

BOARD CERTIFIED ORTHOPEDIC SURGEON
SPINAL RECONSTRUCTIVE SURGEON

Disneyland Parks and Resorts, W.C.
Post Office Box 3909
Anaheim, CA 92803

**PRIMARY TREATING PHYSICIAN'S
POST OPERATIVE ORTHOPEDIC EVALUATION AND REPORT**

NAME: Bhargav Shah
DATE OF EXAM: October 21, 2022
EMPLOYER: Disneyland Park
DATE OF INJURY: July 3, 2018
INSURANCE CARRIER: Disneyland Parks & Resorts, WC
CLAIM NUMBER: DLRW-2018083560
DATE OF SURGERY: 10/06/2022

Dear Adjuster:

SUBJECTIVE CURRENT COMPLAINTS AND SYMPTOMS:

I had the pleasure of revisiting with Mr. Shah in the office today. He is status post anterior cervical decompression and fusion at C4-5. He is here to have the sutures removed.

OBJECTIVE PHYSICAL FINDINGS:

GENERAL: Mr. Shah is a well-nourished 66-year-old, right-hand dominant male that is 5 feet 3 inches tall and weighs 160 pounds.

CERVICAL SPINE EXAM:

Inspection:

Incision has healed.

DIAGNOSTIC IMPRESSION:

1. Disc Herniation C4-5
2. Cervical Stenosis
3. Radiculopathy
4. Status Post Anterior Cervical Discectomy and Fusion C4-5

RECOMMENDATIONS / TREATMENT:

Mr. Shah is doing well. I removed the sutures.

WORK STATUS:

TTD

DISCLOSURE:

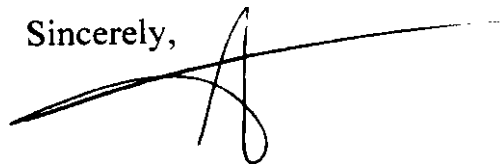
In compliance with recent Workers' Compensation legislation Title 8 California Labor Coes Section 9785, 9785.2, 9785.3: "I declare under penalty of perjury that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge as Primary treating physician."

In compliance with Labor Code 4906 (g), "I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and I have not offered, delivered, received or accepted any rebate, refund, commission, preference, patronage, dividend, discount or other considerations, whether in the form of money or otherwise, as compensation or inducement for any referral examination or evaluation."

In compliance with recent Workers' Compensation legislation (Labor Code Section 5703 under AB 1300): "I have not violated Labor Code Section 139.3 and the contents of the report and bill are true and correct to the best of my knowledge. This statement is made under penalty of perjury."

This report was signed on October 27, 2022 in Huntington Beach, CA, in Orange County.

Sincerely,



Kamran Aflatoon, DO,
Board Certified Orthopedic Surgeon
Reconstructive Spine Surgeon
Orthopedic Oncology
LIC#20A8503
KA/me/da

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

SO CAL SPINE & ORTHO ONC INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
 - Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶
 - C Corporation
 - S Corporation
 - Partnership
 - Trust/estate
 - Other (see instructions) ▶
- Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

P.O. BOX 1176

Requester's name and address (optional)

6 City, state, and ZIP code

NEWPORT BEACH, CA 92659

7 List account number(s) here (optional)

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					

OR

Employer identification number									
2	0	-	3	6	0	1	9	5	4

Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

1/1/2022

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.