

6/6/2022

(08307)-Bunay Jorge

Date of Birth - 3/14/1970 Sex - Male Marital Status - Married

Address: 35-63 88th Street Apt 1L, Jackson Heights, NY, 11372

Phone #: (347) 832-9251

Social Security# -

Employer or Company Name:

Address:

Emergency Name:

Work Phone #:

Date of Accident - 11/26/2021

Time/Place Accident -

Policy Report - Yes

Date of Visit - 12/14/2021

Condition Related to : Auto Accident

Insurance Company : STATE FARM INS. CO.

Address:

Phone: Fax:

Claim# - 0650974041

Claim Address - P.O. Box 106170

Atlanta, GA 30348

NF-2 - Yes Sending Date - 12/15/2021

Policy Effective Date - 7/6/2021

Policy# - 249 2937-A08-32

Policy holder - Puma, Maria, C

WCB# -

Carrier case # -

From Attorney - Beck Law, P.C. Firm Name - Beck Law, P.C.

Attorney Address - 71-19 80th St Ste. 8-208, Glendale, NY 11385

Attorney Phone - (516) 388-7785 Fax - (888) 990-2260

Contact Person -

Other Insurance -

Medicare -

NEW YORK STATE ^{USA}
DRIVER LICENSE

NOT FOR
FEDERAL
PURPOSES



Class D

ID 761 104 024
BUNAY CANTOS
JORGE AGUSTIN
10011 37TH AVE FL 2
CORONA NY 11368

Sex M Height 5'-04" Eyes BRO
DOB 03/14/1970
Expires 03/14/2024
E NONE
R NONE
Issued 01/16/2020

MAR 20

EXCLUSION



52-14-21.

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418

INITIAL INTAKE SHEET

Patient Name: Bunay Jorge WC NF LIEN M F DOA: 11/20/2021
 DOB: 3/4/1978 Age: 50 Height: 5'4" Weight: 160 Handed: R / L
 Chief Complaint: R/SH L/SH R/KN L/KN R/Elb L/Elb R/Hip L/Hip R/Ank L/Ank
 R/Wri L/Wri Neck Mid-back Low-back
 Type of Injury: MVA Work-Related Working: Y / N Degree of Disability: _____ %
 Asymptomatic prior to accident: Y / N History of prior trauma: Y / N
 Pain in: _____
 Other: _____

____ Pedestrian ____ Bicyclist ____ Motorcyclist ____ Bus pass. Driver Front Pass Rear Pass
 Vehicle hit: Rear Front Driver-side front Driver side rear Passenger side front
 Passenger side rear T-Boned Driver side T-Bone Passenger side
 Airbags deployed: Y / N EMS Arrived: Y / N Police at Scene: Y / N
 Went to Hospital: Y / N Hospital name: Elmhurst Hospital Amb. Car
 PMH: None Diabetes HTN HLD Asthma Cardiac Thyroid CA _____
 PSH: None
 Meds: None / Pain meds PRN IBuprophire
 Drug Allergy: Y / N
 Soc. His: Smoke Y / N ppd Alcohol Y / N Recreational Drugs Y / N
 PT/Chiro: Y / N Duration: _____ Weeks / Months / Years Relief: Good Little None
 Walk: Y / N blocks Stand: Y / N mins Sit Y / N mins
 Unable to: Garden Play sports Drive Lift Childcare Carry Reach overhead
 Laundry Shopping Errands Kneel Squat Stairs Jog Exercise

PRESENT COMPLAINTS:

