​910​ ​E​ ​Gun​ ​Hill​ ​Rd​ ​Bronx,​ ​NY​ ​10469

Tel:​ ​(718)​ ​882-8500/Fax:​ ​(718)​ ​882-4400

​92-18​ ​165th​​Street​ ​Jamaica,​ ​NY​ ​11433​

Tel:​ ​(718)​ ​725-0044/​ ​Fax:​ ​(718)​ ​725-0880

1963​ ​Grand​ ​Concourse, ​2​nd​​ ​fl.​ ​Bronx,​ ​NY​ ​11453

Tel:​ ​(718)​ ​466-4600/Fax:​ ​(718)​ ​466-1100

55​ ​Green​ ​Ave.​ ​Suite​ ​LLB​ ​Brooklyn,​ ​NY​ ​11238

Tel:​ ​(718)​ ​398-7777/​ ​Fax:​ ​(718)399-7777

​JFK​ ​Airport​ ​Bldg.​ ​75​ ​Ste.​ ​247-249​ ​Jamaica,​ ​NY​ ​11430

Tel:​ ​(718)​ ​656-9500/​ ​Fax:​ ​(718)​ ​656-9503

63-36​ ​99th​ ​St.,​ ​1st​ ​Floor,​ ​Rego​ ​Park,​ ​NY​ ​11374

Tel:​ ​(718)​ ​255-6615/Fax:​ ​(718)​ ​255-1394

14​ ​Mamaroneck​ ​Ave, 2​nd​​ ​fl.​ ​White​ ​Plains,​ ​NY​ ​10601​

Tel:​ ​(914)​ ​949-5555/Fax:​ ​(914)​ ​993-3333​

JFK​ ​Airport​ ​Bldg.​ ​14​ ​Ste.​ ​14A​ ​Jamaica,​ ​NY​ ​11430

Tel:​ ​(718)​ ​725-0044/Fax:​ ​(718)​ ​725-0880

**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:**

<<HistoryOfPresentIllness>>

**PAST​ ​MEDICAL​ ​HISTORY:​​**

<<PastMedicalHistory>>

**MEDICATIONS:**

<<Medications>>

**PAST​ ​SURGICAL​ ​HISTORY:**

<<PastSurgicalHistory>>

**PAST​ ​HOSPITALIZATIONS:​​**

<<PastHospitalization>>

**FAMILY​ ​HISTORY:​**

<<FamilyHistory>>

**SOCIAL​ ​HISTORY:​**

<<SocialHistory>>

**OCCUPATION:​​**

<<PatientOccupation>>

**REVIEW​ ​OF​ ​SYSTEMS:​​**

<<ReviewOfSystem>>

**ALLERGIES:**

<<Allergies>>

**PHYSICAL​ ​EXAMINATION**

**VITAL​ ​SIGNS:**

Height​: <<PatientHeight>>.​ ​​ ​ Weight​: <<PatientWeight>>

**GENERAL​ ​APPEARANCE:**

<<GeneralAppearance>>

**MUSCULOSKELETAL**

<<MusculosketalShoulder>>

<<MusculosketalCervicalSpine>>

<<MusculosketalLumbarSpine>>

<<MusculosketalElbow>>

<<MusculosketalWrist>>

<<MusculosketalAnkle>>

<<MusculosketalHip>>

<<MusculosketalKnee>>

**STUDIES:​**

<<Studies>>

**ASSESSMENT:**

​​<<Assessment>>​

**CASUALTY:**

​​<<Casualty>>​

**WORK STATUS:**

​​<<WorkStatus>>​

**PROCEDURE:**

​​<<Procedure>>​

**PLAN:**

​​<<Plan>>​

**TREATMENT​ ​RENDERED​ ​TODAY:​**

​<<ProcedureCodes>>​

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.

<<DoctorSignature>>

**Barbara​ ​C.​ ​Steele,​ ​MD.**

**BCS/sjk**

**Dictated​ ​but​ ​not​ ​proofread**