

ATTN: Carolina ShellTIME IN: 9:33AFAX#: 973-940-1852TIME OUT: 10:19 am

## PHYSICIAN'S RELEASE TO RETURN TO WORK

**FAXED**  
11/22/24Employee Name: Sheila LeeDate of Office Visit: 11-22-24Employer: Plainfield Bd of EdDate of Injury: 11-11-24Claim#: PLB089792

Patient's Work Status (must be completed):

☐ Unable to perform any work at this time. Estimated return-to-work on \_\_\_\_\_☒ Fit for temporary alternative duty, from 11-22-24 thru 2 weeks☐ Fit for full duty without restrictions on \_\_\_\_\_☐ Discharge PRN as of: \_\_\_\_\_ Reached MMB Yes / NOCausally related? YES / NODiagnosis: CONTUSION @ WRIST / @ HANDnext office visit: 2 weeks

## PHYSICAL CAPABILITIES

12/6/24 @ 10:45A

- ( ) Administrative duty only/ Seated work only
- ( ) Bending, none
- ( ) Bending, limited to \_\_\_\_\_
- ( ) Climbing, stairs / ladders, none
- ( ) Kneeling, none
- ( ) Kneeling, limited to \_\_\_\_\_ hrs.
- ( ) Squatting, none
- ( ) Squatting, limited to \_\_\_\_\_
- ( ) Standing, none
- ( ) Standing, limited to 2-4 hrs.
- ( ) Standing, limited to \_\_\_\_\_ hrs.
- ( ) Alternate sit / stand \_\_\_\_\_ hrs.
- ( ) Walking, none
- ( ) Walking, limited to \_\_\_\_\_ hrs.
- ( ) Sitting, none
- ( ) Sitting, limited to \_\_\_\_\_ hrs.
- ( ) Weight bearing on left / right foot, none
- ( ) Operation of motorized vehicle @ work, none
- ( ) Operation of motorized vehicle, limited to \_\_\_\_\_

- ( ) Reaching above shoulder, none
- ( ) Reaching above shoulder, limited to \_\_\_\_\_
- ( ) Lifting/carrying - none
- ( ) Lifting limited to 5-10 lbs. @ hand.
- ( ) Lifting limited to 15-20 lbs.
- ( ) Lifting limited to 25-40 lbs.
- ( ) Lifting no more than \_\_\_\_\_ lbs
- ( ) Pushing/pulling, none
- ( ) Use of left / right hand, none
- ( ) Use of left / right hand, limited to \_\_\_\_\_ hrs.
- ( ) Keyboarding, none
- ( ) Keyboarding, limited to \_\_\_\_\_ hrs.
- ( ) Other no use of @ hand.

Tx Recommendations: Physical Therapy 2 weeks

Medications: \_\_\_\_\_

Will this medication affect ability to work/drive? Yes / No

Dx testing: \_\_\_\_\_

Referral recommendations: \_\_\_\_\_

Facility Name: Gregory S. Gallick, M.D.  
 Address: 2780 Morris Avenue, Ste 2c  
 Union, NJ 07083  
 Phone: 908-686-6665  
 Fax: 908-687-7507

Physician's Signature: [Signature]Date: 11-22-24

GREGORY S. GALLICK, MD  
2780 MORRIS AVE. 2C  
UNION, NJ 07083-4848

November 22, 2024

Patient: Sheila Lee DOB: 07/17/1970  
20 A Riverside Ave  
Newark, NJ 07104

90204

**PHYSICAL THERAPY PRESCRIPTION (AFX)**

**DX:** CONTUSION LEFT HAND/WRIST

Heat/ice, ROM stretching and strengthening exercises, ultrasound, electric stim..

For: 3 times per week for 2 weeks.

\*\*\*PLEASE SEND PROGRESS NOTES WITH PATIENT FOR THEIR NEXT APPOINTMENT\*\*\*

\*\*\*DO NOT FAX PROGRESS NOTES TO OUR OFFICE\*\*\*

A handwritten signature in black ink, appearing to read 'Gregory S. Gallick' followed by a stylized 'MD'.

Gregory S. Gallick, M.D.  
Tax I.D. # 22-2677509  
Phone #: 908-686-6665