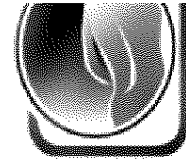


EDWIN HARONIAN, M.D.

— DISORDERS & SURGERY OF THE SPINE —



- Minimally Invasive Spine Surgery
- Complex & Revision Spine Surgery
- Comprehensive Spine Care



- Certified, American Board of Orthopedic Surgery

AAOS AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
Association of Specialists in Orthopedic Surgery

- Fellow, American Academy of Orthopedic Surgeons



- Member, North American Spine Society



- American College of Spine Surgery



- Alumni, Kerlan-Jobe Orthopedic Clinic

5651 SEPULVEDA BLVD., STE 201
 SHERMAN OAKS, CA 91411
 PH: (818)788-2400
 FAX: (818) 788-2453

724 CORPORATE CENTER DRIVE
 SECOND FLOOR
 POMONA, CA 91768
 PH. (909) 622-6222
 FX. (909) 622-6220

AdminSure
 3380 Shelby Street
 Ontario, CA 91764
 Attn: Shannon Rocha

Patient Name : Patricia Bush
 Date of Service : June 7, 2021
 Claim # : 18-138707
 Employer : Pomona Valley Hospital Medical Center
 Date of Birth : March 10, 1961
 Date of Injury : 11/10/2018
 File # : 20052853

FOLLOW-UP REPORT OF A PRIMARY TREATING PHYSICIAN

The patient is back in my office still complaining of residual symptoms. Authorization was provided for a knee specialist to consider a knee replacement. The patient was seen by Dr. Nassos, who recommended to avoid operative intervention. I concur with his opinions. He also recommended injections. The patient was also seen by Dr. Mouradian. Dr. Mouradian recommended injections as well. We are waiting for the conclusion of these issues.

At this time, I will recommend the patient will continue with the use of the medications. Her medications will be refilled at the lowest dosage. The patient has not been able to return back to work. She has been using a brace. At this time, in order to regain muscle function and strength, I am also requesting a neuromuscular electrical stimulator for the patient.

I will see the patient back in six weeks. We will make further recommendations at that time. Home exercises are recommended.

DIAGNOSIS:

S43.409D Shoulder Sprain/Strain,
 M54.17 Radiculopathy, lumbosacral region,
 S83.90XD Sprain of knee,

BUSH, Patricia

June 7, 2021

Page 2 of 3

M75.42 Impingement syndrome of left shoulder,
S43.432D Superior glenoid labrum lesion of left shoulder, subsequent encounter,
S43.402D Unspecified sprain of left shoulder joint, subsequent encounter,
M75.40 Impingement syndrome, shoulder,
M23.239 Derangement of medial meniscus
S83.242D Other tear of medial meniscus, current injury, left knee, subsequent
encounter,
M23.232 Derangement of other medial meniscus due to old tear or injury, left knee

We are requesting that all the patient medical records, related or unrelated to this case be sent to our attention for review which will be incorporated in accessing the treatment and medical legal issues.

I declare, under penalty of perjury, that I have not violated the provisions of California Labor Code 139.3 and that the contents of this report and attached billing are true and correct to the best of my knowledge. I also affirm that I have not violated any sections of Labor Code 4628. Please see attached itemized billing with ICD-10 diagnosis code(s). The foregoing declaration is executed on the date of this report and signed by myself in the County of Los Angeles.

To complete this examination I have been assisted, as needed, for taking histories, taking x-rays, assisting with the patient, transcription of reports by some or all of the following personnel Alma Azucar, Natasha Yokum, Carmen Garcia and Emily Shemwell. Sherry Leoni, DC, or Shahrzad Forat, DC, may also have assisted in compiling and editing of this report. If required an interpreter was provided. All of the above individuals are qualified to perform the described activities by reason of individual training or under my direct supervision.

Please be advised that Dr. Haronian has a financial interest in Osteon Surgery Center, Kinetix Surgery Center and Pomona Orthopedics.



June 14, 2021

Date

Edwin Haronian, M.D.
Certified Diplomate American
Board of Orthopedic Surgery
California License #A71385

*Law Offices of Natalia Foley
8306 Wilshire Blvd, #115
Beverly Hills, CA 90211

PROOF OF SERVICE
STATE OF CALIFORNIA

Bush, Patricia

June 7, 2021

Page 3 of 3

I am employed in the County of Los Angeles. I am over the age of 18 and not a party to the within action; my business address is:

5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411

On 6/18/2021 served the foregoing document described as:

EDWIN HARONIAN, M.D.
EVALUATION REPORT

Patient Name: Patricia Bush

File Number: 20052853

Claim #: 18-138707

DOS: 6/7/2021

On all interested parties in this action by electronic transmission a true copy of this narrative report from **5651 SEPULVEDA BLVD., SUITE 201, SHERMAN OAKS, CA 91411**

Addressed as follows:

Shannon Rocha
AdminSure
3380 Shelby Street
Ontario, CA 91764

Law Offices of Natalia Foley
8306 Wilshire Blvd, #115
Beverly Hills, CA 90211

I declare that I am over the age of 18 years and not a party to this action. I also declare under penalty of perjury that the foregoing is true and correct and that this declaration was executed on 6/18/2021 at



Emily Shemwell