PHYSICAL ASSAULTS

RESPONDENT'S HISTORY OF REPEATEDLY ASSAULTING THE PETITIONER

SERIES OF ASSAULTS (6+ YEARS)

DURING 6+ YEAR OF MARITAL RELATIONSHIP WITH MEGHNA, PETITIONER HAVE BEEN PHYICALLY ASSAULTED MULTIPLE TIMES, SOME EVEN REQUIRING HOSPITALIZATIONS AND SURGERY. MEDICAL REPORTS ARE ATTACHED.

ALL WHILE PETITIONER STAYED SAFE AND NEVER EVEN RECEIVED A SCRATCH IN THOSE YEARS. HOWEVER, PETITIONER CONTINUE TO USE HER GENDER TO HER ADVANTAGE.

MEDICAL REPORTS ARE ANNEX 9, ANNEX 10.1 AND ANNEX 10.2.

INJURED HAND – SHARP HUMAN BITE

Incident: 7/21/2019

Petitioner wanted to go to talk to his parents which respondent did not approve of. While trying to leave the Scene of argument, respondent pulled the petitioner towards her and bit his hand with full human force. Blood was gushing out and bones could seen from deep would from the bite. Respondent then pressured the petitioner heavily to no seek any medical attention as she recommended would to heal by itself. Petitioner escaped the day from the cruelity and drove himself to emergency Section at hospital in Westfield, New York.

Respondent, as usual was unharmed and untouched, not even suffering even a minor scratch.

INJURED HAND – SHARP HUMAN BITE

Incident: 7/21/2019

Emergency Department provider notes from Allghany Health Network at Westfied, NY Notes read:

Patient Presents with

• Human Bite

"Patient is a 34-year old male no significant past medical history unsure of last tetanus presenting with a bite to the dosum of his left thumb. He states that a significant other who he will not name bit him in the thumb. He states there is no possibility that she would have HIV or hepatitis and does not want any prophylaxis or screening for either. He did not clean out. The bite occurred just before midnight. He denies any numbness tingling weakness. No other injury. He does not have pain with range motion."

Allegheny Health Network	Singh, Arun
Emergency Department WMH Guarantor: SINGH,ARUN Emergency Department Contact Serial #: 121294928	ED 7/21/2019 (38 minutes) Status: Discharged Primary impression: Human bite of thumb, left, initial encounter
Patient Class: ED Unit: WMHED Hospital Service: Emergency Medicine Bed: 015F/015F	WMH Emergency Department Chief complaint: Human Bite; Referred by Christopher Karns, DO
Admitting Provider: Referring Physician: Karns, Christopher J Attending Provider: Adm Diagnosis: Means of Arrival: Car	ED Provider Notes Christopher Karns, DO (Physician) • Emergency Medir History Chief Complaint
PATIENT Name: Arun Singh DOB: 10/11/1984 (34 yrs) Address: 4873 Victoria Chase CT Race: Unknown	Patient presents with
City: JACKSONVILLE FL 32257 Marital Status: Married Primary Phone: 904-704-2410 Sex: Male Primary Care Provider: Pcp No Pcp Accident No	Patient is a 34-year-old male no significant past medical history unsure of last tetanus presenting with a bite to the dorsum of his left thumb. He states that a significant other who l will not name bit him in the thumb. He states there is no possibility that she could have HIV of
Allergy: Patient has no known allergies. Preferred English EMERGENCY CONTACT Contact Name Legal Guardian? Relationship to Patient Home Phone Mobile Phone Work Phone	hepatitis and does not want any prophylaxis or screening for either. He did not clean out. The bite occurred just before midnight. He denies any numbness tingling weakness. No other injury. He does not have pain with range motion.
1. no, contact Other (000)000-0000	
GUARANTOR DOB: 10/11/1984 Guarantor: SINGH,ARUN DOB: 10/11/1984 Address: 4873 Victoria Chase CT Sex: Male	History reviewed. No pertinent past medical history.
JACKSONVILLE, FL 32257 Relation to Patient Self Home Phone: 904-704-2410	No past surgical history on file. History reviewed. No pertinent family history.
Guarantor ID: 100707672 Work Phone: Mobile Phone: GUARANTOR EMPLOYER	Social History
Employer: BANK OF AMERICA Status: FULL TIME COVERAGE PRIMARY INSURANCE	Socioeconomic History • Marital status: Married Spouse Not on file
Payor: HIGHMARK BCBS Plan: BC OUT OF AREA GENERIK Group Number: 174549B411 Insurance Type: INDEMNITY	
Subscriber Name: SINGH,ARUN Subscriber DOB: 10/11/1984 Subscriber ID: FJF28506913M Referral: Pat. Rel. to Subscriber: Self Authorization:	Years of Not on file education: Highest Not on file
Insurance Phone #: Insurance Verified: E-Verified SECONDARY INSURANCE	education level: Occupational History
Payor: Plan: Group Number: Insurance Type: Subscriber Name: Subscriber DOB:	Not on file Social Needs Financial Not on file
Subscriber ID: Referral: Pat. Rel. to Subscriber: Authorization:	resource strain: • Food insecurity: Worry: Not on file
Insurance Printe #: Insurance Verified: Contact Serial # (121284928) Date Printed: September 13, 2022 3011	Inability: Not on file • Transportation needs: Medical: Not on file

