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**THE LAW FIRM OF PUCKETT AND FARAJ, PC**

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January 26, 2011

**Via Facsimile (614) 887-1878**

Dear Ms. DuMelle,

In reference to your inquiry regarding Ms. Faraj's transportation cost, I have attached a medical certificate that limits her ability to drive up to the date of September 30, 2010.

In January 19, 2011, I received a call from Nicole of RehabInno who claimed that she was assigned by your office to oversee Ms. Faraj's rehabilitation. Please inform me specifically what your intent is for RehabInno.

Sincerely,



Haytham Faraj, Esq.  
PUCKETT & FARAJ, PC

# Oakman Medical

Sami K. Abufarha M.D. P.C.  
5280 Oakman Blvd.  
Dearborn, MI 48126  
(313) 846-1997 Fax (313) 846-1696

## MEDICAL CERTIFICATE

I certify that Mr./Mrs./Miss: Sekrah Faraj is in need for

The following restrictions or assistance from: 8/30/10 to: 9/30/10

### Disability:

- No restrictions  
 Totally disabled  
 Partially disabled with the following restrictions

- No prolonged standing  
 No prolonged sitting  
 No excessive bending/twisting  
 No excessive pulling/pushing  
 No lifting more than 20 Lbs.  
 Others \_\_\_\_\_

### Housekeeping Assistance:

The Patient can not perform the following activities independently;

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Dusting                           | <input type="checkbox"/> Grocery shopping      |
| <input checked="" type="checkbox"/> Dishes                            | <input type="checkbox"/> Meal preparation      |
| <input checked="" type="checkbox"/> Taking out garbage                | <input type="checkbox"/> Driving               |
| <input checked="" type="checkbox"/> Lawn work                         | <input type="checkbox"/> Child care            |
| <input checked="" type="checkbox"/> Cleaning bathtubs/ showers/ sinks | <input type="checkbox"/> Attending to grooming |
| <input checked="" type="checkbox"/> Sweeping and vacuuming            | <input type="checkbox"/> Others; _____         |

### Driving:

- Patient is able to drive  
 Patient is unable to drive due to; limited  
 Medical condition / physical limitation / under the effect of medication  
 No transportation  
 No license / minor

Physician's Signature: \_\_\_\_\_ [Signature]

