WILMER LEON ROJAS-179-TQ314

14. WILL THE PATIENT REQUIRE REHABILITATION AND/OR OCCUPATIONAL THERAPY AS A RESULT OF THE INJURIES SUSTAINED IN THIS ACCIDENT?

			Tills According Reports Report
YES	X	NO	IF YES, describe your recommendation below: See Doctor's Repor

15. REPORT OF SERVICES RENDERED -- ATTACH ADDITIONAL SHEETS IF NECESSARY

Date of	Place of Service	Description of Treatment or Health Service Rendered	Unit	Fee Schedule Treatment Code	Charges
Service	Including Zip Code		250	NDC 51672-3008-05	\$ 1520.00
03/08/2024	5 NEW HYDE PARK RD, FRANKLIN SQUARE, NY, 11010	LIDOCAINE 5% TOPICAL OINTMENT			\$ 42 98
03/08/2024		IBUPROFEN 600 MG TAB	90	NDC:64380-0808-07	5 42 98

TOTAL CHARGES TO DATE \$ 1562.98