R SH Pain <u>7</u> / 10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>Y</u> / <u>N</u> Reach back <u>Y</u> / <u>N</u> Unable to sleep at night Imp w/ Rest Med PT Ice	L SH Pain <u>8</u> / 10 Constant Intermittent Stiff Weak Pop Click Reach overhead <u>Y</u> / <u>N</u> Reach back <u>Y</u> / <u>N</u> Unable to sleep at night Imp w/ Rest Med PT Ice	R KN Pain <u>7</u> / 10 Constant Intermittent Stiff Weak Diff rising from chair <u>Y</u> / <u>N</u> Diff w/ stairs <u>Y</u> / <u>N</u> Click Pop Buckl Lock Imp w/ Rest Med PT Ice	L KN Pain <u>8</u> / 10 Constant Intermittent Stiff Weak Diff rising from chair <u>Y</u> / <u>N</u> Diff w/ stairs <u>Y</u> / <u>N</u> Click Pop Buckl Lock Imp w/ Rest Med PT Ice
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R HIP Pain ____ / 10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	L HIP Pain ____ / 10 Constant Intermittent Lock Pain w/ stand walk climb Standing from sitting Imp w/ Rest Med PT Ice	R ANK Pain ____ / 10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice	L ANK Pain ____ / 10 Constant Intermittent Pain w/ stand walk climb Imp w/ Rest Med PT Ice
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R WRI Pain ____ / 10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L WRI Pain ____ / 10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	R ELB Pain ____ / 10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice	L ELB Pain ____ / 10 Constant Intermittent Weak Numb Tingle Pain w/ lift carry drive Imp w/ Rest Med PT Ice
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Other Complaints: _____

ROS:**General:** Fevers chills night sweats weight gain weight loss**HEENT:** Double vision eye pain eye red. hearing loss earache ear ringing nose bleeds sore throat hoarseness**Endocrine:** Cold intolerance appetite changes hair changes**Skin:** Clear no rashes or lesions**Neuro:** Headaches dizziness vertigo tremors**Respiratory:** Wheezing coughing shortness of breath difficulty breathing**Cardiovascular:** Chest pain murmurs irregular heart rate hypertension**GI:** Nausea vomiting diarrhea constipation jaundice change in bowel habits**GU:** Blood in urine painful urination loss of bladder control urinary retention**Hematology:** Active bleeding bruising anemia blood clotting disorders**Psychiatric:** Anxiety change in sleep pattern depression suicidal thoughts**PHYSICAL EXAMINATION:****C SPINE:** Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L

Pain w/ neck bend lift carry Improves w/ Rest Med PT Ice

ROM: Flex. ____/45 Ext. ____/45 R Lat Flex. ____/45 L Lat Ext. ____/45 Rot ____/60

L SPINE: Pain Sharp Shoot Burn Constant Intermit Numb Tingling Radiates to R L

Pain w/ stand walk sit bend Improves w/ Rest Med PT Ice

ROM: Flex. ____/80 Ext. ____/25 R Lat Flex. ____/35 L Lat Ext. ____/45 Sac Hip Flex ____/45

R/SH: Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. 165/180 Add. 115/45 For Flex. 160/180 Ext. 40/60 IR 70/90 ER 70/90

IR: sacrum mid back ____no motor or sensory deficit

L/SH: Swelling/Tender to palp → Supraspinatus AC joint Trap. Prox biceps Coracoid Deltoid Scapula

Heat Erythema Crepitus Deformity

Drop Arm Cross-Over Empty Can Yergason Deltoid Atrophy

O'Brien's Impingement Lift off test Hawkins

ROM: Abd. ____/180 Add. ____/45 For Flex. ____/180 Ext. ____/60 IR ____/90 ER ____/90

IR: sacrum mid back ____no motor or sensory deficit

R/KN: Swelling/Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion ____/130 Extension ____/5 ____Stable varus/valgus ____no motor or sensory deficit

L/KN: Swelling/Tender along → Med joint line Lat joint line Sup. patella Inf. Patella Pop. fossa

Heat Swelling Erythema Crepitus Deformity

McMurray Lachmans Pat. fem. grind Ant. draw Post. draw

ROM: Flexion 120/130 Extension full/5 ____Stable varus/valgus ____no motor or sensory deficit**R/HIP:** Swelling/Hematoma/Effusion/bruise ____Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ____/45 Add. ____/35 Flex. ____/120 Ext. ____/30 IR ____/45 ER ____/45

L/HIP: Swelling/Hematoma/Effusion/bruise ____Trendelenburg +ve -ve

Tenderness to palpation → Great Troch Groin Medial thigh. ROM: Full Limited and painful.