A

Singh, Arun (MRN 11669166) DOB: 10/11/1984 **ANNEX4: Page 6** Encounter Date: 07/21/2019 Singh, Arun (MRN 11669166) DOB: 10/11/1984 Encounter Date: 07/21/2019 Non-medical: Not on file Neurological: Negative for weakness. Tobacco Use Hematological: Negative. • Smoking Never Smoker Psychiatric/Behavioral: Negative. status: Pertinent items are noted in HPI, otherwise remainder of the 14 point ROS was done in full and · Smokeless Never Used negative. tobacco: Substance and Sexual Activity ·Alcohol use: Not Currently **Physical Exam** · Drug use: Never Visit Vitals ·Sexual activity: Not on file 07/21/19 0038 Lifestyle BP: 143/82 · Physical activity: Pulse: 78 Days per Not on file Temp: 97.8 °F (36.6 °C) week. TempSrc: Oral Minutes per Not on file Resp: 16 session: SpO2: 99% • Stress: Not on file Relationships · Social connections: Physical Exam Talks on Not on file Constitutional: He appears well-developed and well-nourished. No distress. phone: HENT: Gets Not on file Head: Normocephalic and atraumatic. together: Neck: Normal range of motion. Neck supple. Attends Not on file Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. religious Exam reveals no gallop and no friction rub. service: No murmur heard. Active Not on file Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no member of wheezes. He has no rales. club or Abdominal: Soft. Bowel sounds are normal. He exhibits no distension and no mass. There is no organization tenderness. There is no rebound and no guarding. No hernia. Attends Not on file Musculoskeletal: Normal range of motion. meetings of Skin: Skin is warm and dry. He is not diaphoretic. clubs or Very superficial 0.25 centimeter laceration on the dorsum of the patient's thumb, does organizations: not require any fixation Relationship Not on file Psychiatric: He has a normal mood and affect. status: Nursing note and vitals reviewed. Other Topics Concern •Not on file Social History Narrative ED Course ·Not on file Procedures Review of Systems MDM Constitutional: Negative for fatigue and fever. Very patient with very superficial laceration on the back of his thumb, he does not want any HENT: Negative for facial swelling and sinus pain. screening or prophylaxis against HIV. He states no possibility. He states he is safe to go Eyes: Negative for visual disturbance. back. Will update his tetanus, give him Augmentin here, will send him a script for Augmentin Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing. prophylaxis. I have counseled the patient as to the results of the evaluation and medical Cardiovascular: Negative for chest pain and leg swelling. decision making using lay terms. The patient is instructed to follow up with their primary care Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting. physician or return to the emergency department for any new, worsening, or concerning Endocrine: Negative. symptoms. The patient verbalizes understanding with the instructions, diagnosis, and plan. Genitourinary: Negative for flank pain, frequency, hematuria and urgency. Musculoskeletal: Negative for gait problem and neck pain. Skin: Positive for wound. Allergic/Immunologic: Negative. Printed by Kimberly Raynor at 9/13/2022 11:19 AM Printed by Kimberly Raynor at 9/13/2022 11:19 AM Page 2 of 5

Page 3 of 5

Singh, Arun (MRN 11669166) DOB: 10/11/1984

Encounter Date: 07/21/2019

Singh, Arun (MRN 11669166) DOB: 10/11/1984

amoxicillin-clavulanate (AUGMENTIN) 875-125

HYDROcodone-acetaminophen (NORCO) 5-325

07/21 amoxicillin/potassium clav 1 tablet

07/21 diph,pertuss(acell),tet vac/PF 0.5 mL

Patient-reported medication

Take 1 tablet by mouth 2 (two) times a day for 7 days. - oral

mg per tablet

Care Timeline 07/21 Arrived

> 07/21 Discharged 0115

0021

0103

0104

mg tablet

Refills

0

Start Date

7/21/2019

6/21/2019

Encounter Date: 07/21/2019

End Date

7/28/2019

No orc	lers	to	dis	p	lay	

Final diagnoses: Human bite of thumb, left, initial encounter

Christopher Karns, DO 07/21/19 0056

Other Notes

All notes

Additional Orders and Documentation

A Results Meds

I Flowsheets

End Date

7/28/2019

Encounter Info: History, Allergies, Detailed Report

Media

From this encounter

Electronic signature on 7/21/2019 12:37 AM - E-signed Electronic signature on 7/21/2019 12:36 AM - E-signed Scan on 7/22/2019 11:21 AM by Kimberly Raynor: TDAP Vaccine Scan on 7/21/2019 12:46 AM by Sara Sobecki: Ebola-ER

Clinical Impressions

Primary: Human bite of thumb, left, initial encounter S61.052A, W50.3XXA

Disposition

 Image
 Discharge
 Discharge
 Condition: Good
 ED
 After Visit Summary (Printed 7/21/2019)
 Follow-Ups: Follow up with No Pcp, Pcp in 1 day (7/22/2019)
 Follow-Ups: Follow up with No Pcp, Pcp in 1 day (7/22/2019)
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 Follow-Ups: Follow up with No Pcp, Pcp in 1 day (7/22/2019)

