

D&H ALTERNATIVE RISK

ATTN: Carolina Shell

FAX: 973-940-1852

CLAIM#: PLB00001 (Temp)

GREGORY S. GALLICK, M.D.

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
2780 MORRIS AVE, SUITE 2-C
UNION, NEW JERSEY 07083

(908) 686-6665

FAX (908) 687-7507

Time In: 2:26 pmTime Out: 2:51 pmName: Katrice PaigeDate: 3/14/23Diagnosis: C. strain @ L4 Radic, @ shldr, @ hip, @ wrist strainHave you prescribed any medications? NO YES: 1Will this medication affect their ability to work? NO YES☒ Temporarily Totally Disabled for: this week
_____ Days _____ Weeks _____ Months☐ May Return to Work/School Full Time ☐ Part Time ☐☒ May Return to Work/School with Restrictions: 3/20/23
No Occasionally Intermittent

Squatting _____

Stooping _____

Kneeling light duty as of 3/20/23

Bending _____

Running no overhead work, no repetitive work

Jumping _____

Climbing (out of work for this week)

Turning _____

Lifting 0-10 lbs. 10-25 lbs. 25-50 lbs. NoneCarrying 0-10 lbs. 10-25 lbs. 25-50 lbs. NoneStanding 15 min. 30 min. 60 min. 120 min.then after _____ minutes of rest may return to
standingReturn to Work/School Date: 3/20/23 - Light Duty

Return to Sports Date: _____

Drive: ☐ Yes ☐ NoRemarks: Next Appt - 3/28/23 @ 12:30pSignature: [Signature]males

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

March 14, 2023

Patient: Katrina Paige DOB: 01/22/1970
14208 Crystal Ridge Dr
Watchung, NJ 07069

88503

PHYSICAL THERAPY PRESCRIPTION (SSX)

DX: strain right shoulder

Shoulder-Rotator Cuff Tendinitis: Ice, ultrasound, electric stim. internal & external Rotator Cuff exercises, gentle passive manipulation to avoid a frozen shoulder. A-ROM & strengthening exercises, progress as tolerated.

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 'Greg S. Gallick' followed by a stylized 'MD'.

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