketalCervicalSpine>>

**STUDIES:​**

There​ ​is​ ​an​ ​​<<ExaminationReportName>>​​ ​report​ ​of​ ​the <<ExaminedOrganDetails>> ​dated​ <<ReportExaminationDate>>​.​ ​​ ​The report​ ​indicates​ ​​<<ReportExaminationFindings>>.

**TREATMENT​ ​RENDERED​ ​TODAY:​**

​CPT​ ​code​ ​​<<CPTCodes>>​.

I,​ ​Barbara​ ​C.​ ​Steele,​ ​MD,​ ​being​ ​a​ ​physician​ ​being​ ​duly​ ​licensed​ ​and​ ​practicing​ ​in​ ​the​ ​State​ ​of​ ​New​ ​York pursuant​ ​to​ ​CPLR​ ​Section​ ​2106,​ ​hereby​ ​affirm​ ​under​ ​the​ ​penalties​ ​of​ ​perjury​ ​that​ ​the​ ​statements​ ​contained herein​ ​are​ ​true​ ​and​ ​accurate.

<<SIGNATURE>>

**Barbara​ ​C.​ ​Steele,​ ​MD.**

**BCS/sjk**

**Dictated​ ​but​ ​not​ ​proofread**