Medication Changes As of 7/21/2019 1:15 AM

 Refills
 Start Date

 Added: amoxicillin-clavulanate (AUGMENTIN)
 0
 7/21/2019

 875-125 mg per tablet
 Take 1 tablet by mouth 2 (two) times a day for 7 days. - oral
 - oral

Expected Medication List at Discharge

As of 7/21/2019 1:15 AM

Refills Start Date End Date

Printed by Kimberly Raynor at 9/13/2022 11:19 AM

Page 4 of 5

Printed by	Kimberly	Raynor at	9/13/2022	11:19 AM
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Page 5 of 5

ANNEX4: Page 8	}
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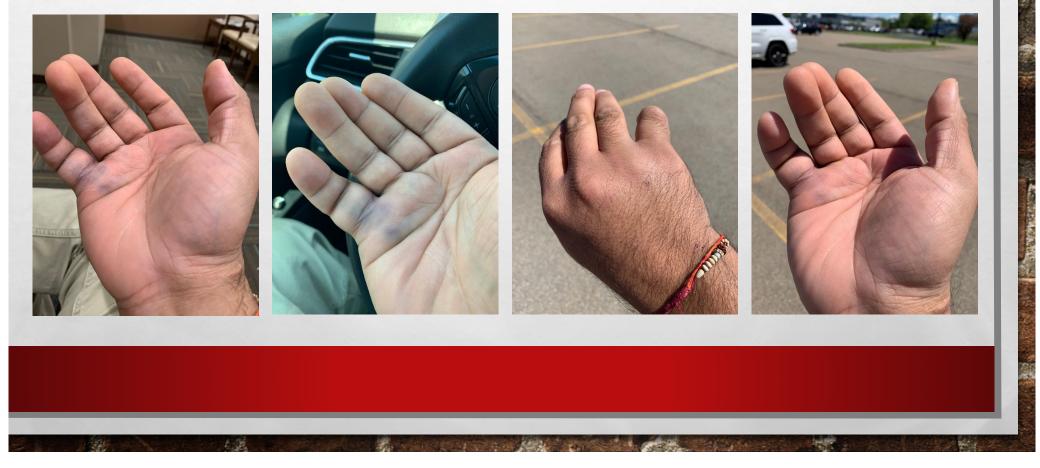
h, Arun Scan on 7/22/2019 by Kimberly F	Raynor of TDAP Vaccine		
¢			
port the Mericanon and A a <u>manual second</u>	SINGH, ARI HAR: 17000 DOB: 10/11/ 12/24/82 Adm Date 7	N 55693 MRN: 11569166 1984 (3 yrs) M 21/2019 Priv Enc. No	
	. CSN: 12129.	1928 Priv Enc. No	
18 W VACCINE A The hospital/clinic may keep th record what vaccine was giver company that made the vaccin and title of the person who gav was given. I have read or have had explai the <u>TDAP</u> and they were answered to my benefits and the risks of the va the person named below for wi	D MEMORIAL HOSPITAL 9 East Main Street estfield, NY 14787 DMINISTRATION RECORD his record in the patient's medical file. The when the vaccine was given, the name of the vaccine's special lot number, the si re the vaccine and the address where the ned to me the information about vaccine. I have had a chance to ask of satisfaction. I believe that I understand the coine. I request that the vaccine be given own I am authorized to make this request reside vaccine (Please Print) First Middle initial 1 Birth di	of the gnature vaccine uestions he to me or	
singh	Aruh 19/11/ or person authorized to make the request	1984 34	
C GALBA	Date: <u>/</u>	162\$/19	
Publication date of VIS: _ 2 2	For Hospital Use		
	1/21/2019	· · · · · · · · · · · · · · · · · · ·	
Vaccine manufacturer: <u>Sav</u>	A REAL PROPERTY AND A REAL	IL JUG226	
Vaccine lot number and expiration		1/10/21	
Site of injection: RIGHT	Deltoit		
Signature and title of vaccine ac 12/03 ER Vaccine Admin Record	iministrator. Kaany Carl	Le luezzana	

