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November 21, 2005

RECEIVED
D.C. OFFICE OF ZONING
2005 NOV 21 PM 4:42

Geoffrey Griffis
Chair
District of Columbia, Board of Zoning Adjustment
One Judiciary Square
441 4th Street, NW
Washington, D.C. 20001

Re: BZA Case 17392 (Square 156 Lot 264)

Dear Mr. Griffis:

Unfortunately, I will not be able to appear before the Board of Zoning Adjustment hearing tomorrow due to a recent injury. I have a fluid build up behind my knee cap, which required my doctor to draw out the excess material by syringe this afternoon. This will require me to stay off my feet for some time. He has also prescribed Percocet, a very strong pain killer to assist with the significant discomfort. My agreement with Chris Collins is not yet finalized. As such, I will not have representation before your board. I respectfully request by means of this letter and my previous letter dated November 19, 2005, that a 30 day continuance from my hearing date of November 22, 2005 be granted.

I have attached a copy of my prescription and the MRI order from my doctor. I apologize for the inconvenience to you and all members of your board. Thank you for your consideration.

Sincerely,

Babak Movahedi

Babak Movahedi

Enclosures

BOARD OF ZONING ADJUSTMENT
District of Columbia
CASE NO. 17392
EXHIBIT NO. 36

Board of Zoning Adjustment
District of Columbia
CASE NO. 17392
EXHIBIT NO. 36

WILLIAM SADLACK, M.D., P.A. • BAHMAN SADR, M.D., F.R.C.S.
ORTHOPAEDIC SURGERY

THE CHAMPLAIN BUILDING
6410 ROCKLEDGE DRIVE, BETHESDA, MARYLAND 20817
TELEPHONE (301) 530-3220 DEA NO. BS0788207

NAME Babak Movahedi DATE 11.21.05

ADDRESS _____

℞ Percocet 5/325 #40
1-2 po q 4-6 hrs prn

LABEL AS TO CONTENTS ☐ NO
GENERIC EQUIVALENT MAY
BE DISPENSED

REFILLS 0 - 1 - 2 - 3 - PRN _____ M.D.

[redacted]s is your prescription for your test(s). You must bring [redacted]orm with you to your appointment.

GCM SUBURBAN IMAGING

Send Films

Fax Results 301 530-4120

Appointment Scheduling: 301-897-5656

Date: 11-22-01

Patient name: Barbara Reynolds

Diagnosis/clinical findings: (R) knee effusion ? Cause

Referring clinician: [redacted] ☐ Stat

Signature or stamp required

Ultrasound

- ☐ Abdomen/GB
- ☐ Renal
- ☐ Pelvic
- ☐ OB
- ☐ Thyroid
- ☐ Scrotum
- ☐ Aorta
- ☐ Venous Doppler (DVT)
- ☐ Carotid Doppler
- ☐ Prostate
- ☐ Other _____

Diagnostic

- ☐ CXR ☐ PA & Lat ☐ PA only
- ☐ Abd ☐ KUB ☐ Flat & erect
- ☐ Spine ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Extremity (specify): _____
- ☐ Ribs: ___ Right ___ Left
- ☐ Pelvis
- ☐ Other _____

Fluoroscopy

- ☐ Esophogram
- ☐ Upper GI
- ☐ Small Bowel Follow Through
- ☐ Barium Enema
- ☐ HSG
- ☐ Arthrogram
  Site _____ ☐ with MRI

MRI

Specify Type and Area

TYPE: ☐ Highfield ☐ Open ☒ w/o ☐ w/contrast

AREA: ☐ Brain ☐ Shoulder ☐ IACs ☐ Hips ☐ Cspine ☐ Abdomen ☐ Lspine ☐ MRCP ☒ Knee ☐ Female Pelvis

(R)

☐ Other _____

☐ MRA:
___ Circle of Willis ___ MRA Carotids
___ MRA Renal Arteries ___ MRA Aorta

PET/CT*

Indication:
- ☐ Solitary Pulmonary Nodule
- ☐ Stage Lung Cancer
- ☐ Colon Cancer
- ☐ Lymphoma
- ☐ Melanoma
- ☐ Head and Neck Cancer
- ☐ Breast Cancer
- ☐ Esophageal Cancer
- ☐ Other _____

*Please indicate if **DIAGNOSTIC** CT is needed by checking the appropriate box(es) below.

CT

___with contrast ___w/o contrast

- ☐ Head
- ☐ Sinus: ___ Full ___ Screening
- ☐ Orbits
- ☐ Temporal Bone
- ☐ Neck
- ☐ Chest – Routine
- ☐ Chest – r/o PE
- ☐ Chest – High Resolution
- ☐ PE Study
- ☐ Abdomen
- ☐ Abdomen/Pelvis
- ☐ CT/IVP
- ☐ Renal Stone CT (non-contrast)
- ☐ CT Angiogram: ___ Circle of Willis ___ Carotid ___ Aorta ___ Renal Arteries ___ Runoff
- ☐ Other _____

Nuclear Medicine

- ☐ Bone Scan ___ Whole Body ___ 3 Phase
- ☐ Biliary Scan (HIDA)
- ☐ Thyroid Uptake/Scan
- ☐ Renal
- ☐ MUGA
- ☐ Other _____

Rev. 3/04