(00167)-HANCOCK JAREE

Date of Birth - 02/15/1990 Sex - Male Marital Status - Single

Address: 145-86 222ND STREET, SPRING FIELD GARDEN, NY, 11413

Phone #: (347) 580-2749

Social Security# - 117-76-5241

Employer or Company Name:

Address: Emergency Name: Work Phone #:

Date of Accident - 09/08/2021 Time/Place Accident -Date of Visit - 09/29/2021

Insurance Company: American Mutual Insurance

Address:

Phone: Fax:

Claim# - WC018164

Claim Address - 903 Dewitt St

Grand Mound IA 52751

NF-2 - Yes

Policy Effective Date -

Policy# -

Policy holder - ohm pro electrical corp

WCB# - G3103947

Carrier case # -

From Attorney - Mikhail Ilyaich Firm Name - Gregory Spektor & Associates, PC

Attorney Address - 1 Cross Island Plaza, Ste 203C, Rosedale, NY 11422

Attorney Phone - 718-528-5272 Fax - Contact Person - 243-51 MERRICK BLVD ROSEDALE NY 11422

Other Insurance -

Medicare -

UK Sinha Physician, P.C.

102-31 Jamaica Ave. Richmond Hill, NY 11418

POST-OPERATIVE NOTE Date of Visit: 06/07/2022 The patient is status post arthroscopy of the shoulder knee on today for postoperative follow-up. The surgical site has healed beautifully The dressing/ sutures was removed. The surgical site was cleaned with alcohol pad. There is no evidence of any drainage, redness, or discharge from the surgical site. There is no swelling or edema. There is no wound dehiscence or complications. There is no calf tenderness. There is a negative Homans sign. The patient is afebrile. The patient is very happy with the results of surgery. The patient has regained almost full mobility of the shoulder knee. The patient has no / minimal pain. The patient may start their home exercise program. The patient has regained almost The patient is ambulating and full weight-bearing without any support. The patient was advised physical therapy \geq times a week for weeks to regain full mobility shoulder / knee. CPM and ice machine use The patient is to return to office in 4 weeks

Otherwise, the patient is discharged from my care.