BRUTAL ASSAULT IN A DISPLAY OF CRUEL CHARACTER

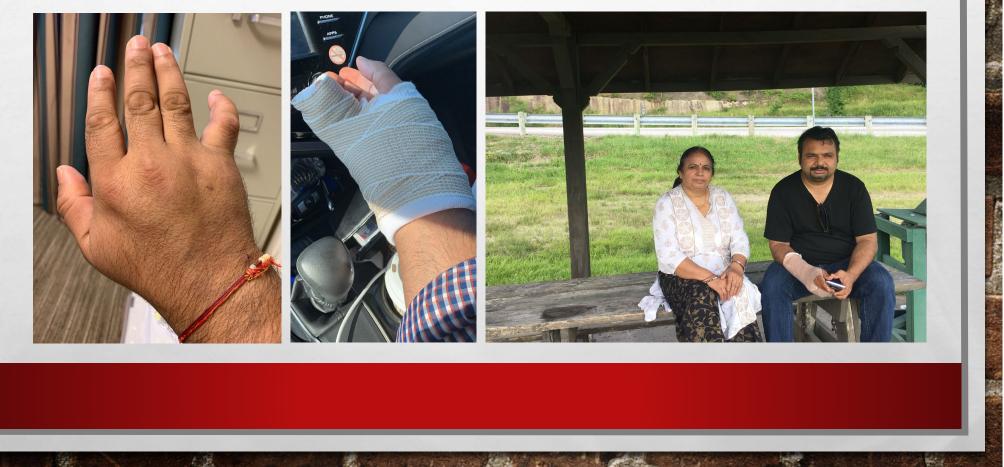
Incident: 6/11/2019

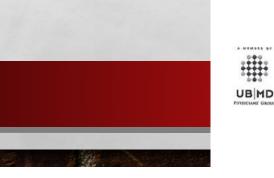
DURING A NORMAL MARITAL ARGUMENT. RESPONDENT TWISTED AND BENT ONE OF PETITIONER'S FINGER MORE THAN 90 DEGREES. SHE HERSELF SUFFERED NO SCRATCH. PETITIONER'S HAND ON THE OTHER HAND SUFFERED SEVERE FRACTURE. RESPONDENT THEN ADVISED PETITIONER TO NOT SEEK MEDICAL ATTENTION AS SHE AFRAID OF BEING BOOKED FOR ASSAULT. WHEN PETITIONER IGNORED HER ADVICE TO NOT SEEK MEDICAL ATTENTION, IN A DISPLAY OF HER USUAL CRUETLITY SHE VERBALLY ABUSED THE PETTIONER WHILE DRIVING TO HOSPITAL. WITH A BROKEN AND SWOLLEN HAND PETITIONER DROVE TO URGENT CARE HIMSELF AND IT WAS CONFIRMED THAT HE had a broken hand. Petitoner was hospitalized on 06.20.19 and a surgery to the hand was PERFORMED. METAL PINS WERE INSERTED IN HIS HAND AND HE WAS MADE TO WEAR SPLINTS FOR MANY WEEKS. GIVEN THAT HIS TRADE INVOLVED TYPING THE INCIDENT MADE HUGE IMPACT. HE WAS PROHIBITED FROM DRIVING. HOWEVER, MEGHNA PROVIDED NO ASSISTANCE IN THIS PERIOD. WHEN PETITIONERS PARENTS ARRIVED FROM INDIA TO JACKSONVILLE, FL, HE HAD TO DRIVE THEM 1500 FROM JACKSONVILLE, FL TO THE FINDLEY LAKE, NEW YORK. TO RESPONDENT, PETITIONER WAS RESPONSIBLE FOR BRINGING HIS OWN PARENTS TO HOME EVEN IF HIS HAND WAS FRACTURED. RESPONDENT DID NOT EVEN ONCE CONSIDERED TO GO AND PICK UP PARENTS WHEN AN INJURY INFLICTED BY HER REQUIRED PETITIONER TO NOT TO DRIVE. HER BRUTAL AND CRUEL CHARACTER WAS ON FULL DISPLAY. WHEN ON RETURN TRIP TO HOTEL, PETITIONER PURCHASED A USED VEHICLE. RESPONDENT SPENT YEARS VERBALLY BERATING ME ON PURCHASE OF A USED VEHICLE SO HE CAN ACCOMMODATE HIS ENTIRE FAMILY IN ONE VEHICLE, RESPONDENT ENDED UP BECOMING THE PRIMARY USER OF THE SAME VEHICLE SHE VERBALLY ABUSED PETITIONER FOR, RESPONDENT NEVER STOPPED VERBALLY ABUSING THE PETITIONER TO TAKE HIS PARENTS AROUND.

BROKEN FINGER / (90 DEG+ BENT) - FRACTURE



BROKEN FINGER / (90 DEG+ BENT) - FRACTURE





UB MD ORTHOPAEDICS

07/29/19 UNIVERSITY ORTHOPAEDIC SERVICES, INC. Acct#: 2550905 Arun K Singh DOB: 10/11/1984 Sex: M Age: 34 years

Subjective

CC: Follow-up status post percutaneous pinning right small finger proximal phalanx fracture

HPI: 34-year-old male in today for follow-up of the above. Date of surgery: 6/20/19. Patient states he is doing well since last visit. Denies any new injuries. Denies any fevers or chills. He has had some minimal drainage from the pin site, redness, and some swelling and pain in the right hand. Most of the time he does not wear a splint.

Current Meds Prior to Visit: No Active Medications Allergies: NKDA

PMH: **Medical Problems** No Current Problems Surgical Hx: None Reviewed, no changes.

FH: Reviewed, no changes.

SH:

Personal Habits: Smoking: Patient has never smoked - (6/11/2019).Alcohol: Never used alcohol.

Reviewed, no changes. ROS:

Const: Denies constitutional symptoms. Eyes: Denies cataracts, glaucoma and blurred vision. Does not wear corrective lenses. ENMT: Denies earaches and hearing loss. Denies bloody nose and sinusitis. Denies hoarseness and sore throat.

