February 21, 2024

**Re:**     Mr. 1 1   
**DOB:**  01/01/2000   
**DOA:**  02/21/2024   
**Location:**   Bayside-Ortho

**INITIAL ORTHOPEDIC CONSULTATION**  
  
**CHIEF COMPLAINT:**

**HISTORY OF PRESENT ILLNESS:**

**PAST MEDICAL HISTORY:** Noncontributory.

**PAST SURGICAL HISTORY:** Noncontributory

**DRUG ALLERGIES:** No known drug allergies

**CURRENT MEDICATIONS*:***The patient is taking \_\_\_\_ pain medications p.r.n. The patient is not taking any medication at this time.

**SOCIAL HISTORY:**

**IMPAIRMENT RATING:**

**ADL CAPABILITIES:**

**REVIEW OF SYSTEMS:**

**PHYSICAL EXAMINATION:** Height \_\_ feet inches, weight \_\_ pounds.

**DIAGNOSTIC STUDIES:** 02-01-2024 - MRI of the left knee 122.  
02-02-2024 - CT-Scan of the right knee 122.  
  
The above diagnostic studies were reviewed.

**FINAL DIAGNOSES:**

**PLAN:**

* Imaging studies and clinical examinations were reviewed with the patient.
* All treatment options discussed with the patient.
* Cold compresses for 1 /left shoulder, right/left knee.

**CAUSALITY:**It is within a certain degree of medical certainty, that the history presented by Mr. 1 1, the objective physical findings as well as the diagnosis rendered is causally related to the injury the patient incurred on the 02/21/2024.  These current symptoms were nonexistent prior to the accident. Findings were discussed with the patient.