ROM: Abd. ____/45 Add. ____/35 Flex. ____/120 Ext. ____/30 IR ____/45 ER ____/45

R/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve

Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ____/20 Plantar flex. ____/50 Inversion ____/15 Eversion ____/15

L/ANK: Swell/Hemato/bruise → Ant. Post. Lat. Malleo Ant Draw +ve -ve Inv Stress +ve -ve

Tenderness to palpation → Med. aspect Lat. aspect. ROM: Full Limited and painful.

ROM: Dorsi flexion ____/20 Plantar flex. ____/50 Inversion ____/15 Eversion ____/15

R/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ____/5 grip strength Swell Erythema Bruise

Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ____/80 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/30

L/WRI: Pain to palp. → Ulnar styl. Distal rad. Scaphoid ____/5 grip strength Swell Erythema Bruise

Tinel +ve -ve Phalen +ve -ve

ROM: Flexion ____/80 Extension ____/70 Radial dev. ____/20 Ulnar dev. ____/30

R/ELB: Swell Erythema Bruise Deltoid atrophy ____/5 musc stren Tender → Med Epi Lat Epi Ole Pro

Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ____/150 Extension ____/150 Supin. ____/90 Pron. ____/90

L/ELB: Swell Erythema Bruise Deltoid atrophy ____/5 musc stren Tender → Med Epi Lat Epi Ole Pro

Varus +ve -ve Valgus +ve -ve Tinel +ve -ve

ROM: Flexion ____/150 Extension ____/150 Supin. ____/90 Pron. ____/90

Dx:

<u>Right Shoulder</u>	<u>Left Shoulder</u>	<u>Right Knee</u>	<u>Left Knee</u>
S46.011A <u>Partial rot cuff tear</u>	S46.012A <u>Partial rot cuff tear</u>	S83.241A <u>Med. Men. tear</u>	S83.242A <u>Med. Men. tear</u>
M75.121 <u>Complete rot cuff tear</u>	M75.122 <u>Complete rot cuff tear</u>	S83.281A <u>Lat. Men. tear</u>	S83.282A <u>Lat. Men. tear</u>
M24.811 <u>Internal derangement</u>	M24.812 <u>Internal derangement</u>	M23.91 <u>Internal derangement</u>	M23.92 <u>Internal derangement</u>
M75.01 <u>Adhesive Capsulitis</u>	M75.02 <u>Adhesive Capsulitis</u>	S83.519A <u>ACL tear</u>	S83.519A <u>ACL tear</u>
M75.81 <u>Shoulder tendinitis</u>	M75.82 <u>Shoulder tendinitis</u>	S83.511A <u>ACL sprain</u>	S83.512A <u>ACL sprain</u>
S43.431A <u>Labral tear</u>	S43.432A <u>Labral tear</u>	S83.411 <u>MCL sprain</u>	S83.412A <u>MCL sprain</u>
S43.431A <u>SLAP tear</u>	S43.432A <u>SLAP tear</u>	M94.261 <u>Chondromalacia</u>	M94.262 <u>Chondromalacia</u>
M75.41 <u>Impingement</u>	M75.42 <u>Impingement</u>	S83.31XA <u>Tear artic. cartilage</u>	S83.32XA <u>Tear artic. cartilage</u>
M65.811 <u>Tenosynovitis</u>	M65.812 <u>Tenosynovitis</u>	M22.2X1 <u>PF chondral injury</u>	M22.2X2 <u>PF chondral injury</u>
M75.51 <u>Bursitis</u>	M75.52 <u>Bursitis</u>	M25.461 <u>Joint effusion</u>	M25.462 <u>Joint effusion</u>
M75.21 <u>Bicipital tendinitis</u>	M75.22 <u>Bicipital Tendinitis</u>	M12.569 <u>Trauma. arthropathy</u>	M12.569 <u>Trauma. arthropathy y</u>
M25.511 <u>Pain</u>	M25.512 <u>Pain</u>	S80.911A <u>Injury</u>	S80.912A <u>Injury</u>
S49.91XA <u>Injury</u>	S49.92XA <u>Injury</u>	M25.561 <u>Pain</u>	M25.562 <u>Pain</u>
S46.101A <u>Biceps tendon tear</u>	S46.102A <u>Biceps tendon tear</u>	M65.161 <u>Synovitis</u>	M65.162 <u>Synovitis</u>
M24.10 <u>Glenoid chondr defect</u>	M24.10 <u>Glenoid chondr defect</u>	M23.40 <u>Loose body in knee</u>	M23.40 <u>Loose body in knee</u>
M94.211 <u>Chondromal, glen/HH</u>	M94.212 <u>Chondromal, glen/HH</u>	M24.10 <u>Chondral lesion</u>	M24.10 <u>Chondral lesion</u>
M67.211 <u>Hypertroph. synovitis</u>	M67.212 <u>Hypertroph. synovitis</u>	M93.261 <u>Osteochondral lesion</u>	M93.262 <u>Osteochondral lesion</u>
M89.311 <u>AC joint hypertrophy</u>	M89.312 <u>AC joint hypertrophy</u>	M17.11 <u>Osteoarthritis</u>	M17.12 <u>Osteoarthritis</u>
M24.011 <u>Loose Bodies</u>	M24.012 <u>Loose Bodies</u>	M24.661 <u>Adhesions</u>	M24.662 <u>Adhesions</u>
M25.311 <u>Shoulder instability</u>	M25.312 <u>Shoulder instability</u>	M67.51 <u>Medial plica</u>	M67.52 <u>Medial plica</u>
M19.011 <u>Primary osteoarthritis</u>	M19.012 <u>Primary osteoarthritis</u>	M25.761 <u>Osteophyte</u>	M25.762 <u>Osteophyte</u>
M25.411 <u>Joint Effusion</u>	M25.412 <u>Joint Effusion</u>	M70.41 <u>Prepatellar bursitis</u>	M70.42 <u>Prepatellar bursitis</u>

pr last @ cartilage injury

lay down 2 weeks ago

by another doctor

feels some better

1st Sx

02/10/22.

UK Sinha Physician, P.C.

102-31 Jamaica Ave.
Richmond Hill, NY 11418
Ph: 718-480-1130 Fax: 718-480-1132
usinhaorthopedics@gmail.com

Date: 06/07/2022

NF Forms

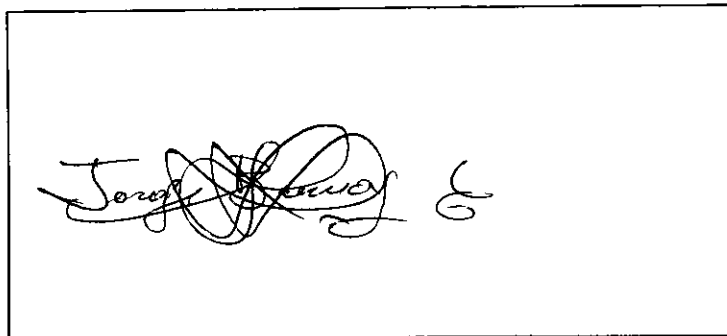
I, Jorge Agustin Bunay Cautos hereby authorize **UK Sinha Physician, P.C.**

to use my signature as signed below for the following documents:

1. NY Motor Vehicle No-Fault AOB Form
2. NYS Form NF-2
3. NYS Form NF-3
4. Attorney Lien document
5. HIPAA (OCA official Form NO.: 960)

WC Forms

1. Workers Compensation Insurance form
2. HIPAA (OCA official Form NO.: 960)



(Please sign within the box with black ink)