CV: Denies CAD, chest pain, heart attack, hypertension, hypotension, irregular heartbeat, swelling of legs and swelling of ankles. Resp: Denies asthma, COPD, chronic, frequent cough; coughing up blood, history of pulmonary

embolism and shortness of breath. GI: Denies abdominal pain, loss of appetite, change in bowel habits, constipation, diarrhea,

nausea, acid reflux, ulcers and vomiting. GU: Denies frequency, kidney disease, kidney stones, pain on urination, blood in urine and frequent UTIs. No problems.

Musculo: Denies symptoms other than stated above.

Skin: Denies symptoms other than stated above.

Team doctors for:



Arun K Singh

DOB 10/11/1984

Page #2

Neuro: Denies symptoms other than stated above. Psych: Denies anxiety, confusion, depression, insomnia, memory loss, panic disorder and PTSD. Endocrine: Denies diabetes, hormone problems, intolerance to cold, intolerance to heat, thyroid disease or excessive thirst or urination.

Hema/Lymph: Denies hematologic symptoms other than stated above. Reviewed, no changes.

Objective

Wt Prior: 195lb as of 06/11/19

Const: Appears healthy and well developed. No signs of apparent distress present and breathing comfortably. Speech is clear and appropriate. Alert and oriented x 3.

Right Hand: Skin is warm and well-perfused throughout. There is some erythema and swelling throughout the small finger and around the percutaneous pin on the ulnar aspect of the hand. There is some scabbing around the pin site. The pin was removed, no expressible purulence. There is limited range of motion about the small finger. Excellent resting position of the small finger without deviation, crossover, or rotation. Distal sensation intact to light touch. Capillary refill is normal.

Dx Studies:

At

Assessment #1:	S62.616A Disp fx of proximal phalanx of right little finger, init
Comments	: 34-year-old male status post percutaneous pinning right small finger proximal phalanx fracture.
	Date of surgery: 6/20/19. Patient is doing well at this time. His percutaneous pin was removed.
	He does have a minimal pin site infection. He was prescribed Keflex and Vioxx which she will
	take as directed. He will work on range of motion. He should avoid any heavy use of the right
	hand at this time. He will follow up here in 2-3 weeks for clinical reevaluation with x-rays of the
	right small finger, sooner if necessary. He may contact the office with any questions or concerns
	in the interim.
Care Plan:	
Plan Other:	

Med New : Keflex

> fal lind Frenk Donwinch, MS. PA-C. ATC

Seen by: Electronically signed by Frank Domnisch, PA-C, ATC, MS



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UB MD ORTHOPAEDICS

07/05/19 UNIVERSITY ORTHOPAEDIC SERVICES, INC. Acct#: 2550905 Arun Singh DOB: 10/11/1984 Sex: M Age: 34 years

Subjective

CC: Follow-up right small finger percutaneous pinning June 20, 2019

HPI: A 34-year-old male comes for follow-up of the above. He reports some pain in the right small finger in the ring finger. No new problems or concerns.

Current Meds Prior to Visit: No Active Medications, Tylenol PM Extra Strength Allergies: NKDA

PMH-Medical Problems: No Current Problems Surgical Hx: None

Reviewed and updated. FH: Reviewed and updated.

SH:

Personal Habits: Smoking: Patient has never smoked - (6/11/2019).Alcohol: Never used alcohol.

Reviewed and updated. ROS: Const: Denies constitutional symptoms.

Eyes: Denies cataracts, glaucoma and blurred vision. Does not wear corrective lenses. ENMT: Denies earaches and hearing loss. Denies bloody nose and sinusitis. Denies hoarseness and sore throat. CV: Denies CAD, chest pain, heart attack, hypertension, hypotension, irregular heartbeat, swelling of legs and swelling of ankles. Resp: Denies asthma, COPD, chronic, frequent cough; coughing up blood, history of pulmonary embolism and shortness of breath.

GI: Denies abdominal pain, loss of appetite, change in bowel habits, constipation, diarrhea, nausea, acid reflux, ulcers and vomiting. GU: Denies frequency, kidney disease, kidney stones, pain on urination, blood in urine and frequent UTIs. No problems.

Musculo: Denies symptoms other than stated above.

Skin: Denies symptoms other than stated above.

Neuro: Denies symptoms other than stated above.

Psych: Denies anxiety, confusion, depression, insomnia, memory loss, panic disorder and

Team doctors for:



Arun K Singh

DOB 10/11/1984

Page #2

PTSD.

Endocrine: Denies diabetes, hormone problems, intolerance to cold, intolerance to heat, thyroid disease or excessive thirst or urination. Hema/Lymph: Denies hematologic symptoms other than stated above. Reviewed and updated.

Objective Wt Prior: 195lb as of 06/11/19

Const: Appears healthy and well developed. No signs of apparent distress present and breathing comfortably. Speech is clear and appropriate. Alert and oriented x 3.

Right Hand: Splint is removed from the right hand. Pin sites are benign. Pin care was performed. The ring finger has some clinodactyly with radial deviation the small finger rotationally appears to match the middle finger and appears as if it will flex down towards the distal pole of scaphoid along with the other fingers.

X-rays show his fracture to be well aligned on both AP and lateral view

Dx Studies:

Assessment #1: S62.616A Disp fx of proximal phalanx of right little finger, init Care Plan:

Comments	34-year-old male doing well status post pinning of right small finger proximal phalanx fracture. Fracture appears to be in good alignment at this time. He was placed into a hand-based ulnar
	gutter splint. He may come out of this to work on some range of motion. He should remain nonweightbearing. Follow up here in 2-3 weeks. At that time we'll remove his pins and begin
Xray	working on more aggressive range of motion. : Xray Finger Ap/Lat/Obilque

Plan Other:

H-Jb-Joshua L. Jones. MD

Seen by: Electronically signed by Joshua Jones, MD

UB MD PHYSICIANS' GROUP

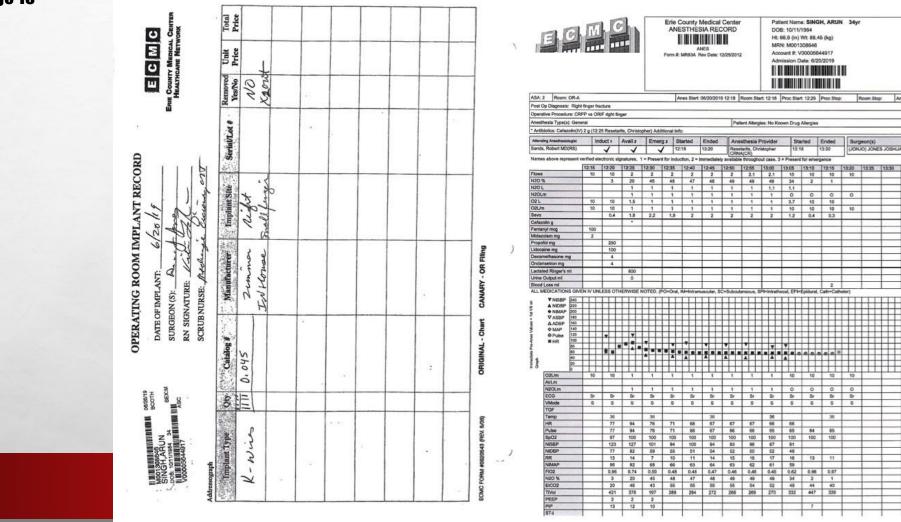
A BEBRER OF

X RAY – HAND FRACTURE



ine an





II III III III III III III III

Patient Name: SINGH, ARUN 34vr

DOB: 10/11/1984

Ht: 66.9 (in) Wt: 88.45 (kg) MRN: M001308646

Account #: V00005644917 Admission Date: 6/20/2019

12.18 13-20

A Descention

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PACU BP 109/ 67

HR 72 72 RR 9

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Surgeon(s) (JONJO) JONES JOSHUA

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STM Imp I	34yr
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MR# M001308646 Ac

Account # V00005644917 Report# 0620-0887

ERIE COUNTY MEDICAL CENTER CORPORATION OR-Attending Operative Report 462 Grider SL, Buffalo, NY 14215 (716) 898-3000

 Patient's Name SINGH, ARUN
 MRi

 Report# 0620-0887
 Age

 Date of Birth: 10/11/1984
 Adn

 Attending Physician: JONES, JOSHUA L MD
 Adn

 Dictating Provider: JONES, JOSHUA L MD
 Adn

 Primary Provider: JONES, JOSHUA L MD
 Primary Provider: UNKNOWN PRIMARY CARE PROVIDER

MR#: M001308646/Account #: V00005644917 Age/Sex: 34/M Admission Date/Time: Admitting Service: Dictating Date/Time: 06/20/19 1311 PROVIDER

Attending Operative Report Date of Surgery: Jun 20, 2019 Pre-Operative Diagnosis: Displaced right small finger proximal phalanx fracture Post-Operative Diagnosis: same Procedure(s): ORIF right small finger proximal phalanx fracture Attending Surgeon: JONES, JOSHUA L MD Assistant Surgeon(s): Del Prince, MD(R) Anesthesia: Gen. anesthesia Complications: none Estimated Blood Loss: 5ml Specimen(s) removed: none Drains or Implants: none Urinary Output: none IV Fluids: see anesthesia record Tourniquet time: Omin Disposition: stable Findings fx reduced and pinned

Operative Details

Indications for Procedure: 34-year-old male with a displaced right small finger proximal phalanx fracture presents for surgical intervention

Procedure Details: The patient was brought back to the operative room. After the right arm was prepped and draped in usual sterile fashion. Closed reduction was attempted. This was successful. We attempted a pin from distal to proximal first. We couldn't get the fracture to hold while placing the pin so we switched to an anterograde pin starting the base of the proximal end of the phalanx. Once the pin was in the base of the phalanx we then reduced the fracture and then the pin was advanced through the shaft of proximal phalanx. A second pin was then placed percutaneously from the unar side of the proximal phalanx. In a retrograde fashion across the fracture into the proximal end of the proximal phalans. We checked it under fluoroscopy. It appeared to be okay under fluoroscopy but clinically it appeared to be rotated slightly pronated. The distal pin was removed, her tissues corrected and a second pin was then placed across the fracture from distal to proximal end of the placed in an ulnar gutter splint awoken from anesthesia and transferred to recovery in stable condition.

DRAGON DISCLAIMER: Dragon voice-recognition software may have been used to prepare this typewritten note. Although each note is personally scanned for syntactic or grammatical errors, unintended but conspicuous MR# M001308646 Account # V00005644917 Report# 0620-0887 translational errors can occur. Please contact ECMC if there are any questions about the contents of this note.

JONES, JOSHUA L MD

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Copies To:

Jun 20, 2019 13:11

Attn Physician: JONES, JOSHUA L MD

<Electronically signed by JOSHUA L JONES MD>, 06/20/19 1311

PC Physician: UNKNOWN PRIMARY CARE PROVIDER Ref Physician:



~ Patient Discharge Instructions for ARUN SINGH ~ <u>Patient Discharge Instructions</u> Medication/Allergies

BRING YOUR MEDICATION LIST TO EVERY APPOINTMENT WITH YOUR PRIMARY CARE DOCTOR! THANK YOU!

Discharge Date

- 6/20/19 Discharge to: Home/self care Physician in charge of care Jones, Joshua L MD Procedure(s): ORIF Right small finger proximal phalanx fracture Discharge Diagnosis Right Small Finger Fx Pt had sedation/anesthesia: Yes Sedation instructions If you have had sedation or anesthesia:
 - You may experience light headedness, dizziness, and sleepiness
 - Refrain from drinking alcoholic beverages for 24 hours after sedation
 - Do not make important personal or business decisions for 24 hours after sedation
 - Do no drive a motor vehicle or operate hazardous machinery for 24 hours after sedation

ATTENTION!

Attention

DANGER SIGNS TO WATCH FOR! CALL YOUR DOCTOR IMMEDIATELY IF YOU HAVE:

x	Temperature over 101F/38.3C	x	Excessive pain unrelieved by Rx meds
x	Increase in drainage from your wound	x	Increased numbness or tingling
x	Drainage with a foul odor	x	Redness or warmth at the procedure site
x	Increased Swelling	x	Excessive bleeding
x	Difficulty with Bowel & Bladder Movement	x	Chest pain
x	Persistent nausea, vomiting	x	Inability to urinate
x	Shortness of breath	x	Excess bleeding/blood clots in urine
x	Difficulty breathing		Any other General Concerns

In the event of any Emergency, call 911 or go to the nearest Emergency Department to seek treatment immediately!

Patient Name: SINGH, ARUN, Medical Record#: M001308646, Report#: 0620-0219

FOLLOW-UP

Follow Up Care Follow up with/Call for appt: Follow up as scheduled, Dr Jones 204-3241 Follow up in: as scheduled

ACTIVITY AND/OR RESTRICTION(S)

Activity and/or Restrictions Activity: Limit weight bearing Lifting & Weightbearing: Right Arm No Weightbearing Additional post op instruction: keep extremity elevated, ice 20 min on,20 min off for 48 hrs, cover bandages w plastic to shower Assistive Devices: sling Return to work/school: N/A

DIET & NUTRITION

Diet and Nutrition Discharge Diet: No restrictions

WOUND CARE

Wound Care Wound Care: Keep splint/dressing clean and dry, Keep splint/dressing on til f-up

SPECIFIC INSTRUCTIONS

Additional Instructions Quitting Smoking

Why should I stop smoking? You will improve your health and the health of others around you if you stop smoking. Your risk for heart and lung disease, cancer, stroke, heart attack, and vision problems will also decrease. You can benefit from quitting no matter how long you have smoked.

How can I prepare to stop smoking? Nicotine is a highly addictive drug found in cigarettes. Withdrawal symptoms can happen when you stop smoking and make it hard to quit. These include anxiety, depression, initiability, trouble sleeping, and increased appetite. You increase your chances of success if you prepare to quit.

- Set a quit date. This will help confirm your decision to stop smoking.
- Tell friends and family that you plan to quit. Explain that you may have withdrawal symptoms when you try to quit. Ask them to support you. They may be able to encourage you and help reduce your stress to make it easier for you to quit.
- Expect it to be hard to quit, but know you can do it. Smoking is a daily habit that becomes part of your life.
 Know the triggers that tempt you to smoke, so you can break this habit. Write down a list of these challenoes and have a last to avoid them.
- Remove all tobacco and nicotine products from your home, car, and workplace. Also, remove anything else that will tempt you to smoke, such as lighters, matches, or ashtrays.

Patient Name: SINGH, ARUN, Medical Record#: M001308646, Report#: 0620-0219

What are some tools to help me stop smoking? You may be able to quit on your own, or you may need to try one or more of the following:

- Counseling from a trained healthcare provider can provide you with support and skills to quit smoking. He will also teach you to manage your withdrawal symptoms and cravings. You may receive counseling from one counselor, in group therapy, or through phone therapy called a quit line.
- Nicotine replacement therapy (NRT) such as nicotine patches, gum, or lozenges may help reduce your nicotine cravings. You may get these without a doctor's order. Do not use e-cigarettes or smokeless tobacco in place of cigarettes or to help you guit. They still contain nicotine.
- Prescription medicines such as nasal sprays or nicotine inhalers may help reduce your withdrawal
- symptoms. Other medicines may also be used to reduce your urge to smoke. Ask your healthcare provider about these medicines. You may need to start certain medicines 2 weeks before your quit date for them to work well.

How can I manage my cravings?

- Avoid situations, people, and places that tempt you to smoke. Go to nonsmoking places, such as libraries or restaurants. Understand what tempts you and try to avoid these things.
 Keep your hands busy. Hold things such as a stress ball or pen. Keep jollipops, gum, or toothpicks in your
- Neep your nanus ousy. How things such as a stress ball or pen. Neep lollipops, gum, or toompicks in you
 mouth to distract you from your cravings.
- Do not have alcohol or caffeine. These drinks may tempt you to smoke. Drink healthy liquids such as water or juice instead.
- Reward yourself when you resist your cravings. Rewards will motivate you and help you stay positive.

What should I know about weight gain after I quit? You may gain a few pounds after you quit smoking. Remember that quitting helps decrease your risk for serious health problems caused by smoking. The following can help you prevent weight gain:

- Eat healthy foods. These include fruits, vegetables, whole-grain breads, low-fat dairy products, beans, lean
 meats, and fish. Eat healthy snacks, such as low-fat yogurt, if you get hungry between meals. Chew
 sugarless qum.
- Drink water before, during, and between meals. This will make your stomach feel full and help prevent you
 from overeating. Ask your healthcare provider how much liquid to drink each day and which liquids are best
 for you.
- Exercise. Take a walk or do some kind of exercise every day. Ask your healthcare provider what exercise is right for you. This may help reduce your cravings and reduce stress.

Where can I find support and more information?

 - New York State Smokers' Quittine Staffed by Quit Counselors located at Roswell Park who can tailor a quit plan to suit your lifestyle. Free and confidential You may qualify for free starting nicotine replacement (NRT) products. 1-866-NY-QUITS (1-866-697-8487) Web Address: www.nysmokefree.com

- Smokefree.gov Phone: 1-800-784-8669 Web Address: www.smokefree.gov

SUICIDE PREVENTION - WHAT YOU NEED TO KNOW:

What do I need to know about suicide prevention? You may see suicide as the only way to escape emotional or physical pain and suffering. Help is available from people who care about you and from professionals trained in suicide prevention. Prevention includes everything you and others can do to stop you from taking your life.

What should I do if I am considering suicide? Contact a suicide prevention organization. The following are

Patient Name: SINGH, ARUN, Medical Record#: M001308646, Report#: 0620-0219

always available to help you:

- Crisis Hotline Number 716-834-3131(local)
- National Suicide Prevention Lifeline 1-800-273-TALK (8255)
- · Suicide Hotline 1-800-784-2433 (1-800-SUICIDE)

You can also:

Contact your therapist. Your doctor can give you a list of therapists if you do not have one.
 Keep medicines, weapons and alcohol out of your home.
 Do not spend time alone if you have thoughts of ending your life.

DOMNISCH,FRANK J PA-C Jun 20, 2019 07:10 JONES,JOSHUA L MD Jun 20, 2019 13:08

PROVIDER SIGNATURE(S):

Attending Physician/Provider: JONES, JOSHUA L MD

<Electronically signed by JOSHUA L JONES MD> 06/20/19 1308

Patient Name: SINGH, ARUN, Medical Record#: M001308646, Report#: 0620-0219



ANNEX4: Page 20 ASSAULT WITH LEGS

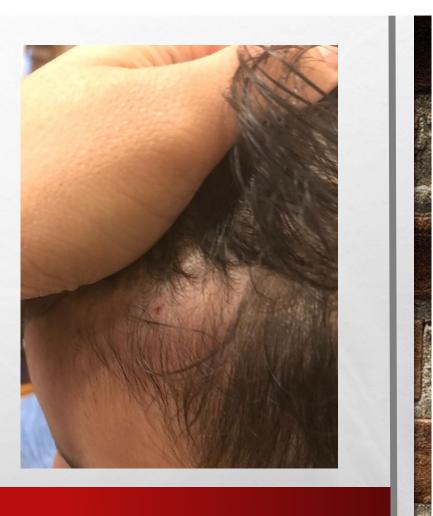
Incident: 5/19/2019

On the day of argument, originated from Meghna's father, Mr Rajinder Rana's threats to falsely implicate petitioner's entire family, respondent proceeded with kicking the petitioner with her legs multiple times. Petitioners asked numerous times on the reason he is being assaulted, or why Mr Rajinder Rana threatened to falsely implicate family. Respondent could not provide any reason. Frustrated with this display of poor character, petitioner prompted to call police to which respondent pleaded emotionally for him not to. Petitioner did not call any police falling for her pleading, but nearby residents to other room in hotel called police which respondent assumed to have been called by the petitioner. Petitioner still protected respondent by not revealing what happened. Respondent lived with the deep grudge of police being called upon after the incident prompting her to take revenge some day.

Incident: 4/26/2019

OTHER: INJURED HEAD

HEAD INJURED DUE TO HIT TO HEAD



Incident: 9/17/2018

OTHER: INJURED FOOT

Toe injured by hit by sharp object





